

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER

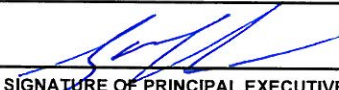
DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2012	TO	04/30/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
GEORGE A. MCLACHLAN			201 427-7527		05/18/2012
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

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NY0276634
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DISCHARGE NUMBER

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MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

MONITORING PERIOD			
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No Discharge ☒

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

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00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
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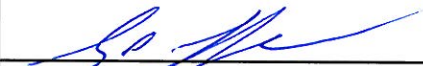
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

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TRENCH DEWATERING
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FACILITY: NJ - NY EXPANSION PROJECT

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
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Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
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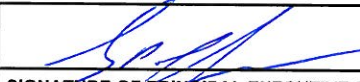
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Xylene (mix of m+o+p) 81551 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
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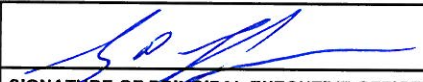
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00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
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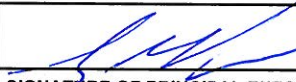
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			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER

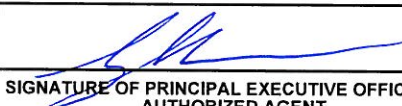
DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2012	TO	04/30/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE A. MCLACHLAN TYPED OR PRINTED			201 427-7527	05/18/2012
			AREA Code	NUMBER
			MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

NY0276634
PERMIT NUMBER

006-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

FACILITY: NJ - NY EXPANSION PROJECT

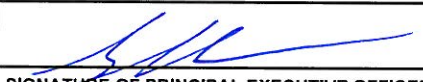
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 04/01/2012		TO 04/30/2012	

ATTN: GEORGE MCLACHLAN

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
GEORGE A. MCLACHLAN TYPED OR PRINTED				201 427-7527 05/18/2012	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
				MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD				
MM/DD/YYYY		TO	MM/DD/YYYY	
FROM 04/01/2012			04/30/2012	

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
GEORGE A. MCLACHLAN			201 427-7527	05/18/2012
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2012	TO	04/30/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			201 427-7527	05/18/2012
			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

007-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2012	TO	04/30/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			201 427-7527	05/18/2012
			AREA Code	NUMBER
			MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2012	TO	04/30/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			201 427-7527	05/18/2012	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

NY0276634
PERMIT NUMBER

008-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

FACILITY: NJ - NY EXPANSION PROJECT

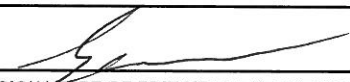
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 04/01/2012		TO 04/30/2012	

ATTN: GEORGE MCLACHLAN

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p) 81551 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE	
			201	427-7527	05/18/2012	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER

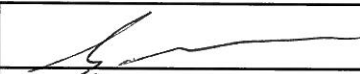
DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2012	TO	04/30/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			TELEPHONE	DATE
GEORGE A. MCLACHLAN		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		201 427-7527	05/18/2012
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
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FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER

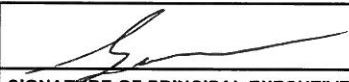
DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2012	TO	04/30/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE A. MCLACHLAN			201 427-7527	05/18/2012
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

NY0276634
PERMIT NUMBER

010-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

FACILITY: NJ - NY EXPANSION PROJECT

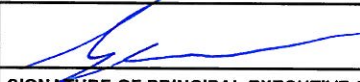
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 04/01/2012		TO 04/30/2012	

ATTN: GEORGE MCLACHLAN

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			201 427-7527	05/18/2012	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER

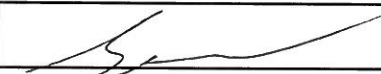
DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD				
MM/DD/YYYY			MM/DD/YYYY	
FROM 04/01/2012		TO	04/30/2012	

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE A. MCLACHLAN			201 427-7527	05/18/2012
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	001 M
PERMIT NUMBER	DISCHARGE NUMBER

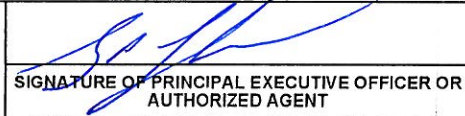
DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH Dewatering
External Outfall

MONITORING PERIOD			
MM/DD/YYYY	FROM	TO	MM/DD/YYYY
05/01/2012			05/31/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			201 427-7527	06/12/2012

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

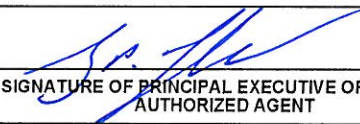
NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2012	TO	05/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
GEORGE A. MCLACHLAN TYPED OR PRINTED			201 427-7527	06/12/2012	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
05/01/2012	FROM	05/31/2012	TO

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
GEORGE A. MCLACHLAN		201 427-7527	06/12/2012
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

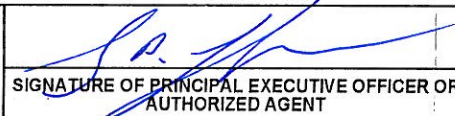
NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2012	TO	05/31/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
GEORGE A. MCLACHLAN TYPED OR PRINTED			201427-7527	06/12/2012	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 05/01/2012		TO 05/31/2012	

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT			
Flow rate	SAMPLE MEASUREMENT										
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT						50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT						15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT										
22417 1 0 Effluent Gross	PERMIT REQUIREMENT						50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT										
34010 1 0 Effluent Gross	PERMIT REQUIREMENT						5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT										
34030 1 0 Effluent Gross	PERMIT REQUIREMENT						1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
GEORGE A. MCLACHLAN TYPED OR PRINTED			201427-7527	06/12/2012	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

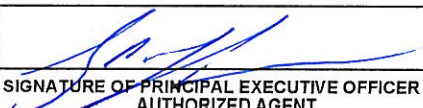
NY0276634	003 M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
FRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
05/01/2012	FROM	05/31/2012	TO

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE A. MCLACHLAN TYPED OR PRINTED			201 427-7527	06/12/2012
			AREA Code	NUMBER
			MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
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ATTN: GEORGE MCLACHLAN

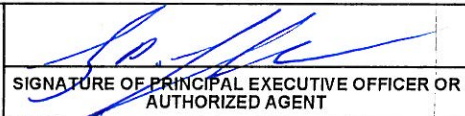
NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 05/01/2012	TO	05/31/2012	

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
GEORGE A. MCLACHLAN TYPED OR PRINTED			201-427-7527	06/12/2012	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

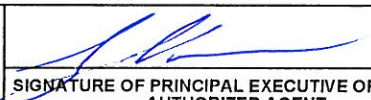
NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2012	TO	05/31/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1.0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
GEORGE A. MCLACHLAN			201 427-7527	06/12/2012
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2012	TO	05/31/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
GEORGE A. MCLACHLAN TYPED OR PRINTED			201 427-7527	06/12/2012	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

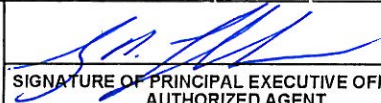
NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2012	TO	05/31/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
GEORGE A. MCLACHLAN TYPED OR PRINTED			201427-7527	05/12/2012	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2012	TO	05/31/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/l		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/l		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
GEORGE A. MCLACHLAN TYPED OR PRINTED		201 427-7527 AREA Code NUMBER		06/12/2012 MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0304

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2012	TO	05/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
81551 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE A. MCLACHLAN TYPED OR PRINTED			201427-7527	06/12/2012
			AREA Code	NUMBER
			MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

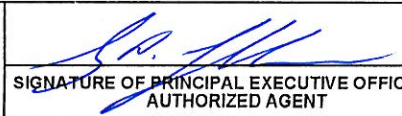
NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02
TRENCH LEWATERING
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 05/01/2012	TO 05/31/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
GEORGE A. MCLACHLAN TYPED OR PRINTED			201427-7527	06/12/2012	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

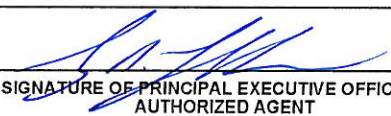
NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2012	TO	05/31/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
GEORGE A. MCLACHLAN TYPED OR PRINTED			201 427-7527	06/12/2012	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

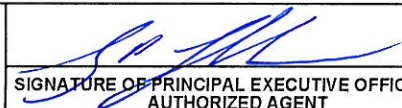
NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 05/01/2012	TO	05/31/2012	

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

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TYPED OR PRINTED			201 427-7527	06/12/2012	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2012	TO	05/31/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1.0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE A. MCLACHLAN			201 427-7527	06/12/2012
TYPED OR PRINTED			AHERA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
05/01/2012	FROM	05/31/2012	TO

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
GEORGE A. MCLACHLAN TYPED OR PRINTED		201 427-7527		06/12/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2012	TO	05/31/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
GEORGE A. MCLACHLAN TYPED OR PRINTED			201427-7527	06/12/2012	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 05/01/2012	TO	05/31/2012	

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SLI		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
GEORGE A. MCLACHLAN		201 427-7527		06/12/2012
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH Dewatering
External Oil spill

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2012	TO	05/31/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
GEORGE A. MCLACHLAN TYPED OR PRINTED		201 427-7527		06/12/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
001-M

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2012 TO 06/30/2012

FROM

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 10 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						
pH									
00400 10 Effluent Gross									
Solids, total suspended									
00530 10 Effluent Gross									
Oil & Grease									
00556 10 Effluent Gross									
Methyl tert-butyl ether									
22417 10 Effluent Gross									
Toluene									
34010 10 Effluent Gross									
Benzene									
34030 10 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 07/16/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NO DISCHARGE		AREA Code	NUMBER MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012
FROM	TO

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	UNITS			
Xylene (mix of m+p)	81551 10 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
		*****	*****	*****	*****	*****	*****	*****	*****		DAILY MX	ug/L

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE A. MCLACHLAN		201427-7527	07/16/2012
TYPED OR PRINTED		AREA Code	NUMBER
			MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
002-M

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2012 TO 06/30/2012

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate										
00056 10 Effluent Gross		Reg Mon MO AVG	Reg Mon DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH										
00400 10 Effluent Gross									Once Every Event	GRAB
Solids, total suspended									Weekly When Discharging	COMPOS
00530 10 Effluent Gross									Weekly When Discharging	GRAB
Oil & Grease									Weekly When Discharging	GRAB
00556 10 Effluent Gross									Weekly When Discharging	GRAB
Methyl tert-butyl ether									Weekly When Discharging	GRAB
22417 10 Effluent Gross									Weekly When Discharging	GRAB
Toluene									Weekly When Discharging	GRAB
34010 10 Effluent Gross									Weekly When Discharging	GRAB
Benzene									Weekly When Discharging	GRAB
34030 10 Effluent Gross									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427-7527	DATE 07/16/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NO DISCHARGE		AREA Code	NUMBER MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: TEXAS EASTERN TRANSMISSION CORP
 ADDRESS: 150 WARREN STREET, SUITE 201
 JERSEY CITY, NJ 07302
 FACILITY: NJ - NY EXPANSION PROJECT
 LOCATION: WESTERN AVE & GOETHALS
 STATEN ISLAND, NY 10314
 ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
 MINOR
 (SUBR 02)
 TRENCH DEWATERING
 External Outfall

No Discharge ☒

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012
FROM	TO

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	UNITS			
Xylene (mix of m+o+p)	81551 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
		*****	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE A. MCLACHLAN	201 427-7527	07/16/2012
TYPED OR PRINTED	AREA Code	NUMBER
	201	427-7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

 NAME: TEXAS EASTERN TRANSMISSION CORP
 ADDRESS: 150 WARREN STREET, SUITE 201
 JERSEY CITY, NJ 07302

 FACILITY: NJ - NY EXPANSION PROJECT
 LOCATION: WESTERN AVE & GOETHALS
 STATEN ISLAND, NY 10314

 ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
 MINOR
 (SUBR 02)
 TRENCH DEWATERING
 External Outfall

No Discharge ☒

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 06/01/2012	TO 06/30/2012

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 10 Effluent Gross	Reg Mon MO AVG	Reg Mon DAILY MX	gal/d					Weekly When Discharging	CALC/D
pH									
00400 10 Effluent Gross				MINIMUM	MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended									
00530 10 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease									
00556 10 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether									
22417 10 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 10 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 10 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE A. MCLACHLAN	201 427-7507	07/16/2012
TYPED OR PRINTED	AREA Code	NUMBER
		MWDDYYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
--

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

003-M
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2012 TO 06/30/2012

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	UNITS			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****	*****	*****	*****			
81551 10 Effluent Gross		*****	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE A. MCLACHLAN	201 427-7527	07/16/2012
TYPED OR PRINTED	AREA Code	NUMBER
		MMDDYYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

004-M	DISCHARGE NUMBER
-------	------------------

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	TO 06/30/2012

FROM

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

☒ No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT									
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT									
Oil & Grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT									
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT									
Toluene	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT									
Benzene	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	GEORGE A. MC LACHLAN
TYPED OR PRINTED	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code	NUMBER	MM/DD/YYYY
201427-7527	07/16	2012
TELEPHONE		DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DIS CHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2012 TO 06/30/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Xylene (mix of m+o+p)	81551 10 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****			
		*****	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN	TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427-1527	DATE 07/16/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NO DISCHARGE		AREA Code NUMBER MWDDYYYY		

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

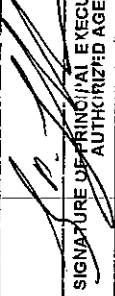
005-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2012 TO 06/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req Mon MO AVG	gal/d	Req Mon DAILY MX					Weekly When Discharging	CALGTD
pH									
00400 1 0 Effluent Gross								Once Every Event	GRAB
Solids, total suspended								Weekly When Discharging	COMPOS
00530 1 0 Effluent Gross								Weekly When Discharging	GRAB
Oil & Grease								Weekly When Discharging	GRAB
00556 1 0 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether								Weekly When Discharging	GRAB
22417 1 0 Effluent Gross								Weekly When Discharging	GRAB
Toluene								Weekly When Discharging	GRAB
34010 1 0 Effluent Gross								Weekly When Discharging	GRAB
Benzene								Weekly When Discharging	GRAB
34030 1 0 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN	TELEPHONE 201 427-7527		DATE 07/16/2012
	TYPED OR PRINTED		AREA Code NUMBER MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER (OR AUTHORIZED AGENT) 			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information on which this document is based. I am a duly licensed professional engineer and I am not aware of any falsification of the information on which this document is based. I am not aware of any person who has furnished false information to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NO DISCHARGE			

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

005-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2012 TO 06/30/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****				
81551 10 Effluent Gross		*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system of data gathering, I am satisfied that the information submitted is true, accurate, and complete. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GEORGE A. MCLACHLAN
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
201 427-7527
DATE
07/16/2012
NUMBER
AREA Code
MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

006-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

☒ No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate									
00056 10 Effluent Gross									
pH									
00400 10 Effluent Gross									
Solids, total suspended									
00530 10 Effluent Gross									
Oil & Grease									
00556 10 Effluent Gross									
Methyl tert-butyl ether									
22417 10 Effluent Gross									
Toluene									
34010 10 Effluent Gross									
Benzene									
34030 10 Effluent Gross									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and analyze the information upon which this document is based. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GEORGE A. MCLACHLAN
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE 201 427-7527
DATE 07/16/2012
AREA CODE
NUMBER
MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

006-M
DISCHARGE NUMBER

FROM 06/01/2012 TO 06/30/2012
MONITORING PERIOD
MM/DD/YYYY

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Xylene (mix of m+o+p)	81551 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427-7527	DATE 07/16/2012
TYPED OR PRINTED No Discharge	COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	AREA Code	NUMBER MMDDYYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

007-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2012 TO 06/30/2012

FROM

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate									
00056 1 0 Effluent Gross	Req Mon W/O AVG	Req Mon DAILY MX							
pH									
00400 1 0 Effluent Gross									
Solids, total suspended									
00530 1 0 Effluent Gross									
Oil & Grease									
00536 1 0 Effluent Gross									
Methyl tert-butyl ether									
22417 1 0 Effluent Gross									
Toluene									
34010 1 0 Effluent Gross									
Benzene									
34030 1 0 Effluent Gross									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and analyze the information submitted on this report; that the information submitted is true and complete; and that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GEORGE A. MCLACHLAN
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
201427-7527
AREA Code NUMBER

TELEPHONE
201427-7527
DATE
07/16/2012
MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name & Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

007-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

FROM 06/01/2012 TO 06/30/2012
MONITORING PERIOD
MM/DD/YYYY

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****						
81551 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	5 DAILY MX			Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly authorized officer or employee of the permittee. I am aware that there are significant penalties for providing false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GEORGE A. MCLACHLAN
TYPED OR PRINTED
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE 201 427-7527
DATE 07/16/2012
AREA Code NUMBER MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

Q08-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2012 TO 06/30/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate										
00056 1 0 Effluent Gross		Req. Mon. MO AVG	gal/d	Req. Mon. DAILY MX					Weekly When Discharging	CALC/D
pH										
00400 1 0 Effluent Gross									Once Every Event	GRAB
Solids, total suspended										
00530 1 0 Effluent Gross									Weekly When Discharging	COMPOS
Oil & Grease										
00556 1 0 Effluent Gross									Weekly When Discharging	GRAB
Methyl tert-butyl ether										
22417 1 0 Effluent Gross									Weekly When Discharging	GRAB
Toluene										
34010 1 0 Effluent Gross									Weekly When Discharging	GRAB
Benzene										
34030 1 0 Effluent Gross									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE A. MCLACHLAN		201 427-7527	07/16/2012
TYPED OR PRINTED	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCCLACHLAN

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012
FROM	TO

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Xylene (mix of m+o+p)	*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE A. MCCLACHLAN		201 427-7527	07/16/2012
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

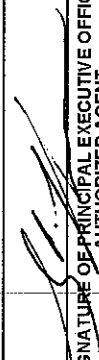
009-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2012 TO 06/30/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate										
00056 1 0 Effluent Gross		Req Mon. MO AVG	Req Mon. DAILY MX	gal/d						
pH									Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross										
Solids, total suspended									Once Every Event	GRAB
00530 1 0 Effluent Gross										
Oil & Grease									Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross									Weekly When Discharging	GRAB
Methyl tert-butyl ether										
22417 1 0 Effluent Gross									Weekly When Discharging	GRAB
Toluene										
34010 1 0 Effluent Gross									Weekly When Discharging	GRAB
Benzene										
34030 1 0 Effluent Gross									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201427-7527	07/16/2012
TYPED OR PRINTED		AREA Code	NUMBER
			MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

009-M
DISCHARGE NUMBER

FROM 06/01/2012 TO 06/30/2012
MONITORING PERIOD
MM/DD/YYYY

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****				
81551 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427-7527	07/16/2012
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

010-M
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2012 TO 06/30/2012

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	gal/d						
00056 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****					Weekly When Discharging	CALC'D
pH	SAMPLE MEASUREMENT	*****	*****	*****						
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****						
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****					Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****						
00556 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****					Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****						
22417 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****					Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****						
34010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****					Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****						
34030 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****					Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage and conduct the monitoring and reporting system, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GEORGE A. MCLACHLAN
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
201 427-7527
DATE
07/16/2012
AREA Code
NUMBER
MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

010 M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

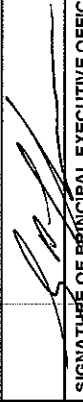
FROM

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2012 TO 06/30/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****	*****			
81551 10 Effluent Gross		*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, and my review of the system and the information submitted, I declare that this document is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 927-7527	DATE 07/16/2012
TYPED OR PRINTED		AREA Code 201	NUMBER 927-7527
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No Discharge		MMDDYYYY MMDDYYYY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2012 TO 07/31/2012

TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	VALUE			
Flow rate											
00056 1 0 Effluent Gross		Req. Mon. MO AVG		Req. Mon. DAILY MX			gal/d				
pH											
00400 1 0 Effluent Gross											
Solids, total suspended											
00530 1 0 Effluent Gross											
Oil & Grease											
00556 1 0 Effluent Gross											
Methyl tert-butyl ether											
22417 1 0 Effluent Gross											
Toluene											
34010 1 0 Effluent Gross											
Benzene											
34030 1 0 Effluent Gross											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
			2014277527	08/10/12
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MMDDYYYY
NO DISCHARGE				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING
External Outfall

FROM

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012
TO	

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+p)	*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all data submitted herein were prepared under my direction or supervision in accordance with a system designed to assure the reliability of the data and that the data have been examined and found to be true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 20142-77527	DATE 08/10/12
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE	NUMBER
NO DISCHARGE		MMDDYYYY MMDDYYYY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

002-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING
External Outfall

FROM

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2012 TO 07/31/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate										
00056 1 0 Effluent Gross	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	gal/d							
pH										
00400 1 0 Effluent Gross										
Solids, total suspended										
00530 1 0 Effluent Gross										
Oil & Grease										
00556 1 0 Effluent Gross										
Methyl tert-butyl ether										
22417 1 0 Effluent Gross										
Toluene										
34010 1 0 Effluent Gross										
Benzene										
34030 1 0 Effluent Gross										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		2014277527 AREA Code NUMBER	08/10/12 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

002-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2012 TO 07/31/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201-429-7527	DATE 08/10/12
TYPED OR PRINTED		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2012	TO 07/31/2012

TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Reg Mon MO AVG	gal/d	Reg Mon DAILY MX						
pH									
00400 1 0 Effluent Gross									
Solids, total suspended									
00530 1 0 Effluent Gross									
Oil & Grease									
00556 1 0 Effluent Gross									
Methyl tert-butyl ether									
22417 1 0 Effluent Gross									
Toluene									
34010 1 0 Effluent Gross									
Benzene									
34030 1 0 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE A. MCLACHLAN	2014277527	08/10/12
TYPED OR PRINTED	AREA Code	NUMBER
		MMDDYYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276834
PERMIT NUMBER

003-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2012 TO 07/31/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+p)		*****	*****	*****	*****	*****	*****				
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427-7527	DATE 08/10/12
TYPED OR PRINTED NO DISCHARGE		AREA Code 201	NUMBER 427-7527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2012	TO 07/31/2012

FROM

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate										
00056 1 0 Effluent Gross	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	gal/d							
pH									Weekly When Discharging	CALC/D
00400 1 0 Effluent Gross										
Solids, total suspended									Once Every Event	GRAB
00530 1 0 Effluent Gross									Weekly When Discharging	COMPOS
Oil & Grease										
00556 1 0 Effluent Gross									Weekly When Discharging	GRAB
Methyl tert-butyl ether										
22417 1 0 Effluent Gross									Weekly When Discharging	GRAB
Toluene										
34010 1 0 Effluent Gross									Weekly When Discharging	GRAB
Benzene										
34030 1 0 Effluent Gross									Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision by a person who is neither an employee nor a consultant of the permittee, and that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE A. MCLACHLAN TYPED OR PRINTED		2014277527	08/10/2012
		AREA Code	NUMBER
			MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276834
PERMIT NUMBER

004-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING
External Outfall

☒ No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	UNITS			
Xylene (mix of m+o+p)	*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that the information submitted is true and accurate. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GEORGE A. MCLACHLAN
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE
204277527
DATE
08/10/2012
NUMBER
MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

005-M
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2012 TO 07/31/2012

IMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate										
00056 1 0 Effluent Gross	Req Mon MO AVG	Req Mon DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	*****	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	*****	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201-427-7527	08/10/12
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER
No Discharge			MM/DD/YYYY

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276834	005-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING
External Outfall

FROM

MM/DD/YYYY	TO
07/01/2012	07/31/2012

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	*****	*****	*****	*****	*****	*****			
81551 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
			201427 7527	08/10/12
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE	NUMBER	MMDDYYYY
No Discharge				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2012	TO 07/31/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross		Req. Mon. MO AVG							
pH									
00400 1 0 Effluent Gross									
Solids, total suspended									
00530 1 0 Effluent Gross									
Oil & Grease									
00556 1 0 Effluent Gross									
Methyl tert-butyl ether									
22417 1 0 Effluent Gross									
Toluene									
34010 1 0 Effluent Gross									
Benzene									
34030 1 0 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 08/10/2012
TYPED OR PRINTED		AREA Code	NUMBER MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012
FROM	TO

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE A. MCLACHLAN	201 427 7527	08/10/2012
TYPED OR PRINTED	AREA CODE	NUMBER
		MMDDYYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

I certify under penalty of law that this document and all attachments were prepared under the supervision of a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is true, accurate, and complete, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2012	TO 07/31/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon MO AVG	gal/d	*****	*****	*****	*****			
pH	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALC'D
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Solids, total suspended	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified person who prepared the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED
GEORGE A. MCLACHLAN

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
201 427 7527	08/10/2012
AREA Code	NUMBER
	MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2012 TO 07/31/2012

No Discharge ☒

TRENCH DEWATERING
External Outfall

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	VALUE			
Xylene (mix of m+o+p)	*****	*****	*****	*****	*****	*****	*****	*****			
81551 10 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE A. MCLACHLAN		2014297527	08/10/2012
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2012	TO 07/31/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	gal/d						Weekly When Discharging	CALC'D
pH									
00400 1 0 Effluent Gross									
Solids, total suspended									
00530 1 0 Effluent Gross									
Oil & Grease									
00556 1 0 Effluent Gross									
Methyl tert-butyl ether									
22417 1 0 Effluent Gross									
Toluene									
34010 1 0 Effluent Gross									
Benzene									
34030 1 0 Effluent Gross									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or other persons directly responsible for gathering the information, the information submitted is true, accurate, and complete. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties for submitting false information, including the possibility of data and information for flowing violations).

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE A. MCLACHLAN	2014277527	08/16/2012
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

DMR Mailing ZIP CODE: 07301
MINOR (SUBR 02)

DISCHARGE NUMBER
008-M

TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Xylene (mix of m+o+p)	*****	*****	*****	*****	*****	*****			
81551 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
			2014277527	08/10/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY
No Discharge				

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2012	TO 07/31/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	UNITS			
Flow rate										
00056 1 0 Effluent Gross	Req. Mon MO AVG	Req. Mon DAILY MX	gal/d							
pH									Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross										
Solids, total suspended									Once Every Event	GRAB
00530 1 0 Effluent Gross										
Oil & Grease									Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross										
Methyl tert-butyl ether									Weekly When Discharging	GRAB
22417 1 0 Effluent Gross										
Toluene									Weekly When Discharging	GRAB
34010 1 0 Effluent Gross										
Benzene									Weekly When Discharging	GRAB
34030 1 0 Effluent Gross										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE A. MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		2014277327	08/10/12
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER
No DISCHARGE			MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

009-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Xylene (mix of m+o+p)	81551 10 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****			
		*****	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly audit and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE A. MCLACHLAN		2014277527	08/10/12
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
 JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
 STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
 (SUBR 02)
 TRENCH DEWATERING
 External Outfall

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 07/01/2012 TO 07/31/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon MO AVG		Req. Mon DAILY MX						
pH								Weekly When Discharging	CALC'D
00400 1 0 Effluent Gross									
Solids, total suspended								Once Every Event	GRAB
00530 1 0 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease									
00556 1 0 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether									
22417 1 0 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 1 0 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 1 0 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. McLachlan	TELEPHONE 2014277527	DATE 08/10/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No Discharge		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2012 TO 07/31/2012

(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Xylene (mix of m+o+p)	81551 10 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****			
		*****	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE A. MCLACHLAN		2014277527	08/10/2012
TYPED OR PRINTED		AREA CODE	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT											
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	gals/d							Weekly When Discharging	CALC'D
pH	SAMPLE MEASUREMENT											
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM						Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT											
00530 1 0 Effluent Gross	PERMIT REQUIREMENT										Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT										Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT											
22417 1 0 Effluent Gross	PERMIT REQUIREMENT										Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT											
34010 1 0 Effluent Gross	PERMIT REQUIREMENT										Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT											
34030 1 0 Effluent Gross	PERMIT REQUIREMENT										Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George McLachlan	201 427-7527	08/31/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER
	201	427-7527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

NY0276634
PERMIT NUMBER

001 M
DISCHARGE NUMBER

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2012 TO 08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Xylene (mixture of m+p)		*****		*****		*****				
81551 10 Effluent Gross		*****		*****		*****	DAILY MX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluate the information on which this document is based. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
George McLaughlin				201 427-7527	08/31/2012
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: (Include Facility Name/location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

NY0276634
PERMIT NUMBER

002-M
DISCHARGE NUMBER

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2012 TO 08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Flow rate	MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	gald					Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM				Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****					Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****					Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****						
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****					Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****						
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****					Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****						
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****					Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George Mclachlan	2014277527	08/31/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Xylene (mix of m+o+p)	*****	*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross							5 DAILY MAX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that no individual who has any potential conflict of interest with respect to the subject of the report has participated in its preparation or in its dissemination. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
<i>George McLachlan</i> TYPED OR PRINTED			201 427 7527	08/31/2012

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2012	TO 08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon NO AVG	Reg Mon DAILY MX	gald					Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM				Once Every Eight	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George McLachlan	201 427 7527	08/31/2012
TYPED OR PRINTED	AREA CODE	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

003-M
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY
08/01/2012
TO
08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****	*****			
81551 1 0		*****	*****	*****	*****	*****	*****			
Effluent Gross							DAILY MK		ug/L	Weekly When Discharging
										GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer or geologist in the State of New York, and I am not aware of any falsification of the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
<i>George McLachlan</i> TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
	TELEPHONE	DATE
	201 427 7527	08/31/2012
	AREA CODE NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2012	TO 08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	gald	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
George McLachlan TYPED OR PRINTED		201 427 7527	08/31/2012
		Area Code	MMDDYYYY
		NUMBER	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

For Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2012	TO 08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross							DAILY MAX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
George McLachlan TYPED OR PRINTED			201 427 7527 AREA Code NUMBER	08/31/2012 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

NY0276634
PERMIT NUMBER

005-M
DISCHARGE NUMBER

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

MONITORING PERIOD

MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Flow rate	MEASUREMENT										
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	gpd						Weekly When Discharging	CALC'D
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM					Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT									Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT										
22417 1 0 Effluent Gross	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT										
34010 1 0 Effluent Gross	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT										
34030 1 0 Effluent Gross	PERMIT REQUIREMENT									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed and qualified professional engineer or geologist and that the information submitted herein is true and correct. Based on my knowledge and belief, and complete, I am aware that there are no significant violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
George McLachlan			201 427 7527	08/31/2012
TYPED OR PRINTED			AREA CODE	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY027663.4	005-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2012	TO 08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Xylene (mixture of m+p)	*****	*****	*****	*****	*****	*****	*****			
81551 10 Effluent Gross							DAILY MAX	5	ug/L	Weekly When Discharging
										GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly authorized officer or employee of the permittee. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Georg McLachlan TYPED OR PRINTED			201 427 7527	08/31/2012	
			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012
FROM	TO

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG							Weekly When Discharging	CALC/D
pH	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM				Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George McLaughlin	201 427 7527	08/31/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER
	201	427 7527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

OMB No. 2040-0004

006-M
DISCHARGE NUMBER

DISCHARGE NUMBER

ING PERIOD	MM/DD/YYYY
------------	------------

TO 08/31/2012

External Outfall

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a Special Agent with the FBI. I am not aware of any person furnishing or causing the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
TYPED OR PRINTED George McLeachle		AUTHORIZED AGENT 	
TELEPHONE	DATE		
2014277527	08/31/2012		
AREA Code	NUMBER	MMDD/YY	

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

007-M
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	MM/DD/YYYY
06/01/2012	08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MAX	gals/d					Weekly When Discharging	CALC'D
pH	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM	MAXIMUM			Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed and qualified professional engineer or geologist and that the information furnished herein is true and correct to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	
<i>George McLachlan</i>	201 427 7527	DATE
TYPED OR PRINTED	08/31/2012	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

007-M
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross		*****	*****	*****	*****	*****	DAILY/MX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that no person responsible for design or operation of the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
George McLachlan			201 427 7527	08/31/2012
TYPED OR PRINTED			AREA CODE	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	008 M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2012	TO 08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Reg Mon DAILY MX	gals/d	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information on which this document is based. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
George McLachlan TYPED OR PRINTED		[Signature]	201 427 7527 AREA Code NUMBER	08/31/2012 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

008-M
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2012 TO 08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****			
							DAILY/MX		ug/L	Weekly When Discharging
										GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
<i>George McLachlan</i>			
TYPED OR PRINTED			
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TELEPHONE	DATE		
201 427 7527	08/31/2012		
AREA CODE	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2012	TO 08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon W/O AVG	Req Mon DAILY MX	gald					Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM		MAXIMUM		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT									
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
George McCellik		2014277527	08/31/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			
NO DISCHARGE			

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2012	TO 08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****				
81551 1 0 Effluent Gross		*****	*****	*****	*****	*****	DAILY MAX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is submitted in the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Flow rate	MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	gals/d					Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM		MAXIMUM		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
George McLachlan		2014277527	08/31/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NO DISCHARGE		

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634

010-M

PERMIT NUMBER

DISCHARGE NUMBER

DMR Mailing ZIP CODE:

07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

FROM

08/01/2012

○

08/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				UNITS
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81531 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5	ug/L	Weekly When Discharging	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

2 TYPED OR PRINTED

certainly under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete; I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT**

TELEPHONE

DATE _____

201427752708/31/2012

AREA Code	NUMBER
-----------	--------

MMDDYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

Month: September

Year: 2012

Date	Unit	Start	End	Flow
1		ND	ND	
2		ND	ND	
3		ND	ND	
4		ND	ND	
5		ND	ND	
6		ND	ND	
7		ND	ND	
8		ND	ND	
9		ND	ND	
10		ND	ND	
11		ND	ND	
12		ND	ND	
13	15	11,161	108,871	97,710
14	15	108,871	257,440	148,569
15		ND	ND	
16		ND	ND	
17		ND	ND	
18		ND	ND	
19		ND	ND	
20		ND	ND	
21		ND	ND	
22		ND	ND	
23		ND	ND	
24		ND	ND	
25	15	560,079	578,906	28,079
26	15	578,906	680,945	102,039
27	15	680,945	831,804	150,859
28	15	831,804	1,036,398	204,594
29	15	1,036,398	1,385,646	349,248
30				
31				

Total Flow

1,081,098

Daily Average / 30

38,767

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

001-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)

TRENCH DEWATERING
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT										
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	gal/d						Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT										
Solids, total suspended	SAMPLE MEASUREMENT									Once Every Event	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT									Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT										
22417 1 0 Effluent Gross	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT										
34010 1 0 Effluent Gross	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT										
34030 1 0 Effluent Gross	PERMIT REQUIREMENT									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		301 427 7527	10/12/12
		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

001-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
09/01/2012 TO 09/30/2012

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer or geologist in the State of New York, and that the information submitted herein is true and correct to the best of my knowledge and belief, and that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>George McLachlan</u>		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		DATE 10/12/12
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY
		201	427 7627	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

002-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	PERMIT REQUIREMENT	Reg Mon. MO AVG	Reg Mon. DAILY MX	gall/g						
00056 1 0 Effluent Gross	SAMPLE MEASUREMENT									
pH	PERMIT REQUIREMENT								Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT									
Solids, total suspended	PERMIT REQUIREMENT				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT									
Oil & Grease	PERMIT REQUIREMENT					50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT									
Methyl tert-butyl ether	PERMIT REQUIREMENT					15 DAILY MX	mg/L		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross	SAMPLE MEASUREMENT									
Toluene	PERMIT REQUIREMENT					50 DAILY MX	ug/L		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross	SAMPLE MEASUREMENT									
Benzene	PERMIT REQUIREMENT					5 DAILY MX	ug/L		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT					1 DAILY MX	ug/L		Weekly When Discharging	GRAB

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed and qualified professional engineer and that the information submitted herein is true and correct to the best of my knowledge and belief, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED
George McLachlan

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
DATE
2014277527 10/12/12

TELEPHONE
AREA Code
NUMBER
MMDDYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

002-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene (mix of m+p)		*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
George McLachlan		201 727 9527	10/12/12
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

003-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

1/JINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
09/01/2012 TO 09/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene (mix of m+p)	*****	*****	*****	*****	*****	*****			
8155110 Effluent Gross	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED <i>George McLachlan</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 201 427 7527	DATE 10/12/12
			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

004-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)

TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
09/01/2012 TO 09/30/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT										
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon MO AVG	Reg. Mon DAILY MX	gal/d						Weekly When Discharging	CALC'D
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	9 MAXIMUM		SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT							50 DAILY MX		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT							15 DAILY MX		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT										
22417 1 0 Effluent Gross	PERMIT REQUIREMENT							50 DAILY MX		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT										
34010 1 0 Effluent Gross	PERMIT REQUIREMENT							5 DAILY MX		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT										
34030 1 0 Effluent Gross	PERMIT REQUIREMENT							1 DAILY MX		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am a duly authorized officer or agent of the permittee, and that the information submitted herein is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>George McLachlan</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>George McLachlan</i>	TELEPHONE 201 427 7527	DATE 10/12/12
TYPED OR PRINTED		AREA Code	NUMBER
		MM/DD/YYYY	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

004-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****				
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	10/12/12
TYPED OR PRINTED	AREA Code	NUMBER
		MMDDYYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information on which this document is based. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

NY0276634
PERMIT NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
09/01/2012 TO 09/30/2012

ATTN: GEORGE MCLACHLAN

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	UNITS			
Flow rate										
00056 10 Effluent Gross	Req Mon. MO AVG	Req Mon. DAILY MX	gal/d							
pH										
00400 10 Effluent Gross										
Solids, total suspended										
00530 10 Effluent Gross										
Oil & Grease										
00556 10 Effluent Gross										
Methyl tert-butyl ether										
22417 10 Effluent Gross										
Toluene										
34010 10 Effluent Gross										
Benzene										
34030 10 Effluent Gross										

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and report the information and that this document and all attachments contain true and accurate information, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201-927-7527	10/12/12
TYPED OR PRINTED	AREA Code	NUMBER
	11WDDYYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER

005-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge

FROM	09/01/2012	TO	09/30/2012
------	------------	----	------------

MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
09/01/2012	TO	09/30/2012

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)		4.5 mg/l	0.00000	0.00000	0.00000	0.00000	0.00000			
81551 10 Effluent Gross		0.00000	0.00000	0.00000	0.00000	0.00000	5 DAILY MX		Weekly When Discharging	GRAB

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified persons properly gather and review the information submitted. Based on my review, and the review of others who are qualified to do so, I agree that this document contains true and accurate information, and that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE McLACHLAN	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. I have no knowledge or any manner of information that would cause me to believe that this document or any attachment is not true and complete. I am aware that false or fraudulent information may result in the imposition of penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 204 277 7527	DATE 10/12/12
TYPED OR PRINTED	AREA Code	NUMBER	MMDD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276834
PERMIT NUMBER

006-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	Reg Mon DAILY MX	gal/d					Weekly When Discharging	CALC'D
pH	MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT					50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT					5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT					1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE	DATE
		2014277527	10/12/12
		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

☒ No Discharge

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	TO 09/30/2012

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
81551 10 Effluent Gross									Weekly When Discharging	GRAB

to certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who gathered the information, I am aware that they gathered the information from sources that are reliable and that the information submitted is true and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for providing false information.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I am aware that any knowingly false or misleading information thus gathered or submitted may constitute perjury under the laws of the United States and I am aware that this document and all attachments may be subject to review by the Department of Justice, the Federal Bureau of Investigation, and the courts. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violators.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 10/12/12
TYPED OR PRINTED		AREA Code 201	NUMBER 427 7527	MINIDYXXX

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

007-M
DISCHARGE NUMBER

DAIR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
09/01/2012 TO 09/30/2012

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	gal/d	Req Mon DAILY MX					Weekly When Discharging	CALC'D
pH	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT					50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT					5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT					1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 2014277527	DATE 10/12/12
			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS. (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
007-M

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
09/01/2012 TO 09/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	*****	*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
			201 427 7527	10/12/12
TYPED OR PRINTED	AREA Code		NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

008-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)

TRENCH DEWATERING
External Outfall

FROM

MM/DD/YYYY TO
09/01/2012 09/30/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. DAILY MX	gal/d						Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT								Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under the direction or approval of the Principal Executive Officer of the permittee, and that the information submitted is true and accurate. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>George McLachlan</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE 201 427-7527	DATE 10/12/12
TYPED OR PRINTED NO DISCHARGE		AREA Code 201	NUMBER 427-7527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0278634

DISCHARGE NUMBER
008-M

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
09/01/2012 TO 09/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	*****	*****	*****	*****	*****	*****	*****			
81551 10 Effluent Gross	*****	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201-427-7527	10/12/12
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
009-M

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)

TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
09/01/2012 TO 09/30/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate											
00056 1 0 Effluent Gross		Req Mon MO AVG	Req Mon DAILY MX	gal/d							
pH										Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross											
Solids, total suspended										Once Every Event	GRAB
00530 1 0 Effluent Gross											
Oil & Grease										Weekly When Discharging	COMPOS
00558 1 0 Effluent Gross											
Methyl tert-butyl ether										Weekly When Discharging	GRAB
22417 1 0 Effluent Gross											
Toluene										Weekly When Discharging	GRAB
34010 1 0 Effluent Gross											
Benzene										Weekly When Discharging	GRAB
34030 1 0 Effluent Gross										Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 429-7527	10/12/12
TYPED OR PRINTED	AREA Code	NUMBER
		MMDDYYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

009-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

FROM 09/01/2012 TO 09/30/2012

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross		*****	*****	*****	*****	*****	DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427-7527	10/12/12
TYPED OR PRINTED		AREA CODE	NUMBER
			MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

010-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☐

FROM

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
09/01/2012 TO 09/30/2012

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate		38767	349248	gal/d				0	WEEKLY	CALCD
00056 10 Effluent Gross		Req Mon MO AVG	Req Mon DAILY MX	gal/d					Weekly When Discharging	CALCD
pH								0	ONCE	GRAB
00400 10 Effluent Gross									Once Every Event	GRAB
Solids, total suspended								0	WEEKLY	COMPOS
00530 10 Effluent Gross									Weekly When Discharging	COMPOS
Oil & Grease								0	WEEKLY	GRAB
00556 10 Effluent Gross									Weekly When Discharging	GRAB
Methyl tert-butyl ether								0	WEEKLY	GRAB
22417 10 Effluent Gross									Weekly When Discharging	GRAB
Toluene								0	WEEKLY	GRAB
34010 10 Effluent Gross									Weekly When Discharging	GRAB
Benzene								0	WEEKLY	GRAB
34030 10 Effluent Gross									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		2014277527	10/12/12
TYPED OR PRINTED		AREA Code	NUMBER
			MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

010-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING
External Outfall

No Discharge ☐

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
09/01/2012 TO 09/30/2012

FROM

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Xylene (mix of m+o+p)	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
81551 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>George Mclachlan</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>George Mclachlan</i>	TELEPHONE 2014277527	DATE 10/12/12
TYPED OR PRINTED George Mclachlan		AREA CODE 201	NUMBER 4277527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SPDES PERMIT NUMBER NY 0276634

OUTFALL No. 001-010

	Flow		pH		Total Suspended Solids		Oil and Grease		Benzene		Toluene		MTBE		o-Xylene: (ug/L)		m-Xylene & p-Xylene: (ug/L)	
Date	Report	Report	6.0 SU	9.0 SU	NA	50 mg/l	NA	15 mg/l	NA	1 ug/L	NA	5 ug/L	NA	50 ug/L	NA	5 ug/L	NA	5 ug/L
	Mo AVG	Da MAX	Minimum	Maximum	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX
10/3/2012			7.06	7.06		4.4		<1.4		<0.35		<0.30		<0.35		<0.29		<0.58
10/4/2012			7.13	7.13		<4.0		<1.4		<0.35		<0.30		<0.35		<0.29		<0.58
10/5/2012			6.80	6.80		<4.0		<1.4		<0.35		<0.30		<0.35		<0.29		<0.58
10/9/2012			6.81	6.81		10.8		<1.4		<0.35		<0.30		<0.35		<0.29		<0.58
10/11/2012			7.02	7.02		<4.0		<1.4		<0.35		<0.30		<0.35		<0.29		<0.58
10/15/2012			7.08	7.08		<4.0		<1.4		<0.35		<0.30		<0.35		<0.29		<0.58
10/18/2012			7.55	7.55		<4.0		<1.4		<0.35		<0.30		<0.35		<0.29		<0.58
Report DMR	0.112826	0.429831	6.8	7.5		11		<1.4		<0.35		<0.30		<0.35		<0.29		<0.58
																<0.29 + <0.58= <0.078		

Month: October Manhattan

Year: 2012

Date	Unit	Start	End	Flow
1				
2				
3	15			337,429
4	15			429,831
5	15			300,259
6				
7				
8				
9	15			290,866
10	15			379,826
11	15			248,516
12	15			137,831
13	15			214,770
14	15			242,763
15	15			250,612
16	15			249,930
17	15			244,275
18	15			170,699
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Total Flow	3,497,607
------------	-----------

Daily Average	112,826
---------------	---------

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
001-M

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

FROM 10/01/2012 TO 10/31/2012
MONITORING PERIOD
MM/DD/YYYY

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate										
00056 1 0 Effluent Gross		Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						
pH										
00400 1 0 Effluent Gross										
Solids, total suspended										
00530 1 0 Effluent Gross										
Oil & Grease										
00556 1 0 Effluent Gross										
Methyl tert-butyl ether										
22417 1 0 Effluent Gross										
Toluene										
34010 1 0 Effluent Gross										
Benzene										
34030 1 0 Effluent Gross										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 AREA Code NUMBER	11/26/2012 MMDD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
001-M

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
FROM 10/01/2012 TO 10/31/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p) 81551 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
GEORGE MCLACHLAN	201 427 7527	11/26/2012	
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information on which this document is based. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
002-M

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

FROM 10/01/2012 TO 10/31/2012
MONITORING PERIOD
MM/DD/YYYY

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****			
pH	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Oil & Grease	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 AREA Code NUMBER	11/26/2012 MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
002-M

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

FROM 10/01/2012 TO 10/31/2012

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p) 81551 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
			201 427 7527	11/26/2012
TYPED OR PRINTED	AREA Code		NUMBER	MM/DD/YYYY
		201		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
003-M

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
10/01/2012 TO 10/31/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate										
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****			
pH	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****			
Solids, total suspended	*****	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	*****	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George McLachlan	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527	11/26/2012
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
003-M

DMR Mailing ZIP CODE: 07302

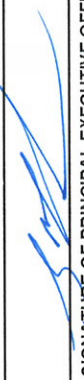
MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2012 TO 10/31/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	*****	*****	*****	*****	*****	*****	*****			
81551 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George McLachlan	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
			201 427 7527	11/26/2012
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY	
			MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

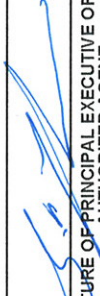
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012
FROM	TO

ATTN: GEORGE MCLACHLAN

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****			
pH	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201 427 7527	11/26/2012
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
004-M

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

FROM 10/01/2012 TO 10/31/2012
MONITORING PERIOD
MM/DD/YYYY

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p) 81551 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
George McLachlan	201 427 7527	11/26/2012	
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information on which this document is based. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

005-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)

TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2012 TO 10/31/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****			
00056 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	
Oil & Grease	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	
Methyl tert-butyl ether	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	
22417 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	
Toluene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	
34010 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	
Benzene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	
34030 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George McLachlan	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE 201 427 7527	DATE 11/26/2012
	TYPED OR PRINTED		AREA Code 201	NUMBER 427 7527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
005-M

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2012 TO 10/31/2012

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE	DATE
			201 427 7527 AREA Code NUMBER	11/26/2012 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012
FROM	TO

ATTN: GEORGE MCLACHLAN

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****			
pH	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
George McLachlan		201 427 7527	11/26/2012
TYPED OR PRINTED	AREA Code	NUMBER	MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
006-M

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****	*****				
81551 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****	5 ug/L DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George McLachlan	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information on which this document is based. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE 201 427 7527	DATE 11/26/2012
	TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

007-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

FROM 10/01/2012 TO 10/31/2012
MONITORING PERIOD
MM/DD/YYYY

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
			201 427 7527	11/26/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY
No Discharge				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

007-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

(SUBR 02)

TRENCH DEWATERING
External Outfall

No Discharge ☒

FROM

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2012 TO 10/31/2012

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)		*****	*****	*****	*****	*****	*****				
81551 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
GEORGE MCLACHLAN TYPED OR PRINTED			201 427 7527 AREA Code NUMBER	11/26/2012 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

008-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2012 TO 10/31/2012

FROM

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE	VALUE	UNITS			
Flow rate									
00056 10 Effluent Gross	Req Mon MO AVG	Req Mon DAILY MX				gal/d			
pH	*****	*****	*****	*****	*****	*****			
00400 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
Solids, total suspended	*****	*****	*****	*****	*****	*****			
00530 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
Oil & Grease	*****	*****	*****	*****	*****	*****			
00556 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****			
22417 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
Toluene	*****	*****	*****	*****	*****	*****			
34010 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
Benzene	*****	*****	*****	*****	*****	*****			
34030 10 Effluent Gross	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527	11/26/2012
TYPED OR PRINTED		AREA Code	NUMBER
			MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

008-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2012 TO 10/31/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	81551 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
		*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
	 TYPED OR PRINTED No Discharge		201 427 7527 AREA Code NUMBER	11/26/2012 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

009-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2012 TO 10/31/2012

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****			
pH	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Oil & Grease	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George McLachlan	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527	11/26/2012
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

009-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2012 TO 10/31/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene (mix of m+o+p)	81551 1 0	*****	*****	*****	*****	*****	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	5 ug/L DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
GEORGE MCLACHLAN	201 427 7527	11/26/2012	
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
010-M

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2012 TO 10/31/2012

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	112,826	429,831	gal/d				0	WEEKLY	CALCTD
00056 10 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH							0	ONCE	GRAB
00400 10 Effluent Gross								Once Every Event	GRAB
Solids, total suspended							0	WEEKLY	COMPOS
00530 10 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease							0	WEEKLY	GRAB
00556 10 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether							0	WEEKLY	GRAB
22417 10 Effluent Gross								Weekly When Discharging	GRAB
Toluene							0	WEEKLY	GRAB
34010 10 Effluent Gross								Weekly When Discharging	GRAB
Benzene							0	WEEKLY	GRAB
34030 10 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527	11/26/2012
TYPED OR PRINTED		AREA Code	NUMBER
		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
010-M

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)

MONITORING PERIOD
FROM 10/01/2012 TO 10/31/2012

TRENCH DEWATERING
External Outfall

No Discharge ☐

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Xylene (mix of m+o+p) 81551 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
					5 DAILY MX	ug/L		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly qualified person to prepare and submit this information for NPDES. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 11/26/2012
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SPDES PERMIT NUMBER NY 0276634

OUTFALL No. 001-010

Date	Flow		pH		Total Suspended Solids		Oil and Grease		Benzene		Toluene		MTBE		o-Xylene: (ug/L)		m-Xylene & p-Xylene: (ug/L)	
	Report	Report	6.0 SU	9.0 SU	NA	50 mg/l	NA	15 mg/l	NA	1 ug/L	NA	5 ug/L	NA	50 ug/L	NA	5 ug/L	NA	5 ug/L
	Mo AVG	Da MAX	Minimum	Maximum	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX
11/13/2012	5895	5895	7.40	7.40		<4.00		<1.35		<0.354		<0.304		<0.354		<0.294		<0.584
11/14/2012	5295	5295	-	-		-		-		-		-		-		-		-
11/15/2012	4739	4739	-	-		-		-		-		-		-		-		-
11/16/2012	35001	35001	7.42	7.42		<4.0		<1.4		<0.35		<0.30		<0.35		<0.29		<0.58
11/17/2012	7007	7007	-	-		-		-		-		-		-		-		-
11/18/2012	10540	10540	-	-		-		-		-		-		-		-		-
11/19/2012	11054	11054	-	-		-		-		-		-		-		-		-
11/20/2012	8151	8151	7.81	7.81		<4.0		<1.4		<0.35		<0.30		<0.35		<0.29		<0.58
11/27/2012	11000	11000	-	-		-		-		-		-		-		-		-
11/29/2012	8000	8000	7.82	7.82		<4.0		<1.4		<0.35		<0.30		<0.35		<0.29		<0.58
Report DMR	4739	35001	7.40	7.82		<4.00		<1.4		<0.354		<0.304		<0.354		<0.294		<0.584

Month: November

Manhattan

Year 2012

Date	Unit	Start	End	Flow
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				5,895
14				5,295
15				4,739
16				35,001
17				7,007
18				10,540
19				11,054
20				8151
21				
22				
23				
24				
25				
26				
27				11,000
28				
29				8,000
30				
31				

Total Flow

106,682

Daily Average / 30

3,556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012
FROM	TO

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req Mon. MO AVG	Req Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201 427 7527	12 21 2012
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

001-M
DISCHARGE NUMBER

MM/DD/YYYY
11/01/2012

TO
11/30/2012

FROM

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
o-Xylene 77135 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	*****	*****	*****	*****	*****	*****			
.meta.-Xylene 81710 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GEORGE MCLACHLAN
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the requirements of the law. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
201 427 7527

DATE
12/21/12

AREA Code
201

NUMBER
427 7527

MM/DD/YYYY
12/21/12

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PA Form 3320-1 (Rev.01/06) Previous editions may be used.

11/28/2012

Page 2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 11/01/2012	TO 11/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate										
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALC/D
pH	*****	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Oil & Grease	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201 427 7527	12/21/12
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

002-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/01/2012 TO 11/30/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	MEASUREMENT	*****	*****	*****	*****	*****	*****			
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
o-Xylene	MEASUREMENT	*****	*****	*****	*****	*****	*****			
77135 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
.meta.-Xylene	MEASUREMENT	*****	*****	*****	*****	*****	*****			
81710 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
									Weekly When Discharging	GRAB
									Weekly When Discharging	GRAB
									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201 427 7527	12/21/12
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 11/01/2012	TO 11/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate										
00056 1 0 Effluent Gross	Reg Mon MO AVG	Reg Mon DAILY MX	gal/d							
pH										
00400 1 0 Effluent Gross										
Solids, total suspended										
00530 1 0 Effluent Gross										
Oil & Grease										
00556 1 0 Effluent Gross										
Methyl tert-butyl ether										
22417 1 0 Effluent Gross										
Toluene										
34010 1 0 Effluent Gross										
Benzene										
34030 1 0 Effluent Gross										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201427 75 27	12/21/12
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

003-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
11/01/2012 11/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
o-Xylene 77135 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene 81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 AREA Code NUMBER	12/21/12 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

004-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/01/2012 TO 11/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	gal/d	Req. Mon. DAILY MX					Weekly When Discharging	CALCTD
pH	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
	[Signature]		201 427 7527	12/21/12
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

004-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
11/01/2012 11/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
o-Xylene 77135 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
.meta.-Xylene 81710 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
								Weekly When Discharging	GRAB
								Weekly When Discharging	GRAB
								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527 AREA Code NUMBER	DATE 12/21/12 MM/DD/YYYY
--	--	---	--------------------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

005-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
FROM 11/01/2012 TO 11/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate									
00056 10 Effluent Gross	Req. Mon MO AVG	gal/d	Req. Mon DAILY MX						
pH									
00400 10 Effluent Gross									
Solids, total suspended									
00530 10 Effluent Gross									
Oil & Grease									
00556 10 Effluent Gross									
Methyl tert-butyl ether									
22417 10 Effluent Gross									
Toluene									
34010 10 Effluent Gross									
Benzene									
34030 10 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201 427 7527	12/21/12
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

005-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/01/2012 TO 11/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	*****	*****	*****	*****	*****	*****			
34728 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
.meta.-Xylene	*****	*****	*****	*****	*****	*****			
81710 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
								Weekly When Discharging	GRAB
								Weekly When Discharging	GRAB
								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	12/21/12
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information on which this document is based. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

006-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/01/2012 TO 11/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate							*****			
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d				*****		Weekly When Discharging	CALCTD
pH	*****	*****	*****				*****			
00400 1 0 Effluent Gross	*****	*****	*****	6 MINIMUM	9 MAXIMUM		SU		Once Every Event	GRAB
Solids, total suspended	*****	*****	*****							
00530 1 0 Effluent Gross	*****	*****	*****						Weekly When Discharging	COMPOS
Oil & Grease	*****	*****	*****							
00556 1 0 Effluent Gross	*****	*****	*****						Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****							
22417 1 0 Effluent Gross	*****	*****	*****						Weekly When Discharging	GRAB
Toluene	*****	*****	*****							
34010 1 0 Effluent Gross	*****	*****	*****						Weekly When Discharging	GRAB
Benzene	*****	*****	*****							
34030 1 0 Effluent Gross	*****	*****	*****						Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 12/21/12
		AREA Code	NUMBER
		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

006-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
FROM 11/01/2012 TO 11/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	*****	*****	*****	*****	*****	*****			
34728 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
.meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
								Weekly When Discharging	GRAB
								Weekly When Discharging	GRAB
								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 AREA Code NUMBER	12/21/12 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

007-M
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/01/2012 TO 11/30/2012

FROM

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT										
00056 1 0 Effluent Gross	PERMIT REQUIREMENT										
		Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT										
					6 MINIMUM	9 MAXIMUM	SU			Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT										
						50 DAILY MX	mg/L			Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT										
						15 DAILY MX	mg/L			Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT										
22417 1 0 Effluent Gross	PERMIT REQUIREMENT										
						50 DAILY MX	ug/L			Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT										
34010 1 0 Effluent Gross	PERMIT REQUIREMENT										
						5 DAILY MX	ug/L			Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT										
34030 1 0 Effluent Gross	PERMIT REQUIREMENT										
						1 DAILY MX	ug/L			Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GEORGE MCLACHLAN
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and report the information. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
201 427 7527

DATE
12/21/12

AREA Code
201

NUMBER
427 7527

MM/DD/YYYY
12/21/12

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PA Form 3320-1 (Rev.01/06) Previous editions may be used.

11/28/2012

Page 1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

007-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
11/01/2012 11/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total	*****	*****	*****	*****	*****	*****			
34728 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
.meta.-Xylene	*****	*****	*****	*****	*****	*****			
81740 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
GEORGE MCLACHLAN	201 427 7527		12/21/12
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012
FROM	TO

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req Mon. MO AVG	Req Mon. DAILY MX				gal/d			
pH	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Solids, total suspended	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Oil & Grease	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Toluene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Benzene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	12/21/12
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
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FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

008-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/01/2012 TO 11/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene 77135 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
.meta-Xylene 81710 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
GEORGE MCLACHLAN	201 427 7527	12 21 12	
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision for the purpose of submitting accurate and complete information to the public and to the public. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

009-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/01/2012 TO 11/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						
pH	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Solids, total suspended	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Oil & Grease	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201 427 7527	12/21/12
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

009-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
FROM 11/01/2012 TO 11/30/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
o-Xylene 77135 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
.meta.-Xylene 81710 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
								Weekly When Discharging	GRAB
								Weekly When Discharging	GRAB
								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527 AREA Code NUMBER	DATE 12 21 12 MM/DD/YYYY
--	--	---	--------------------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

010-M
DISCHARGE NUMBER

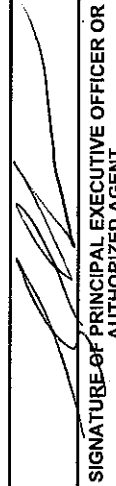
DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
11/01/2012 TO 11/30/2012

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	3,556	35,001	gal/d				0	WEEKLY	CALCTD
00056 1 0 Effluent Gross	Req Mon MO AVG	Req Mon DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH							0	ONCE	GRAB
00400 1 0 Effluent Gross				7.40	7.82	SU		Once Every Event	GRAB
Solids, total suspended				MINIMUM	MAXIMUM	SU		Weekly When Discharging	COMPOS
00530 1 0 Effluent Gross						mg/L	0	WEEKLY	GRAB
Oil & Grease						mg/L		Weekly When Discharging	GRAB
00556 1 0 Effluent Gross						mg/L	0	WEEKLY	GRAB
Methyl tert-butyl ether						ug/L	0	WEEKLY	GRAB
22417 1 0 Effluent Gross						ug/L		Weekly When Discharging	GRAB
Toluene						ug/L	0	WEEKLY	GRAB
34010 1 0 Effluent Gross						ug/L		Weekly When Discharging	GRAB
Benzene						ug/L	0	WEEKLY	GRAB
34030 1 0 Effluent Gross						ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 201 427 7527	DATE 12/21/12
			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

010-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
11/01/2012 11/30/2012

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	ug/L	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	< 0.58	DAILY MX		Weekly When Discharging	GRAB
o-Xylene 77135 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	ug/L	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	< 0.29	DAILY MX		Weekly When Discharging	GRAB
.meta-Xylene 81740 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	ug/L	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	< 0.58	DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 AREA Code NUMBER	12/21/12 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

001-M
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2012 TO 12/31/2012

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate										
00056 1 0 Effluent Gross		Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH										
00400 1 0 Effluent Gross										
Solids, total suspended										
00530 1 0 Effluent Gross									Once Every Event	GRAB
Oil & Grease									Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross										
Methyl tert-butyl ether									Weekly When Discharging	GRAB
22417 1 0 Effluent Gross									Weekly When Discharging	GRAB
Toluene										
34010 1 0 Effluent Gross									Weekly When Discharging	GRAB
Benzene										
34030 1 0 Effluent Gross									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 AREA Code NUMBER	01 25 13 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

001-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
34728 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
o-Xylene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
77135 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
meta-Xylene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
81710 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
									Weekly When Discharging	GRAB
									Weekly When Discharging	GRAB
									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	1/25/13
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

002-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

FROM

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2012 TO 12/31/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	gal/d	Req. Mon. DAILY MX					Weekly When Discharging	CALCTD
pH									
00400 1 0 Effluent Gross									
Solids, total suspended									
00530 1 0 Effluent Gross									
Oil & Grease									
00556 1 0 Effluent Gross									
Methyl tert-butyl ether									
22417 1 0 Effluent Gross									
Toluene									
34010 1 0 Effluent Gross									
Benzene									
34030 1 0 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George McLachlan TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 201 427 7527	DATE 01/25/2013
			AREA Code 201	NUMBER 427 7527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

002-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2012 TO 12/31/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total		*****	*****	*****	*****	*****				
34728 1 0 Effluent Gross		*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
o-Xylene		*****	*****	*****	*****	*****				
77135 1 0 Effluent Gross		*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
meta-Xylene		*****	*****	*****	*****	*****				
81710 1 0 Effluent Gross		*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 201 427 7527	DATE 01/25/2013
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code		NUMBER
No Discharge				MMDDYYYY MMDDYYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276934
PERMIT NUMBER

003-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2012 TO 12/31/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	gal/d	*****	*****	*****			
00056 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Oil & Grease	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George McLachlan TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 AREA Code NUMBER	01/25/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

PERMIT NUMBER
NY0276634

DISCHARGE NUMBER
003-M

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)

TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total		*****	*****	*****	*****	*****	*****			
34728 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****			
o-Xylene		*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
77135 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****			
.meta.-Xylene		*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
81740 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****			
		*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
GEORGE MCLACHLAN	201 427 7527	01/25/2013	
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

004-M
DISCHARGE NUMBER

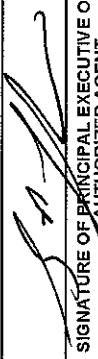
DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)

TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2012 TO 12/31/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Reg Mon MO AVG	gal/d	Reg Mon DAILY MX						
pH								Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross									
Solids, total suspended								Once Every Event	GRAB
00530 1 0 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease									
00556 1 0 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether									
22417 1 0 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 1 0 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 1 0 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 AREA Code NUMBER	01/25/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	PERMIT NUMBER
-----------	---------------

004-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

FROM

MONITORING PERIOD		
MM/DD/YYYY	TO	
12/01/2012	12/31/2012	

☒ No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L			
o-Xylene 77135 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L			
.meta.-Xylene 81710 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my review of this information, I am aware that there are significant omissions or false statements therein. The foregoing information was provided by me or a third party person, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GEORGE McLACHLAN
TYPED OR PRINTED

	TELEPHONE		DATE
	201 427 7527		01/25/2013
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

005-M
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2012 TO 12/31/2012

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT										
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	gals/d							
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT										
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT										
Oil & Grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT										
Methyl tert-butyl ether	SAMPLE MEASUREMENT										
22417 1 0 Effluent Gross	PERMIT REQUIREMENT										
Toluene	SAMPLE MEASUREMENT										
34010 1 0 Effluent Gross	PERMIT REQUIREMENT										
Benzene	SAMPLE MEASUREMENT										
34030 1 0 Effluent Gross	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George McLachlan TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
			201 427 7527	01/25/2013
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

005-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

FROM

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2012 TO 12/31/2012

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
77135 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
81710 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
GEORGE MCLACHLAN	201 427 7527	01/25/2013	
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276834
PERMIT NUMBER

006-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2012 TO 12/31/2012

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req Mon MO AVG	gal/d	Req Mon DAILY MX						
pH									
00400 1 0 Effluent Gross									
Solids, total suspended									
00530 1 0 Effluent Gross									
Oil & Grease									
00556 1 0 Effluent Gross									
Methyl tert-butyl ether									
22417 1 0 Effluent Gross									
Toluene									
34010 1 0 Effluent Gross									
Benzene									
34030 1 0 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
			201 427 7527	01/25/2013
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

006-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2012 TO 12/31/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
34728 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
77135 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
.meta.-Xylene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
81740 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201 427 7527	01/25/2013
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

007-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2012 TO 12/31/2012

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req Mon. MO AVG	Req Mon. DAILY MX	gal/d					Weekly When Discharging	CALC'D
pH									
00400 1 0 Effluent Gross									
Solids, total suspended									
00530 1 0 Effluent Gross								Once Every Event	GRAB
Oil & Grease								Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether								Weekly When Discharging	GRAB
22417 1 0 Effluent Gross								Weekly When Discharging	GRAB
Toluene								Weekly When Discharging	GRAB
34010 1 0 Effluent Gross								Weekly When Discharging	GRAB
Benzene								Weekly When Discharging	GRAB
34030 1 0 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
			201 427 7527	01/25/2013
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER

FROM	MONITORING PERIOD	
	MM/DD/YYYY	TO
	12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

☒ No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total 34728 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene 77135 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
.meta.-Xylene 81710 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who furnished the information, and on the basis of all information I received, I believe that this information is true and correct. I am not aware of any falsification of this information, and I am not aware of any person or persons who have furnished false information, including the possibility of false and imprisonment for knowing violations.	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 201 427 7527	DATE 01/25/2013
		AREA Code	NUMBER
		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

008-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate										
00056 1 0 Effluent Gross		Req Mon. MO AVG	Req Mon. DAILY MX	gal/d						
pH										
00400 1 0 Effluent Gross										
Solids, total suspended										
00530 1 0 Effluent Gross										
Oil & Grease										
00558 1 0 Effluent Gross										
Methyl tert-butyl ether										
22417 1 0 Effluent Gross										
Toluene										
34010 1 0 Effluent Gross										
Benzene										
34030 1 0 Effluent Gross										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George McLachlan TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 201 427 7527	DATE 01/25/2013
			AREA Code 201	NUMBER 427 7527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER009-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)TRENCH DEWATERING
External OutfallNo Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req Mon. MO AVG	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Oil & Grease	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
George McLachlan		201 427 7527	01/25/2013
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	PERMIT NUMBER
-----------	---------------

009-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)

FROM	MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY	
	12/01/2012	TO 12/31/2012	

☒ No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
.meta.-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GEORGE McLACHLAN
TYPED OR PRINTED

	TELEPHONE		DATE
	201-427-7527	01/25/2013	66MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

010-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate										
00056 1 0 Effluent Gross		Reg Mon MO AVG	Reg Mon DAILY MX	gal/d						
pH									Weekly When Discharging	CALC'D
00400 1 0 Effluent Gross										
Solids, total suspended									Once Every Event	GRAB
00530 1 0 Effluent Gross									Weekly When Discharging	COMPOS
Oil & Grease										
00556 1 0 Effluent Gross									Weekly When Discharging	GRAB
Methyl tert-butyl ether										
22417 1 0 Effluent Gross									Weekly When Discharging	GRAB
Toluene										
34010 1 0 Effluent Gross									Weekly When Discharging	GRAB
Benzene										
34030 1 0 Effluent Gross									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George McLachlan TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 01/25/2013
		AREA Code	NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

010-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2012 TO 12/31/2012

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
77135 10 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
81710 10 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 201 427 7527	DATE 01/25/2013
		NUMBER AREA Code	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Regional Water Engineer
Region 2
One Hunters Point Plaza
Long Island City, New York
11101
718-482-4933

Date: 02/18/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one copy** of:

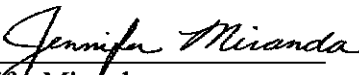
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – January 2013 Discharge Monitoring Reports		2/14/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Division of Water,
Bureau of Water
Compliance
625 Broadway
Albany, New York 12233
518-402-8177

Date: 02/18/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one original** of:

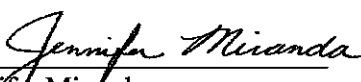
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – January 2013 Discharge Monitoring Reports		2/14/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

001-M
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2013 TO 01/31/2013

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	00056 1 0 Effluent Gross	Req Mon MO AVG	Req Mon DAILY MX	gal/d	*****	*****	*****			
pH	00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALC'D
Solids, total suspended	00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	SU		Once Every Event	GRAB
Oil & Grease	00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	50 DAILY MX		Weekly When Discharging	COMPOS
Methyl tert-butyl ether	22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	15 DAILY MX		Weekly When Discharging	GRAB
Toluene	34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	50 DAILY MX		Weekly When Discharging	GRAB
Benzene	34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB
		*****	*****	*****	*****	*****	1 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 AREA Code NUMBER	02/14/13 MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

002-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2013 TO 01/31/2013

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gald						
pH	MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT									
Solids, total suspended	MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT									
Oil & Grease	MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT									
Methyl tert-butyl ether	MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT									
Toluene	MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT									
Benzene	MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 AREA Code NUMBER	02/14/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

002-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

FROM	MONITORING PERIOD	
	MM/DD/YYYY	MM/DD/YYYY
	01/01/2013	TO 01/31/2013

☒ No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
o-Xylene 77135 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
.meta.-Xylene 81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

and certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my review of this information, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George McCutchen Law TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and analyze the information included in this document and that the information gathered and analyzed is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 02/14/2013
			AREA CODE NUMBER	MMDDYYYY MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

003-M
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2013 TO 01/31/2013

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gals/d						
pH									
00400 1 0 Effluent Gross				6 MINIMUM	9 MAXIMUM	SU			
Solids, total suspended									
00530 1 0 Effluent Gross								Weekly When Discharging	CALCTD
Oil & Grease								Once Every Event	GRAB
00556 1 0 Effluent Gross								Weekly When Discharging	COMPOS
Methyl tert-butyl ether								Weekly When Discharging	GRAB
22417 1 0 Effluent Gross								Weekly When Discharging	GRAB
Toluene								Weekly When Discharging	GRAB
34010 1 0 Effluent Gross								Weekly When Discharging	GRAB
Benzene								Weekly When Discharging	GRAB
34030 1 0 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201427 7627 AREA Code NUMBER	02/14/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

003-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2013 TO 01/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total	*****	*****	*****	*****	*****	*****			
34728 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 AREA Code NUMBER	02/18/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0278634
PERMIT NUMBER

004-M
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2013 TO 01/31/2013

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****			
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		2014277527	02/14/2013
TYPED OR PRINTED		AREA CODE	NUMBER
		MMDDYYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

004-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2013 TO 01/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
o-Xylene 77135 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene 81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 02/13/2013
		AREA CODE	NUMBER MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

005-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2013 TO 01/31/2013

☒ No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						
pH	MEASUREMENT								Weekly When Discharging	CALC'D
00400 1 0 Effluent Gross	PERMIT REQUIREMENT									
Solids, total suspended	MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Once Every Event	GRAB
Oil & Grease	MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Methyl tert-butyl ether	MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and report the information on this report. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
GEORGE MCLACHLAN
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 201 427 7527
DATE: 02/14/2013
AREA Code: 201
NUMBER: 427 7527
MMDDYYYY: MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

NY0276634
PERMIT NUMBER

005-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2013 TO 01/31/2013

ATTN: GEORGE MCLACHLAN

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
o-Xylene 77135 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene 81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED
GEORGE MCLACHLAN

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE
201 427 7527
DATE
02/14/2013
AREA Code
NUMBER
MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

006-MI
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2013 TO 01/31/2013

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	MEASUREMENT										
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d							
pH	MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT										
Solids, total suspended	MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT										
Oil & Grease	MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT										
Methyl tert-butyl ether	MEASUREMENT										
22417 1 0 Effluent Gross	PERMIT REQUIREMENT										
Toluene	MEASUREMENT										
34010 1 0 Effluent Gross	PERMIT REQUIREMENT										
Benzene	MEASUREMENT										
34030 1 0 Effluent Gross	PERMIT REQUIREMENT										

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, I am aware that they are following the instructions and procedures established to ensure that the information submitted to the list of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 02/14/2013
TYPED OR PRINTED		AREA Code	NUMBER
			NNMMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

006-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)

TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2013 TO 01/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para - total 34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
o-Xylene 77135 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
.meta.-Xylene 81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George McLachlan TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		2014277527	02/14/2013
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NO DISCHARGE		AREA Code	NUMBER
			MM/DD/YYYY

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

007-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO
01/01/2013 TO 01/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 10 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****			
pH	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALCTD
00400 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
00530 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Oil & Grease	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
00556 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527	02/14/2013
TYPED OR PRINTED		AREA Code	NUMBER
			MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

007-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2013 TO 01/31/2013

☒ No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
		*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who managed the gathering and evaluation of the information and based on the best of my knowledge and belief, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GEORGE MCLACHLAN
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
2014277527
TELEPHONE
DATE 02/14/2013
AREA Code NUMBER MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 01/31/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	UNITS			
Flow rate	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	gal/d	*****	*****	*****	*****			
00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALC'D
pH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 AREA Code NUMBER	02/14/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
CMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

008-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)

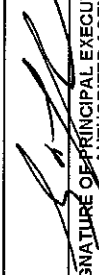
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2013 TO 01/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para-total 34728 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
o-Xylene 77135 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene 81710 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly qualified person or person in charge of the NPDES permit system, or those persons directly responsible for gathering the information, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 02	11/14/2013
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No Discharge		AREA Code	NUMBER
		MMDDYYYY	MMDDYYYY

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013
FROM	TO

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX							
pH									
00400 1 0 Effluent Gross									
Solids, total suspended									
00530 1 0 Effluent Gross									
Oil & Grease									
00556 1 0 Effluent Gross									
Methyl tert-butyl ether									
22417 1 0 Effluent Gross									
Toluene									
34010 1 0 Effluent Gross									
Benzene									
34030 1 0 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN TYPED OR PRINTED		201 427 7527	02/14/2013
		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

009-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2013 TO 01/31/2013

FROM

No Discharge ☒

PARAMETER	NO. EX	QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS		
Xylene, para-total		*****	*****	*****	*****		
34728 10 Effluent Gross		*****	*****	*****	*****	Weekly When Discharging	GRAB
o-Xylene		*****	*****	*****	*****		
77135 10 Effluent Gross		*****	*****	*****	*****	Weekly When Discharging	GRAB
meta-Xylene		*****	*****	*****	*****		
81710 10 Effluent Gross		*****	*****	*****	*****	Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including fines and imprisonment).

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED
GEORGE MCLACHLAN

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE
201 427 7527
DATE
02/14/13
AREA Code
NUMBER
MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 01/31/2013

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						
pH	MEASUREMENT								Weekly When Discharging	CALC'D
00400 1 0 Effluent Gross	PERMIT REQUIREMENT								Once Every Event	GRAB
Solids, total suspended	MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether	MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer and registered professional geologist in the State of New Jersey, and I am the owner, operator, or responsible person of the facility or person responsible for gathering the information. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE	PRINCIPAL EXECUTIVE OFFICER
GEORGE MCLACHLAN	
TYPED OR PRINTED	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TELEPHONE	DATE
2014277527	02/14/13
AREA CODE	NUMBER
	MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP.
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013
FROM	TO

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para-total	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
34728 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
o-Xylene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
77135 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
meta-Xylene	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
81710 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
									Weekly When Discharging	GRAB
									Weekly When Discharging	GRAB
									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN TYPED OR PRINTED		201 427 7527	02/14/13
		AREA Code	NUMBER
			MMDDYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Division of Water,
Bureau of Water
Compliance
625 Broadway
Albany, New York 12233
518-402-8177

Date: 03/19/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one original** of:

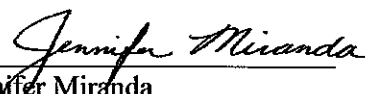
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – February 2013 Discharge Monitoring Reports		2/1/13 to 2/28/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Regional Water Engineer
Region 2
One Hunters Point Plaza
Long Island City, New York
11101
718-482-4933

Date: 03/19/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one copy** of:

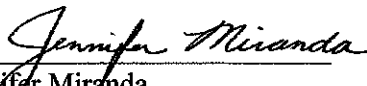
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – February 2013 Discharge Monitoring Reports		2/1/13 to 2/28/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0276334	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MMDD/YYYY	MMDD/YYYY
2/1/2013	2/28/2013
MONITORING PERIOD	

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate										
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						Weekly When Discharging	CALCTD
pH										
00400 1 0 Effluent Gross										
Solids, total suspended										
00530 1 0 Effluent Gross										
Oil & Grease										
00556 1 0 Effluent Gross										
Methyl tert-butyl ether										
22417 1 0 Effluent Gross										
Toluene										
34010 1 0 Effluent Gross										
Benzene										
34030 1 0 Effluent Gross										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	03/19/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MMDDYYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

07302

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para-total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX		Weekly When Discharging	GRAB
77135 10 Effluent Gross meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX		Weekly When Discharging	GRAB
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	03/19/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

Form Approved
OMB No. 2040-0004

07302

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 10 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH									
00400 10 Effluent Gross									
Solids, total suspended									
00530 10 Effluent Gross								Once Every Event	GRAB
Oil & Grease									
00556 10 Effluent Gross								Weekly When Discharging	COMPOS
Methyl tert-butyl ether									
22417 10 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 10 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 10 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201 427 7527	03/19/2013
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para: total	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
6-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	03/19/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate										
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						Weekly When Discharging	CALCTD
pH										
00400 1 0 Effluent Gross									Once Every Event	GRAB
Solids, total suspended										
00530 1 0 Effluent Gross									Weekly When Discharging	COMPOS
Oil & Grease										
00556 1 0 Effluent Gross									Weekly When Discharging	GRAB
Methyl tert-butyl ether										
22417 1 0 Effluent Gross									Weekly When Discharging	GRAB
Toluene										
34010 1 0 Effluent Gross									Weekly When Discharging	GRAB
Benzene										
34030 1 0 Effluent Gross									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	03/19/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MMDD/YYYY	MMDD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE: 07302
MINOR
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	NO. EX	QUALITY OR CONCENTRATION				QUANTITY OR LOADING			FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	VALUE		
Xylene, para- total		*****	*****	*****	*****	*****	*****	*****		
34728 10 Effluent Gross		*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	GRAB
o-Xylene		*****	*****	*****	*****	*****	*****	*****		
77135 10 Effluent Gross		*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	GRAB
mela-Xylene		*****	*****	*****	*****	*****	*****	*****		
81710 10 Effluent Gross		*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	03/11/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MMDD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DISCHARGE MONITORING REPORT (DMR)

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 10 Effluent Gross pH	Req. Mon MO AVG	Req. Mon DAILY MX	gal/d					Weekly When Discharging	CALC'D
00400 10 Effluent Gross Solids, total suspended				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
00530 10 Effluent Gross Oil & Grease								Weekly When Discharging	COMPOS
00556 10 Effluent Gross Methyl tert-butyl ether					15 DAILY MX	mg/L		Weekly When Discharging	GRAB
22417 10 Effluent Gross Toluene					50 DAILY MX	ug/L		Weekly When Discharging	GRAB
34010 10 Effluent Gross Benzene					5 DAILY MX	ug/L		Weekly When Discharging	GRAB
34030 10 Effluent Gross					1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201-427-7527	03/19/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
 JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
 STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 07302
MINOR: (SUBR 02)
 TRENCH DEWATERING
 External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY 21/2013	MM/DD/YYYY 228/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34728 1 0 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
77135 1 0 Effluent Gross meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
81710 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	03/19/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)
TRENCH DEWATERING
External Outfall

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

☒ No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 10 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALC'D
pH									
00400 10 Effluent Gross									
Solids, total suspended				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
00530 10 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease									
00556 10 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether									
22417 10 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 10 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 10 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	02/19/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NY0276034	005-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
77135 10 Effluent Gross o-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, I am aware that the system is designed to assure that the information gathered is accurate, complete, and truthful, and that the information has not been altered or manipulated in a material way. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCCLACHLAN TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE	UNITS			
Flow rate											
00056 10 Effluent Gross	Req. Mon MO AVG	Req. Mon DAILY MX	gal/d							Weekly When Discharging	CALCTD
pH											
00400 10 Effluent Gross											
Solids, total suspended										Once Every Event	GRAB
00530 10 Effluent Gross										Weekly When Discharging	COMPOS
Oil & Grease											
00556 10 Effluent Gross										Weekly When Discharging	GRAB
Methyl tert-butyl ether											
22417 10 Effluent Gross										Weekly When Discharging	GRAB
Toluene											
34010 10 Effluent Gross										Weekly When Discharging	GRAB
Benzene											
34030 10 Effluent Gross										Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201 427 7527	03/19/2013
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
 JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
 STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

Form Approved
 OMB No. 2040-0004

DMR Mailing ZIP CODE: 07302
 MINOR
 (SUBR 02)
 TRENCH DEWATERING
 External Outfall

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER

MMDD/YYYY	MMDD/YYYY
2/1/2013	2/28/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para-total	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		201 427 7527 AREA Code NUMBER	03/19/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

ATTN: GEORGE MCLACHLAN

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****			
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT			*****						
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	9 MAXIMUM	Once Every Event	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****						
00530 1 0 Effluent Gross Oil & Grease	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	50 DAILY MX	Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT	*****	*****	*****						
00556 1 0 Effluent Gross Methyl tert-butyl ether	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	15 DAILY MX	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****						
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	50 DAILY MX	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****						
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	5 DAILY MX	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****						
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1 DAILY MX	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	GEORGE MCLACHLAN	TYPED OR PRINTED
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02/19/2013 Page 1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE:
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
	34726 1 0	*****	*****	*****	*****	*****	5 ug/L DAILY MX	Weekly When Discharging	GRAB	
Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
	77135 1 0	*****	*****	*****	*****	*****	5 ug/L DAILY MX	Weekly When Discharging	GRAB	
Effluent Gross meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
	81710 1 0	*****	*****	*****	*****	*****	5 ug/L DAILY MX	Weekly When Discharging	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201427 7527	03/19/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0276834	008-M
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013
MONITORING PERIOD	

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

☒ No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALC'D
pH									
00400 1 0 Effluent Gross								Once Every Event	GRAB
Solids, total suspended									
00530 1 0 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease									
00556 1 0 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether									
22417 1 0 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 1 0 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 1 0 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201 427 7527	03/19/2013
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0276334	008-M
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013
MONITORING PERIOD	

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 ug/L	Weekly When Discharging		GRAB	
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 ug/L	Weekly When Discharging		GRAB	
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 ug/L	Weekly When Discharging		GRAB	
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 ug/L	Weekly When Discharging		GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	03/19/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NY027634
PERMIT NUMBER

009-M
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
2/28/2013

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross		Req. Mon. MO AVG							
pH									
00400 1 0 Effluent Gross									
Solids, total suspended									
00530 1 0 Effluent Gross									
Oil & Grease									
00556 1 0 Effluent Gross									
Methyl tert-butyl ether									
22417 1 0 Effluent Gross									
Toluene									
34010 1 0 Effluent Gross									
Benzene									
34030 1 0 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	03/19/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MINIDDDYYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DISCHARGE MONITORING REPORT (DMR)

NY0276634	000-M
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Xylene, para- total	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	03/19/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0276634	PERMIT NUMBER
010-M	DISCHARGE NUMBER

MM/DD/YYYY	MONITORING PERIOD
2/1/2013	2/28/2013

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALC'D
pH									
00400 1 0 Effluent Gross									
Solids, total suspended				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
00530 1 0 Effluent Gross									
Oil & Grease								Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross									
Methyl tert-butyl ether								Weekly When Discharging	GRAB
22417 1 0 Effluent Gross									
Toluene								Weekly When Discharging	GRAB
34010 1 0 Effluent Gross									
Benzene								Weekly When Discharging	GRAB
34030 1 0 Effluent Gross									
								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George McLachlan	201 427 7527	03/19/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013
MONITORING PERIOD	

DMR Mailing ZIP CODE:

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

Form Approved
OMB No. 2040-0004

07302

No Discharge ☒

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE		UNITS		VALUE		UNITS				
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	5	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					
77135 10 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	5	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	5	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	03/19/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Regional Water Engineer
Region 2
One Hunters Point Plaza
Long Island City, New York
11101
718-482-4933

Date: 04/22/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one copy** of:

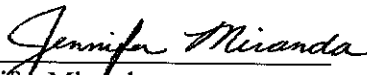
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – March 2013 Discharge Monitoring Reports		3/1/13 to 3/31/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Division of Water,
Bureau of Water
Compliance
625 Broadway
Albany, New York 12233
518-402-8177

Date: 04/22/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one original** of:

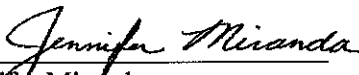
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – March 2013 Discharge Monitoring Reports		3/1/13 to 3/31/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

Form Approved
OMB No 2040-0004

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	3436	28643	gal/d				0	WEEKLY	CALC'D
00056 10 Effluent Gross pH	Req Mon MO/AVG	Req Mon DAILY MX	gal/d					Weekly When Discharging	CALC'D
00400 10 Effluent Gross Solids, total suspended				7.4	7.5	SU	0	ONCE	GRAB
00530 10 Effluent Gross Oil & Grease				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
00556 10 Effluent Gross Methyl tert-butyl ether					4.4	mg/L	0	WEEKLY	COMPOS
22417 10 Effluent Gross Toluene					50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
34010 10 Effluent Gross Benzene					21.4	mg/L	0	WEEKLY	GRAB
34030 10 Effluent Gross					15 DAILY MX	mg/L		Weekly When Discharging	GRAB
					20.35	ug/L	0	WEEKLY	GRAB
					50 DAILY MX	ug/L		Weekly When Discharging	GRAB
					20.3	ug/L	0	WEEKLY	GRAB
					5 DAILY MX	ug/L		Weekly When Discharging	GRAB
					20.4	ug/L	0	WEEKLY	GRAB
					1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	04/20/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☐

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	VALUE			
Xylene, para- total	*****	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
34728 10 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
77135 10 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Weekly When Discharging	GRAB
mela.-Xylene	*****	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
81710 10 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	04/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013
MONITORING PERIOD	

DMR Mailing ZIP CODE:

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	PERMIT REQUIREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT								Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	04/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate										
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly When Discharging	CALC'D
pH										
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Oil & Grease	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	04/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)

MMDDYYYY	MMDDYYYY
3/1/2013	3/31/2013

TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
77135 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	04/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MMDDYYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302

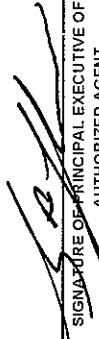
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

MMDDYYYY	MMDDYYYY
3/1/2013	3/31/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	MEASUREMENT									
00056 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						
pH	MEASUREMENT									
00400 10 Effluent Gross	PERMIT REQUIREMENT									
Solids, total suspended	MEASUREMENT									
00630 10 Effluent Gross	PERMIT REQUIREMENT									
Oil & Grease	MEASUREMENT									
00556 10 Effluent Gross	PERMIT REQUIREMENT									
Methyl tert-butyl ether	MEASUREMENT									
22417 10 Effluent Gross	PERMIT REQUIREMENT									
Toluene	MEASUREMENT									
34010 10 Effluent Gross	PERMIT REQUIREMENT									
Benzene	MEASUREMENT									
34030 10 Effluent Gross	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201 427 1527	04/20/2013
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

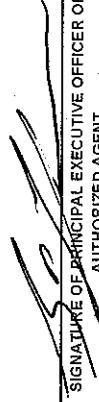
DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

Form Approved
OMB No. 2040-0004

07302

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Xylene, para- total 34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77135 10 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	04/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	PERMIT REQUIREMENT									
00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	Req. Mon. MO. AVG	Req. Mon. DAILY MX	gal/d						
pH	PERMIT REQUIREMENT									
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT									
Solids, total suspended	PERMIT REQUIREMENT									
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT									
Oil & Grease	PERMIT REQUIREMENT									
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT									
Methyl tert-butyl ether	PERMIT REQUIREMENT									
22417 1 0 Effluent Gross	SAMPLE MEASUREMENT									
Toluene	PERMIT REQUIREMENT									
34010 1 0 Effluent Gross	SAMPLE MEASUREMENT									
Benzene	PERMIT REQUIREMENT									
34030 1 0 Effluent Gross	SAMPLE MEASUREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	04/22/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201

JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS

STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634

PERMIT NUMBER

-14-

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

3/31/2013

DMR Mailing ZIP CODE: 07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****						
Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****						
Effluent Gross .meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****						
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Grade Migration

TYPED OR PRINTED

I do not certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the information system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant civil penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

TELEPHONE

DATE _____

201427 7527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE		UNITS	VALUE	VALUE	VALUE	UNITS				
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS					
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO. AVG	gal/d	*****	*****	*****	*****	*****	*****	Weekly When Discharging	CALCTD	
	SAMPLE MEASUREMENT		*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	Once Every Event	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	COMPOS	
	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	GRAB	
Oil & Grease	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	COMPOS	
	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	GRAB	
Methyl tert-butyl ether	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	GRAB	
	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	GRAB	
Toluene	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	GRAB	
	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	GRAB	
Benzene	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	GRAB	
	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	GRAB	
34030 10 Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	GRAB	
	SAMPLE MEASUREMENT				*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	Weekly When Discharging	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George MCLACHLAN	201 429 7527	04/20/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Xylene, para- total 34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			5 DAILY MX	ug/L	Weekly When Discharging	GRAB
77135 10 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			5 DAILY MX	ug/L	Weekly When Discharging	GRAB
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			5 DAILY MX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	04/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201427	7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 10 Effluent Gross	Req Mon MO AVG	Req Mon DAILY MX	gal/d						
pH									
00400 10 Effluent Gross									
Solids, total suspended				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
00530 10 Effluent Gross									
Oil & Grease									
00530 10 Effluent Gross									
Methyl tert-butyl ether									
22417 10 Effluent Gross									
Toluene									
34010 10 Effluent Gross									
Benzene									
34030 10 Effluent Gross									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

GEORGE MCLACHLAN

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

2014277527

NUMBER

AREA Code

DATE

04/20/2013

MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME:	TEXAS EASTERN TRANSMISSION CORP
ADDRESS:	150 WARREN STREET, SUITE 201 JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	PERMIT NUMBER
007-M	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

CDMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

☒ No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
77135 10 Effluent Gross meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and analyze the information specified in this document. The information and conclusions contained herein are those of the persons designated as sources, and not those of myself or my organization. I am not aware of any falsification of this information and I have no reason to doubt its accuracy or completeness. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
George McLaughlin TYPED OR PRINTED			201 427 7627	04 20 2013
			AREA Code	NUMBER
			MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ON DISCARD -

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						
	SAMPLE MEASUREMENT								Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT								Once Every Event	GRAB
00530 1 0 Effluent Gross Oil & Grease	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT								Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross Methyl tert-butyl ether	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT								Weekly When Discharging	GRAB
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT								Weekly When Discharging	GRAB
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT								Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		20142571527	04/20/2013
TYPED OR PRINTED		AREA CODE	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

☒ No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	VALUE			
Xylene, para- total	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	04/26/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER

MMDDYYYY	MMDDYYYY
3/1/2013	3/31/2013

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT					6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
00530 1 0 Effluent Gross Oil & Grease	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross Methyl tert-butyl ether	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
22417 1 0 Effluent Gross Toluene	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
34010 1 0 Effluent Gross Benzene	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
34030 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	04/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MMDD/YYYY	MMDD/YYYY
3/1/2013	3/31/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
77135 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
.meta-.Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201 427 7527	04/20/2013
TYPED OR PRINTED	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCREPANCY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

DMR Mailing ZIP CODE:

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	PERMIT REQUIREMENT									
00056 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALC'D
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00556 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
22417 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34030 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	04/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

Staten Island March DMR												
Permit Da Max					50	15	1	5	50	5	5	
Discharge Location	System	Date:	Flow (GPD)	pH	TSS: (mg/L)	Oil & Grease: (mg/L)	Benzene: (ug/L)	Toluene:(ug/L)	MTBE: (ug/L)	m-Xylene & p-Xylene: (ug/L)	o-Xylene: (ug/L)	
DSN-001	#2	3/25/2013	19322	7.43								
		3/26/2013	25087	7.42								
		3/27/2013	10758	7.38								
		3/28/2013	22695	7.45	4.4	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29	
		3/29/2013	28643	7.54								
Calculated		Mo Avg		3436	7.38	4.4	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
Calculated		Daily Max		28643	7.54	4.4	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
Rounded		Mo Avg		3436	7.4	4	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
Rounded		Daily Max		28643	7.5	4	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29

SPDES PERMIT NUMBER NY 0276634

Manhattan

OUTFALL No. 001-010

	Flow		pH		Total Suspended Solids		Oil and Grease		Benzene		Toluene		MTBE		o-Xylene: (ug/L)		m-Xylene & p-Xylene: (ug/L)	
Date	Report	Report	6.0 SU	9.0 SU	NA	50 mg/l	NA	15 mg/l	NA	1 ug/L	NA	5 ug/L	NA	50 ug/L	NA	5 ug/L	NA	5 ug/L
	Mo AVG	Da MAX	Minimum	Maximum	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX
4/10/2013			8.52	8.52	< 4.0	< 4.0	< 1.4	< 1.4	< 0.35	< 0.35	< 0.30	< 0.30	< 0.35	< 0.35	< 0.29	< 0.29	< 0.58	< 0.58
4/18/2013			8.69	8.69	< 4.0	< 4.0	< 1.4	< 1.4	< 0.35	< 0.35	< 0.30	< 0.30	< 0.35	< 0.35	< 0.29	< 0.29	< 0.58	< 0.58
Report DMR	17,307	101,688	8.5	8.7	< 4.0	< 4.0	< 1.4	< 1.4	< 0.35	< 0.35	< 0.30	< 0.30	< 0.35	< 0.35	< 0.29	< 0.29	< 0.58	< 0.58

SPDES Permit
NY0276634
Month : April 2013

MONITORING PERIOD
04/01/2013 TO 04/31/2013
Manhattan

010 - SURFACE WATER OUTFALL

Date	Unit	Start	End	Flow
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
Flow Totals				

ND = NO DISCHARGE

Date	Unit	Start	End	Flow	Total Flow
1					ND
2					ND
3					ND
4					ND
5					ND
6					ND
7					ND
8					ND
9	16				9,750
10	16				29,101
11	16				89,288
12	16				65,775
13					ND
14	16				66,857
15	16				79,319
16	16				101,688
17	16				16,892
18	16				48,262
19	16				12,279
20					ND
21					ND
22					ND
23					ND
24					ND
25					ND
26					ND
27					ND
28					ND
29					ND
30					ND
Monthly Totals					519211
Monthly Avg					17307
Monthly Max					101688



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Regional Water Engineer
Region 2
One Hunters Point Plaza
Long Island City, New York
11101
718-482-4933

Date: 05/21/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one copy** of:

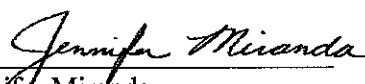
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – April 2013 Discharge Monitoring Reports		4/1/13 to 4/30/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Division of Water,
Bureau of Water
Compliance
625 Broadway
Albany, New York 12233
518-402-8177

Date: 05/21/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one original** of:

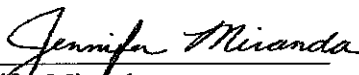
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – April 2013 Discharge Monitoring Reports		4/1/13 to 4/30/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate	27494	gal/d	96830	gal/d			0	WEEKLY	CALCTD
00056 10 Effluent Gross pH	Req Mon MO AVG		Req Mon DAILY MX					Weekly When Discharging	CALCTD
00400 10 Effluent Gross Solids, total suspended				6.1		7.5	0	ONCE	GRAB
00530 10 Effluent Gross Oil & Grease				6	MINIMUM	9		Once Every Event	GRAB
00558 10 Effluent Gross Methyl tert-butyl ether						4.0	0	WEEKLY	COMPOS
22417 10 Effluent Gross Toluene						1.4	0	WEEKLY	GRAB
34010 10 Effluent Gross Benzene						0.35	0	WEEKLY	GRAB
34030 10 Effluent Gross						0.3	0	WEEKLY	GRAB
						0.4	0	WEEKLY	GRAB
						1	0	WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	05/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

07302

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
34728 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	05/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0278634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MMDDYYYY	MMDD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE:
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	MEASUREMENT						*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALC'D
pH	MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	MEASUREMENT	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	MEASUREMENT	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	MEASUREMENT	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	MEASUREMENT	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	MEASUREMENT	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201427 7527	05/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201

JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS

STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276834	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE:
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate	PERMIT REQUIREMENT	Req. Mon. MO AVG	gal/d	*****	*****	*****	*****			
00056 1 0 Effluent Gross pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross Oil & Grease	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	05/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

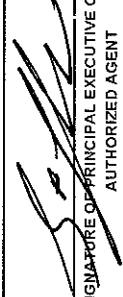
ATTN: GEORGE MCLACHLAN

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para-total	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
o-Xylene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
77135 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
meta-Xylene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
81710 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	05/24/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****			
00056 1 0 Effluent Gross pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	CALC'D
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
00530 1 0 Effluent Gross Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross Methyl tert-butyl ether	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for providing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GEORGE MCLACHLAN
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
201 427 7527
DATE
05/21/2013
AREA Code
NUMBER
MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013
MONITORING PERIOD	

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB	
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
77135 10 Effluent Gross meta- Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB	
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB	
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		2014277527	05/21/2013
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 10 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH									
00400 10 Effluent Gross									
Solids, total suspended				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
00530 10 Effluent Gross									
Oil & Grease								Weekly When Discharging	COMPOS
00556 10 Effluent Gross									
Methyl tert-butyl ether								Weekly When Discharging	GRAB
22417 10 Effluent Gross									
Toluene								Weekly When Discharging	GRAB
34010 10 Effluent Gross									
Benzene								Weekly When Discharging	GRAB
34030 10 Effluent Gross									
								Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	05/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	*****	*****	*****	*****	*****	*****			
34728 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201-427-7527	05/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	4277527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer or geologist in the State of New York. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

07302

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	gal/d					Weekly When Discharging	CALC'D
pH	MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT								Once Every Event	GRAB
Solids, total suspended	MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	MEASUREMENT									
00566 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether	MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	05/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201

JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

006-M

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

4/30/2013

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Xylene, para-total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	05/21/2013
TYPED OR PRINTED	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0278634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 07302

MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate										
00056 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						
pH	SAMPLE MEASUREMENT									
00400 10 Effluent Gross	PERMIT REQUIREMENT									
Solids, total suspended	SAMPLE MEASUREMENT									
00530 10 Effluent Gross	PERMIT REQUIREMENT									
Oil & Grease	SAMPLE MEASUREMENT									
00556 10 Effluent Gross	PERMIT REQUIREMENT									
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 10 Effluent Gross	PERMIT REQUIREMENT									
Toluene	SAMPLE MEASUREMENT									
34010 10 Effluent Gross	PERMIT REQUIREMENT									
Benzene	SAMPLE MEASUREMENT									
34030 10 Effluent Gross	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	05/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
77135 10 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	05/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	4277527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013
MONITORING PERIOD	

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	PERMIT REQUIREMENT						*****			
00056 1 0 Effluent Gross pH	SAMPLE MEASUREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
00530 1 0 Effluent Gross Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross Methyl tert-butyl ether	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	05/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

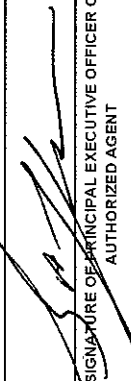
ATTN: GEORGE MCLACHLAN

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para-total	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	05/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	4277527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MMDDYYYY 4/1/2013	MMDDYYYY 4/30/2013
MONITORING PERIOD	

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	PERMIT REQUIREMENT						*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. NO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALC/D
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer and that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	05/24/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
 JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
 STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
 MINOR (SUBR 02)
 TRENCH DEWATERING
 External Outfall

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Xylene, para- total	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5 ug/L DAILY MX		Weekly When Discharging	GRAB
77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 ug/L DAILY MX		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 ug/L DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	05/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

010-M
DISCHARGE NUMBER

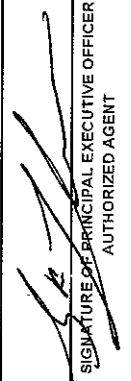
MM/DD/YYYY
4/1/2013

MONITORING PERIOD
MM/DD/YYYY
4/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	17307	101688	gal/d				0	WEEKLY	CALC TO
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALC TO
pH								Weekly When Discharging	CALC TO
00400 1 0 Effluent Gross								Weekly When Discharging	CALC TO
Solids, total suspended				8.5	8.7	su	0	ONCE	GRAB
				6 MINIMUM	9 MAXIMUM	su		Once Every Event	GRAB
00530 1 0 Effluent Gross							0	WEEKLY	COMPOS
Oil & Grease								Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross							0	WEEKLY	GRAB
Methyl tert-butyl ether								Weekly When Discharging	GRAB
22417 1 0 Effluent Gross							0	WEEKLY	GRAB
Toluene								Weekly When Discharging	GRAB
34010 1 0 Effluent Gross							0	WEEKLY	GRAB
Benzene								Weekly When Discharging	GRAB
34030 1 0 Effluent Gross							0	WEEKLY	GRAB
								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201427 7527	05/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
	201427	7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

010-M
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
4/1/2013

TRENCH DEWATERING
External Outfall

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)

07302

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Xylene, para- total 34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****		ug/L	20.6	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****		ug/L	5 DAILY MX		Weekly When Discharging	GRAB
o-Xylene 77135 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****		ug/L	20.3	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****		ug/L	5 DAILY MX		Weekly When Discharging	GRAB
meta-Xylene 81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****		ug/L	20.6	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****		ug/L	5 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	05/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Staten Island April DMR											
Permit Da Max					50	15	1	5	50	5	5
Discharge Location	System	Date:	Flow (GPD)	pH	TSS: (mg/L)	Oil & Grease: (mg/L)	Benzene: (ug/L)	Toluene: (ug/L)	MTBE: (ug/L)	m-Xylene & p-Xylene: (ug/L)	o-Xylene: (ug/L)
DSN-001	#2				<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
		4/1/2013	49246	7.45							
		4/2/2013	22907								
		4/3/2013	15957								
		4/4/2013	21497								
		4/5/2013	7781								
		4/6/2013	21203								
		4/8/2013	20330	7.37	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
		4/9/2013	19907								
		4/10/2013	18161								
		4/11/2013	14688								
		4/12/2013	30299								
		4/13/2013	40958								
		4/15/2013	96830								
		4/16/2013	52142	6.89	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
		4/17/2013	34572								
		4/18/2013	42390								
		4/19/2013	31317								
		4/20/2013	33502								
		4/22/2013	75341	6.72	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
		4/23/2013	33476								
		4/24/2013	37075								
		4/25/2013	20193								
		4/26/2013	17969								
		4/27/2013	16279								
		4/29/2013	36852		<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
		4/30/2013	13959	6.05							
Calculated		Mo Avg	27494.37	6.05	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
Calculated		Daily Max	96830	7.45	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
Rounded		Mo Avg	27494	6.1	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
Rounded		Daily Max	96830	7.5	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29

SPDES PERMIT NUMBER NY 0276634

Manhattan

OUTFALL No. 001-010

	Flow		pH		Total Suspended Solids		Oil and Grease		Benzene		Toluene		MTBE		o-Xylene: (ug/L)		m-Xylene & p-Xylene: (ug/L)	
Date	Report	Report	6.0 SU	9.0 SU	NA	50 mg/l	NA	15 mg/l	NA	1 ug/L	NA	5 ug/L	NA	50 ug/L	NA	5 ug/L	NA	5 ug/L
	Mo AVG	Da MAX	Minimum	Maximum	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX
5/8/2013			7.72	7.72	<4.0	<4.0	<1.4	<1.4	<0.35	<0.35	<0.30	<0.30	<0.35	<0.35	<0.29	>0.29	<0.58	<0.58
5/15/2013			7.92	7.92	<4.0	<4.0	<1.4	<1.4	<0.35	<0.35	<0.30	<0.30	<0.35	<0.35	<0.29	<0.29	<0.58	<0.58
5/17/2013			8.02	8.02	<4.0	<4.0	<1.4	<1.4	<0.35	<0.35	<0.30	<0.30	<0.35	<0.35	<0.29	<0.29	<0.58	<0.58
5/21/2013			8.23	8.23	<4.0	<4.0	<1.4	<1.4	<0.35	<0.35	<0.30	<0.30	<0.35	<0.35	<0.29	<0.29	<0.58	<0.58
5/28/2013			7.89	7.89	<4.0	<4.0	<1.4	<1.4	<0.35	<0.35	<0.30	<0.30	<0.35	<0.35	<0.29	<0.29	<0.58	>0.58
AVG DMR			7.72	8.23	<4.0	<4.0	<1.4	<1.4	<0.35	<0.35	<0.30	<0.30	<0.35	<0.35	<0.29	<0.29	<0.58	<0.58
Report DMR			7.72	8.23	<4.0	<4.0	<1.4	<1.4	<0.35	<0.35	<0.30	<0.30	<0.35	<0.35	<0.29	<0.29	<0.58	<0.58



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Regional Water Engineer
Region 2
One Hunters Point Plaza
Long Island City, New York
11101
718-482-4933

Date: 06/21/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one copy** of:

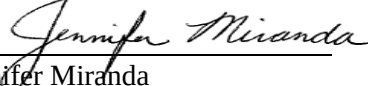
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – May 2013 Discharge Monitoring Reports	5/1/13 to 5/31/13	

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.



Jennifer Miranda
Senior Project Manager



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Division of Water,
Bureau of Water
Compliance
625 Broadway
Albany, New York 12233
518-402-8177

Date: 06/21/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one original** of:

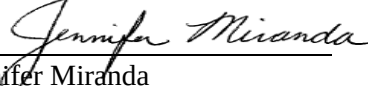
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – May 2013 Discharge Monitoring Reports	5/1/13 to 5/31/13	

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.



Jennifer Miranda
Senior Project Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location, if different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

001-M	DISCHARGE NUMBER
PERMIT NUMBER	
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE:
MINOR
(SUBR 32)
FRENCH DEWATERING
External Outfall

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate		14914	81039	gal/d				0	WEEKLY	CALCTD
00055 10 Effluent Gross pH	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	gal/d					Weekly When Discharging	CALCTD
00400 10 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT				6.8			0	ONCE	GRAB
	PERMIT REQUIREMENT				5	MINIMUM			Once Every Event	GRAB
00530 10 Effluent Gross Oil & Grease	SAMPLE MEASUREMENT							0	WEEKLY	COMPOS
	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
00556 10 Effluent Gross Methyl tertiary butyl ether	SAMPLE MEASUREMENT							0	WEEKLY	GRAB
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
22417 10 Effluent Gross Toluene	SAMPLE MEASUREMENT							0	WEEKLY	GRAB
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
34010 10 Effluent Gross Benzene	SAMPLE MEASUREMENT							0	WEEKLY	GRAB
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
34030 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUB-02)
TRENCH DEWATERING
External Outfall

No Discharge ☐

NY0276634	D01 M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Xylene, para-total									
34728 10 Effluent Gross									
o-Xylene									
77135 10 Effluent Gross									
m, meta-Xylene									
81710 10 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	06/21/2013
TYPED OR PRINTED	NUMBER	MM/DD/YYYY
	201 427 7527	06/21/2013

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon.	Req. Mon.						Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT	MO AVG	DAILY MX	gal/d						
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross Oil & Grease	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross Methyl tert-butyl ether	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
No Discharge		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOK
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276834	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 1 C Effluent Gross o-Xylene	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						5 DAILY MX		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
77135 1 0 Effluent Gross meta-Xylene	PERMIT REQUIREMENT						5 DAILY MX		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						5 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUDBR 02)
TRENCH DEWATERING
Exile-LBI Outfall

NY0276634	903-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	1/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 10 Effluent Gross	Req Mon MO AVG	Req Mon DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH									
00400 10 Effluent Gross								Once Every Event	GRAB
Solids, total suspended									
00530 10 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease									
00556 10 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether									
22417 10 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 10 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 10 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE
		2014277527	20/14277527	06/21/2013
		AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location, if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINI-JR
(SUBR C2)
TRENCH DEWATERING
External Outfall

NY0276034	003 M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
77135 10 Effluent Gross meta -Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly-When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	06/21/2013
TYPED OR PRINTED	NUMBER	MM/DD/YYYY
	AREA CODE	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE
MINOR
(SUBR 02)
TRENCH Dewatering
External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00055 10 Effluent Gross pH	PERMIT REQUIREMENT	Req Mon	Req Mon DAILY MX	gal/d					Weekly When Discharging	CALC'D
	SAMPLE MEASUREMENT									
00400 10 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT				8 MINIMUM	3 MAXIMUM	SU		Once Every Event	GRAB
	SAMPLE MEASUREMENT									
00530 10 Effluent Gross Oil & Grease	PERMIT REQUIREMENT					50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT									
00555 10 Effluent Gross Methyl tert butyl ether	PERMIT REQUIREMENT					15 DAILY MX	mg/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
22417 10 Effluent Gross Toluene	PERMIT REQUIREMENT					50 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34010 10 Effluent Gross Benzene	PERMIT REQUIREMENT					5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34030 10 Effluent Gross	PERMIT REQUIREMENT					1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277627	06/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR C2)
TRENCH DRAINAGE
External Outfall

004-M

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

5/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
77135 10 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	NUMBER	MM/DD/YYYY
	2014277527	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02):
TRENCH DEWATERING
External Outfall

NYC275634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 10 Effluent Gross pH	PERMIT REQUIREMENT		Req Mon DAILY MX	gal/d					Weekly When Discharging	CALC'D
	SAMPLE MEASUREMENT									
00400 10 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
	SAMPLE MEASUREMENT									
00530 10 Effluent Gross Oil & Grease	PERMIT REQUIREMENT					50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT									
00556 10 Effluent Gross Methyl tert butyl ether	PERMIT REQUIREMENT					15 DAILY MX	mg/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
22417 10 Effluent Gross Toluene	PERMIT REQUIREMENT					50 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34010 10 Effluent Gross Benzene	PERMIT REQUIREMENT					5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34030 10 Effluent Gross	PERMIT REQUIREMENT					1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	NUMBER	MM/DD/YYYY
	2014277527	06/21/2013

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different):
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene 77135 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene 81743 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	06/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
MM/DD/YYYY		
06/21/2013		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBP 02)
TRENCH DEWATERING
External Outfall



No Discharge

NY0276534	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate										
00056 10 Effluent Gross pH	PERMIT REQUIREMENT	Req Mon	Req Mon	gal/d					Weekly When Discharging	CALC'D
	SAMPLE MEASUREMENT	MO AVG	DAILY MX							
00400 10 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		MA: MUM	5U	Once Every Event	GRAB
	SAMPLE MEASUREMENT									
00530 10 Effluent Gross Oil & Grease	PERMIT REQUIREMENT						50 DAILY MX	mg/L	Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT									
00556 10 Effluent Gross Methyl tert-butyl ether	PERMIT REQUIREMENT						15 DAILY MX	mg/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
22417 10 Effluent Gross Toluene	PERMIT REQUIREMENT						50 DAILY MX	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34010 10 Effluent Gross Benzene	PERMIT REQUIREMENT						5 DAILY MX	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34030 10 Effluent Gross	PERMIT REQUIREMENT						1 DAILY MX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		06/21/2013
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY027634	DISCHARGE NUMBER
PERMIT NUMBER	
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	EX			
Xylene, para-total									
34728 10 Effluent Gross									
o-Xylene									
77135 10 Effluent Gross									
meta-Xylene									
81710 10 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	4277527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYS. CM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MUNICIPALITY (SUPERVISOR):
TRENCH DRAINAGE: WATERING
External Outfall: ☒ No Discharge

NY0278634	007 / 1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
00056 10 Effluent Gross pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	gal/d					Weekly When Discharging	CALC'D
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Once Every Event	GRAB
00400 10 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
00530 10 Effluent Gross Oil & Grease	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
00556 10 Effluent Gross Methyl tert-butyl ether	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
22417 10 Effluent Gross Toluene	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
34010 10 Effluent Gross Benzene	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	06/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
FRENCH DEWATERING
External Outfall

NY0276634	937 M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MMDDYYYY	MMDDYYYY
5/1/2013	5/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Xylene, para-total 34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77135 10 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

I certify, under penalty of law, that this report and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my review of the report and the information submitted, I certify that the information is true and accurate. I am not aware of any falsification or omission of material information, or any other violation of the law and regulations. I am not aware of any falsification or omission of material information, or any other violation of the law and regulations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location, if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBP C2)
TRENCH DEWATERING
External Outfall

NYC279634	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE			
Flow rate	PERMIT REQUIREMENT	Req. Mon MO AVG	gal/d	Req. Mon DAILY MX		Weekly When Discharging	CALC'D
00055 10 Effluent Gross pH	SAMPLE MEASUREMENT						
00400 10 Effluent Gross Solids total suspended	PERMIT REQUIREMENT					Once Every Event	GRAB
00530 10 Effluent Gross Oil & Grease	SAMPLE MEASUREMENT					Weekly When Discharging	COMPOS
00556 10 Effluent Gross Methyl tert-butyl ether	PERMIT REQUIREMENT					Weekly When Discharging	GRAB
22417 10 Effluent Gross Toluene	SAMPLE MEASUREMENT					Weekly When Discharging	GRAB
34010 10 Effluent Gross Benzene	PERMIT REQUIREMENT					Weekly When Discharging	GRAB
34030 10 Effluent Gross	PERMIT REQUIREMENT					Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02): TRENCH DEWATERING
External Outfall

NYC278634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene para-isol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
	201	427
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
[Signature]		
DATE		
06/21/2013		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SURRE 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

NY0276634	U09-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Flow rate	SAMPLE MEASUREMENT										
00056 10 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon	Req. Mon	gal/d					Weekly When Discharging	CALCTD	
	SAMPLE MEASUREMENT	MO AVG	DAILY MX								
00400 10 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	3 MAXIMUM	SU		Once Every Event	GRAB	
	SAMPLE MEASUREMENT										
00530 10 Effluent Gross	PERMIT REQUIREMENT					50 DAILY MX	mg/L		Weekly When Discharging	COMPOS	
	SAMPLE MEASUREMENT										
00556 10 Effluent Gross	PERMIT REQUIREMENT					15 DAILY MX	mg/L		Weekly When Discharging	GRAB	
	SAMPLE MEASUREMENT										
22417 10 Effluent Gross	PERMIT REQUIREMENT					1 DAILY MX	ug/L		Weekly When Discharging	GRAB	
	SAMPLE MEASUREMENT										
34310 10 Effluent Gross	PERMIT REQUIREMENT					5 DAILY MX	ug/L		Weekly When Discharging	GRAB	
	SAMPLE MEASUREMENT										
34030 10 Effluent Gross	PERMIT REQUIREMENT					1 DAILY MX	ug/L		Weekly When Discharging	GRAB	
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name & Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	009 F1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS					
Xylene, para- total 34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							5	DAILY MX	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT											
77435 10 Effluent Gross meta-Xylene	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							5	DAILY MX	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT											
81740 10 Effluent Gross	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							5	DAILY MX	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUPER U2)
TRENCH Dewatering
External Outfall

No Discharge ☐

NY0276534	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNIT	UNIT			
Flow rate	00059-10 Effluent Gross	38981	gal/d	165906	gal/d			0	WEEKLY	CALCD
pH	00059-10 Effluent Gross		gal/d						Weekly When Discharging	CALCD
Solids, total suspended	00400-10 Effluent Gross							0	ONCE	GRAB
					7.7				Once Every Event	GRAB
Oil & Grease	00530-10 Effluent Gross							0	WEEKLY	COMPOS
									Weekly When Discharging	COMPOS
Methyl tert-butyl ether	00556-10 Effluent Gross							0	WEEKLY	GRAB
									Weekly When Discharging	GRAB
2,2,4,4-tetrahydroquinoline	22417-10 Effluent Gross							0	WEEKLY	GRAB
									Weekly When Discharging	GRAB
Toluene	34010-10 Effluent Gross							0	WEEKLY	GRAB
									Weekly When Discharging	GRAB
Benzene	34010-10 Effluent Gross							0	WEEKLY	GRAB
									Weekly When Discharging	GRAB
Effluent Gross	34030-10 Effluent Gross								Weekly When Discharging	GRAB
									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared solely by, directed by, or supervised by me or under my direct supervision and that I am a duly qualified person to prepare and submit this information pursuant to the requirements of the NPDES permit. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	111012
PERMIT NUMBER	DISCHARGE NUMBER
MMDDYYYY	MMDDYYYY
5/1/2013	5/31/2013
MONITORING PERIOD	

DMR Mailing ZIP CODE: 07302
MIN J1:
(Subj 1 02)
TREATMENT: DEWATERING
Exhaustion Outfall

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Xylene, para-total	MEASUREMENT	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
3472610 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
7713510 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
8171010 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MMDDYYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that certified persons who prepare and submit the information furnished herein are duly qualified persons who are properly trained and supervised. I am aware that there are civil and criminal penalties for submitting false information, including the possibility of fine and imprisonment for knowingly falsifying information.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Staten Island May DMR												
Permit Da Max					50	15	1	5	50	5	5	
Discharge Location	System	Date:	Flow (GPD)	pH	TSS: (mg/L)	Oil & Grease: (mg/L)	Benzene: (ug/L)	Toluene:(ug/L)	MTBE: (ug/L)	m-Xylene & p-Xylene: (ug/L)	o-Xylene: (ug/L)	
DSN-001	#2	5/1/2013	26985									
		5/2/2013	50055									
		5/3/2013	39839									
		5/6/2013	40154	7.12	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29	
		5/7/2013	61914									
		5/8/2013	81039									
		5/9/2013	62073									
		5/10/2013	38572									
		5/15/2013	16511	6.83	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29	
		5/28/2013	20908	6.93	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29	
		5/31/2013	24284									
Calculated		Mo Avg		14914	6.83	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
Calculated		Daily Max		81039	7.12	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
Rounded		Mo Avg		14914	6.8	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
Rounded		Daily Max		81039	7.1	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29

SPDES Permit
NY0276634

MONITORING PERIOD
06/01/13 TO 06/30/13

010 - SURFACE WATER OUTFALL

Manhattan Site

Date	Unit	Start	End	Flow
1				
2				
3				110,858
4				127,231
5				140,999
6				113,699
7				89,707
8				76,029
9				104,001
10				127,373
11				138,686
12				150,800
13				170,823
14				51,673
15				7,048
16				
17				8,076
18				
19				
20				7,741
21				
22				
23				4,122
24				9,127
25				
26				
27				6,436
28				
29				2,122
30				
			Flow Totals	1,446,551

Date	Unit	Start	End	Flow	Total Flow
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
				Monthly Totals	1,446,551
				Mon Avg / 30	48,218
				Monthly Max	170,823

NYDES PERMIT
NY0276634
Month : June 2013

MONITORING PERIOD
06/01/13 to 06/30/13
Staten Island

001 - SURFACE WATER OUTFALL

Date	Unit	Start	End	Flow
1	1			24,284
2	1			
3	1			
4	1			13,529
5	1			
6	1			
7	1			
8	1			
9	1			
10	1			
11	1			55,377
12	1			10,713
13	1			19,722
14	1			
15	1			10,109
16	1			
17	1			21,857
18	1			38,715
19	1			51,112
20	1			71,567
21	1			72,457
22	1			38,878
23	1			33,878
24	1			31,706
25	1			7,168
26	1			15,481
27	1			
28	1			
29	1			
30	1			
31				
			Flow Totals	516,553

Date	Unit	Start	End	Flow	Total Flow
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
				Monthly Totals	516,553
				Mon Avg /30	17,218
				Monthly Max	72,457

SPDES PERMIT NUMBER NY 0276634

Manhattan

OUTFALL No. 001-010

	Flow		pH		Total Suspended Solids		Oil and Grease		Benzene		Toluene		MTBE		o-Xylene: (ug/L)		m-Xylene & p-Xylene: (ug/L)	
Date	Report	Report	6.0 SU	9.0 SU	NA	50 mg/l	NA	15 mg/l	NA	1 ug/L	NA	5 ug/L	NA	50 ug/L	NA	5 ug/L	NA	5 ug/L
	Mo AVG	Da MAX	Minimum	Maximum	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX
6/3/2013			7.53	7.53	<4.0	<4.0	<1.4	<1.4	<0.35	<0.35	<0.30	<0.30	<0.35	<0.35	<0.29	<0.29	<0.58	<0.58
6/10/2013			7.40	7.40	<4.0	<4.0	<1.4	<1.4	<0.35	<0.35	<0.30	<0.30	<0.35	<0.35	<0.29	<0.29	<0.58	<0.58
6/17/2013			7.12	7.12	<4.0	<4.0	<1.4	<1.4	<0.35	<0.35	<0.30	<0.30	<0.35	<0.35	<0.29	<0.29	<0.58	<0.58
6/24/2013			7.04	7.04	<4.0	<4.0	<1.4	<1.4	<0.35	<0.35	<0.30	<0.30	<0.35	<0.35	<0.29	<0.29	<0.58	<0.58
AVG DMR			7.04	7.53	<4.0	<4.0	<1.4	<1.4	<0.35	<0.35	<0.30	<0.30	<0.35	<0.35	<0.29	<0.29	<0.58	<0.58
Rep DMR	48218	170823	7.04	7.53	<4.0	<4.0	<1.4	<1.4	<0.35	<0.35	<0.30	<0.30	<0.35	<0.35	<0.29	<0.29	<0.58	<0.58



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Division of Water,
Bureau of Water
Compliance
625 Broadway
Albany, New York 12233
518-402-8177

Date: 07/24/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one original** of:

☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – June 2013 Discharge Monitoring Reports	6/1/13 to 6/30/13	

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Regional Water Engineer
Region 2
One Hunters Point Plaza
Long Island City, New York
11101
718-482-4933

Date: 07/24/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one copy** of:

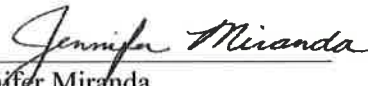
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – June 2013 Discharge Monitoring Reports	6/1/13 to 6/30/13	

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	001-11
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall
No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate		17218	72457	gal/d				0	WEEKLY	CALC'D
00056 10 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALC'D
00400 10 Effluent Gross Solids total suspended	SAMPLE MEASUREMENT							0	ONCE	GRAB
	PERMIT REQUIREMENT					6.6		SU	Once Every Event	GRAB
	SAMPLE MEASUREMENT							mg/L	WEEKLY	COMPOS
00530 10 Effluent Gross Oil & Grease	PERMIT REQUIREMENT							mg/L	Weekly When Discharging	COMPOS
00556 10 Effluent Gross Methyl tert-butyl ether	SAMPLE MEASUREMENT							mg/L	WEEKLY	GRAB
	PERMIT REQUIREMENT							mg/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT							ug/L	WEEKLY	GRAB
22417 10 Effluent Gross Toluene	PERMIT REQUIREMENT							ug/L	Weekly When Discharging	GF H
34010 10 Effluent Gross Benzene	SAMPLE MEASUREMENT							ug/L	WEEKLY	GRAB
	PERMIT REQUIREMENT							ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT							ug/L	WEEKLY	GRAB
34030 10 Effluent Gross	PERMIT REQUIREMENT							ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George MCLACHLAN	201427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para-total	*****	*****	*****	*****	*****	ug/L	0	WEEKLY	GRAB
34728 10 Effluent Gross o-Xylene	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
77135 10 Effluent Gross meta-Xylene	*****	*****	*****	*****	*****	ug/L	0	WEEKLY	GRAB
81710 10 Effluent Gross	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
	*****	*****	*****	*****	*****	ug/L	0	WEEKLY	GRAB
	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
	*****	*****	*****	*****	*****	ug/L	0	WEEKLY	GRAB
	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUPP 02)
TRENCH DEWATERING
External Outfall

NY0276634	002-14
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

☒ No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNIT			
Flow rate	SAMPLE MEASUREMENT									
00056 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALC'D
pH	SAMPLE MEASUREMENT									
00400 10 Effluent Gross	PERMIT REQUIREMENT								Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT									
00556 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George MCLACHLAN	201 427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Billing ZIP CODE: 07302
MINOR
(SULR 02)
TRENCH DE-WATERING
Extension Outfall

NY0276634	1102-11
PERMIT NUMBER	DISCHARGE NUMBER
MMDD/YYYY 6/1/2013	MMDD/YYYY 6/30/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
	MM/DD/YYYY	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who designed the system, or those persons directly responsible for gathering the information, I am aware that there are no falsified statements, omissions, or misstatements in this report. I am aware that there are no falsified statements, omissions, or misstatements in this report. I am aware that there are no falsified statements, omissions, or misstatements in this report.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQUIREMENT	VALUE	UNITS	VALUE			
Flow rate	MEASUREMENT									
00055 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	gal/d	DAILY MX					Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT									
Solids, total suspended	SAMPLE MEASUREMENT				6 MINIMUM		3 MAXIMUM		Once Every Event	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT									
Oil & Grease	SAMPLE MEASUREMENT								Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross	PERMIT REQUIREMENT									
Methyl tert-butyl ether	SAMPLE MEASUREMENT								Weekly When Discharging	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT									
Toluene	SAMPLE MEASUREMENT								Weekly When Discharging	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT									
Benzene	SAMPLE MEASUREMENT								Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George McLachlan	201 427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
[Signature]		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	003-14
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total		*****	*****		*****	*****					
34728 10 Effluent Gross		*****	*****		*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene		*****	*****		*****	*****					
77135 10 Effluent Gross		*****	*****		*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene		*****	*****		*****	*****					
81710 10 Effluent Gross		*****	*****		*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I am aware that there are no falsified or fraudulent statements, omissions, or misstatements in this report. I am aware that there are no falsified or fraudulent statements, omissions, or misstatements in this report.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 6/1/2013	MM/DD/YYYY 6/30/2013

☒ No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT								Once Every Event	GRAB
	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross Oil & Grease	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross Methyl tert-butyl ether	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77135 10 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 6/1/2013	MM/DD/YYYY 6/30/2013

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Flow rate	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	Req. Mon. MO AVG	gal/d	DAILY MX						Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	Req. Mon. MO AVG	gal/d	DAILY MX						Weekly When Discharging	CALCTD
00400 10 Effluent Gross	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	Req. Mon. MO AVG	gal/d	DAILY MX						Weekly When Discharging	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	Req. Mon. MO AVG	gal/d	DAILY MX						Weekly When Discharging	CALCTD
00530 10 Effluent Gross	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	Req. Mon. MO AVG	gal/d	DAILY MX						Weekly When Discharging	CALCTD
Oil & Grease	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	Req. Mon. MO AVG	gal/d	DAILY MX						Weekly When Discharging	CALCTD
00556 10 Effluent Gross	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	Req. Mon. MO AVG	gal/d	DAILY MX						Weekly When Discharging	CALCTD
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	Req. Mon. MO AVG	gal/d	DAILY MX						Weekly When Discharging	CALCTD
22417 10 Effluent Gross	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	Req. Mon. MO AVG	gal/d	DAILY MX						Weekly When Discharging	CALCTD
Toluene	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	Req. Mon. MO AVG	gal/d	DAILY MX						Weekly When Discharging	CALCTD
34010 10 Effluent Gross	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	Req. Mon. MO AVG	gal/d	DAILY MX						Weekly When Discharging	CALCTD
Benzene	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	Req. Mon. MO AVG	gal/d	DAILY MX						Weekly When Discharging	CALCTD
34030 10 Effluent Gross	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	Req. Mon. MO AVG	gal/d	DAILY MX						Weekly When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	06/22/2013
TYPED OR PRINTED	NUMBER	MM/DD/YYYY
	201 427 7527	06/22/2013

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	5/30/2013

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para-total	*****	*****	*****	*****	*****	*****			
34728 1 0	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Effluent Gross	*****	*****	*****	*****	*****	*****			
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 1 0	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Effluent Gross	*****	*****	*****	*****	*****	*****			
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 1 0	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Effluent Gross	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my review of the information submitted, I am aware that there are no significant violations of the permit conditions. I am aware that there are no significant violations of the permit conditions.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (D/MR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MIN: (SUB) 02
TRENCH DEWATERING
External Outfall

NY0276634	106-14
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate									
00056 10 Effluent Gross	Req. Mon. MO AVG	gal/d	Req. Mon. DAILY MX					Weekly When Discharging	CALCTD
pH									
00400 10 Effluent Gross								Once Every Event	GRAB
Solids, total suspended									
00530 10 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease									
00556 10 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether									
22417 10 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 10 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 10 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
MM/DD/YYYY		
06/22/2013		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (D.M.R.)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 6/1/2013	MM/DD/YYYY 6/30/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene 77135 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene 81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GEORGE MCLACHLAN</i>	TELEPHONE 201 427 7327	DATE 06/22/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	AREA Code 201
		NUMBER 7327
		MM/DD/YYYY 06/22/2013

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201

JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS

STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

07302

No Discharge ☒

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 10 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH									
00400 10 Effluent Gross								Once Every Event	GRAB
Solids, total suspended									
00530 10 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease									
00556 10 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether									
22417 10 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 10 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 10 Effluent Gross								Weekly When Discharging	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS

STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

07302

No Discharge ☒

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total	MEASUREMENT	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	MEASUREMENT	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
.meta.-Xylene	MEASUREMENT	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MMDD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Flow rate	SAMPLE MEASUREMENT				*****		*****			*****	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****		*****			*****	CALCTD
	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	6 MINIMUM *****	*****	9 MAXIMUM	SU	Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****		*****			50 DAILY MX	mg/L
	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****		*****			Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****		*****			15 DAILY MX	mg/L
	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****		*****			Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****		*****			50 DAILY MX	ug/L
	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****		*****			Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****		*****			5 DAILY MX	ug/L
	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****		*****			Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****		*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****		*****			Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		201 427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
 JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
 STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
 MINOR
 (SUBR 02)
 TRENCH DEWATERING
 External Outfall

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 6/1/2013	MM/DD/YYYY 6/30/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	Req. Mon. MO AVG	Req. Mon. DAILY MX	VALUE	MINIMUM	VALUE			
Flow rate									
00056 1 0 Effluent Gross									
pH									
00400 1 0 Effluent Gross									
Solids, total suspended									
00530 1 0 Effluent Gross									
Oil & Grease									
00556 1 0 Effluent Gross									
Methyl tert-butyl ether									
22417 1 0 Effluent Gross									
Toluene									
34010 1 0 Effluent Gross									
Benzene									
34030 1 0 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George MCLACHLAN	201 427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201

JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS

STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

07302

No Discharge ☒

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total	MEASUREMENT	*****	*****	*****	*****	*****	*****			
34728 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	*****			
o-Xylene	MEASUREMENT	*****	*****	*****	*****	*****	*****			
77135 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	*****			
.meta.-Xylene	MEASUREMENT	*****	*****	*****	*****	*****	*****			
81710 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☐

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	48218	170823	gal/d				0	WEEKLY	CALCTD
00056 10 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH							0	ONCE	GRAB
00400 10 Effluent Gross				7.0	6			Once Every Event	GRAB
Solids, total suspended					MAXIMUM				GRAB
00530 10 Effluent Gross							0	WEEKLY	COMPOS
Oil & Grease								Weekly When Discharging	COMPOS
00556 10 Effluent Gross							0	WEEKLY	GRAB
Methyl tert-butyl ether								Weekly When Discharging	GRAB
22417 10 Effluent Gross							0	WEEKLY	GRAB
Toluene								Weekly When Discharging	GRAB
34010 10 Effluent Gross							0	WEEKLY	GRAB
Benzene								Weekly When Discharging	GRAB
34030 10 Effluent Gross							0	WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201

JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS

STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

07302

No Discharge ☐

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
34728 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
77135 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
.meta.-Xylene	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
81710 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201427 7527	06/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Staten Island June DMR											
Permit Da Max					50	15	1	5	50	5	5
Discharge Location	System	Date:	Flow (GPD)	pH	TSS: (mg/L)	Oil & Grease: (mg/L)	Benzene: (ug/L)	Toluene:(ug/L)	MTBE: (ug/L)	m-Xylene & p-Xylene: (ug/L)	o-Xylene: (ug/L)
DSN-001	#1	6/3/2013	13529	7.11	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
		6/10/2013	45377	6.58	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
		6/11/2013	10713	6.72	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
		6/17/2013	21857	6.78	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
		6/24/2013	31706	6.89	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
Calculated		Mo Avg	17218	6.58							
Calculated		Daily Max	72457	7.11	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29

SPDES PERMIT NUMBER NY 0276634

Manhattan

OUTFALL No. 001-010

	Flow		pH		Total Suspended Solids		Oil and Grease		Benzene		Toluene		MTBE		o-Xylene: (ug/L)		m-Xylene & p-Xylene: (ug/L)	
Date	Report	Report	6.0 SU	9.0 SU	NA	50 mg/l	NA	15 mg/l	NA	1 ug/L	NA	5 ug/L	NA	50 ug/L	NA	5 ug/L	NA	5 ug/L
	Mo AVG	Da MAX	Minimum	Maximum	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX	Mo AVG	Da MAX
7/1/2013			7.32	7.32	< 4.0	< 4.0	< 2.8	< 2.8	< 0.35	< 0.35	< 0.30	< 0.30	< 0.35	< 0.35	0.57	0.57	< 0.58	< 0.58
Report DMF	691	11,743	7.3	7.3	< 4.0	< 4.0	< 2.8	< 2.8	< 0.35	< 0.35	< 0.30	< 0.30	< 0.35	< 0.35	0.57	1	1	< 0.58

SPDES Permit
NY0276634

MONITORING PERIOD
07/01/13 TO 07/31/13
Manhattan Flow

010 - SURFACE WATER OUTFALL

Date	Unit	Start	End	Flow
1				9,693
2				11,743
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
			Flow Totals	21,436

Date	Unit	Start	End	Flow	Total Flow
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
				Monthly Totals	21,436
				Mon Avg / 31	691
				Monthly Max	11,743



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Regional Water Engineer
Region 2
One Hunters Point Plaza
Long Island City, New York
11101
718-482-4933

Date: 08/22/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one copy** of:

☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – July 2013 Discharge Monitoring Reports		7/1/13 to 7/31/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Division of Water,
Bureau of Water
Compliance
625 Broadway
Albany, New York 12233
518-402-8177

Date: 08/22/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one original** of:

☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – July 2013 Discharge Monitoring Reports		7/1/13 to 7/31/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	UNIT			
Flow rate		415	gal/d					0	WEEKLY	CALCTD
00056 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	gal/d						Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT							0	ONCE	GRAB
00400 10 Effluent Gross	PERMIT REQUIREMENT								Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT							0	WEEKLY	COMPOS
00530 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT							0	WEEKLY	GRAB
00556 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT							0	WEEKLY	GRAB
22417 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT							0	WEEKLY	GRAB
34010 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT							0	WEEKLY	GRAB
34030 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
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LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 7/1/2013	MM/DD/YYYY 7/31/2013

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
34728 1 0 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
77135 1 0 Effluent Gross meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
81710 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT			*****		*****				
	PERMIT REQUIREMENT			*****	6 MINIMUM	*****	3 MAXIMUM	SU	Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT			*****	*****	*****				
	PERMIT REQUIREMENT			*****	*****	*****	50 DAILY MX	mg/L	Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT			*****		*****				
	PERMIT REQUIREMENT			*****	*****	*****	15 DAILY MX	mg/L	Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT			*****	*****	*****				
	PERMIT REQUIREMENT			*****	*****	*****	50 DAILY MX	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT			*****		*****				
	PERMIT REQUIREMENT			*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT			*****	*****	*****				
	PERMIT REQUIREMENT			*****	*****	*****	1 DAILY MX	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT			*****		*****				
	PERMIT REQUIREMENT			*****	*****	*****			Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 7/1/2013	MM/DD/YYYY 7/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para-total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
Effluent Gross meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George MCLACHLAN	2014277527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
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FACILITY: NJ - NY EXPANSION PROJECT
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STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT			*****		*****				
	PERMIT REQUIREMENT			*****	6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT			*****	*****	*****				
	PERMIT REQUIREMENT			*****	*****	*****	50 DAILY MX	mg/L	Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT			*****	*****	*****				
	PERMIT REQUIREMENT			*****	*****	*****	15 DAILY MX	mg/L	Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT			*****	*****	*****				
	PERMIT REQUIREMENT			*****	*****	*****	50 DAILY MX	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT			*****	*****	*****				
	PERMIT REQUIREMENT			*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT			*****	*****	*****				
	PERMIT REQUIREMENT			*****	*****	*****	1 DAILY MX	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT			*****	*****	*****				
	PERMIT REQUIREMENT			*****	*****	*****			Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE:
GEORGE MCLACHLAN	2014277527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Xylene, para-total	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross o-Xylene	*****	*****	*****	*****	*****	5 ug/L DAILY MX		Weekly When Discharging	GRAB
77135 10 Effluent Gross meta-Xylene	*****	*****	*****	*****	*****	5 ug/L DAILY MX		Weekly When Discharging	GRAB
81710 10 Effluent Gross	*****	*****	*****	*****	*****	5 ug/L DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
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FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****				
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT	*****	*****								
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MINIMUM	*****	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	08/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVENUE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 7/1/2013	MM/DD/YYYY 7/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Xylene, para- total 34728 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77135 1 0 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
TYPED OR PRINTED		2014217527 AREA Code NUMBER	08/14/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate									
00056 10 Effluent Gross	Req. Mon. MO AVG	gal/d	Req. Mon. DAILY MX					Weekly When Discharging	CALCTD
pH									
00400 10 Effluent Gross									
Solids, total suspended									
00530 10 Effluent Gross									
Oil & Grease									
00556 10 Effluent Gross									
Methyl tert-butyl ether									
22417 10 Effluent Gross									
Toluene									
34010 10 Effluent Gross									
Benzene									
34030 10 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para-total	*****	*****	*****	*****	*****	*****			
34728-10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135-10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710-10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****			
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	g MAXIMUM			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that this information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Xylene, para- total 34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77135 10 Effluent Gross meta- Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and analyze the information submitted and that the information submitted fully complies with the requirements of the law. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	gal/d	Req. Mon. DAILY MX					Weekly When Discharging	CALCTD
pH									
00400 1 0 Effluent Gross									
Solids, total suspended									
00530 1 0 Effluent Gross									
Oil & Grease									
00556 1 0 Effluent Gross									
Methyl tert-butyl ether									
22417 1 0 Effluent Gross									
Toluene									
34010 1 0 Effluent Gross									
Benzene									
34030 1 0 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	212 427 7527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para-total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34728-10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
77135-10 Effluent Gross meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
87170-10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	212-429 7527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 7/1/2013	MM/DD/YYYY 7/31/2013

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	TELEPHONE 212 427 7527	DATE 08/21/2013
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		
TYPED OR PRINTED NO DISCHARGE	AREA Code 212	NUMBER 427 7527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Xylene, para- total		*****	*****	*****	*****	*****					
	3472810	*****	*****	*****	*****	*****	5	ug/L		Weekly When Discharging	GRAB
	Effluent Gross	*****	*****	*****	*****	*****					
o-Xylene		*****	*****	*****	*****	*****					
	7713510	*****	*****	*****	*****	*****	5	ug/L		Weekly When Discharging	GRAB
	Effluent Gross	*****	*****	*****	*****	*****					
meta- Xylene		*****	*****	*****	*****	*****					
	8171010	*****	*****	*****	*****	*****	5	ug/L		Weekly When Discharging	GRAB
	Effluent Gross	*****	*****	*****	*****	*****					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	212 427 7527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered, reviewed, and analyzed the information submitted. Based on my review of this information, I am aware that there are no significant violations of the permit conditions. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 7/1/2013	MM/DD/YYYY 7/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GEORGE MCLACHLAN</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE	DATE
		212 427 7527	08/21/2013
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene 77135 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene 81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	212 927 7527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate	691	gal/d	11743	gal/d	Req. Mon. DAILY MX	7.3	0	WEEKLY	CALC'D
00056-10 Effluent Gross pH								Weekly When Discharging	CALC'D
00400-10 Effluent Gross Solids, total suspended								Weekly	GRAB
00530-10 Effluent Gross Oil & Grease								Once Every Event	GRAB
00556-10 Effluent Gross Methyl tert-butyl ether								Weekly When Discharging	COMPOS
22417-10 Effluent Gross Toluene								Weekly When Discharging	GRAB
34010-10 Effluent Gross Benzene								Weekly When Discharging	GRAB
34030-10 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	212 427 7527	08/21/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 7/1/2013	MM/DD/YYYY 7/31/2013

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para-total									
34728 1 0					20.6	ug/L	0	WEEKLY	GRAB
Effluent Gross						ug/L		Weekly When Discharging	GRAB
o-Xylene					0.6	ug/L	0	WEEKLY	GRAB
77135 1 0						ug/L		Weekly When Discharging	GRAB
Effluent Gross						DAILY MX			
meta-Xylene					20.6	ug/L	0	WEEKLY	GRAB
81710 1 0						ug/L		Weekly When Discharging	GRAB
Effluent Gross						DAILY MX			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	212 427 7527	08/21/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Staten Island July DMR											
Permit Da Max					50	15	1	5	50	5	5
Discharge Location	System	Date:	Flow (GPD)	pH	TSS: (mg/L)	Oil & Grease: (mg/L)	Benzene: (ug/L)	Toluene:(ug/L)	MTBE: (ug/L)	m-Xylene & p-Xylene: (ug/L)	o-Xylene: (ug/L)
DSN-001	#2	7/2/2013	12854	6.64		<1.4	<0.35	<0.30	<0.35	<0.58	<0.29
Mo Avg			415	6.6							
Report			12854	6.6	<4.0	<1.4	<0.35	<0.30	<0.35	<0.58	<0.29

NYDES PERMIT
NY0276634
Month : July 2013

MONITORING PERIOD
07/01/13 to 07/31/13
Staten Island

001 - SURFACE WATER OUTFALL

Date	Unit	Start	End	Flow
1	1			
2	1			12,854
3	1			
4	1			
5	1			
6	1			
7	1			
8	1			
9	1			
10	1			
11	1			
12	1			
13	1			
14	1			
15	1			
16	1			
17	1			
18	1			
19	1			
20	1			
21	1			
22	1			
23	1			
24	1			
25	1			
26	1			
27	1			
28	1			
29	1			
30	1			
31				
Flow Totals				12,854

Date	Unit	Start	End	Flow	Total Flow
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Monthly Totals	12,854
Monthly Avg / 31	415
Monthly Max	12,854



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Division of Water,
Bureau of Water
Compliance
625 Broadway
Albany, New York 12233
518-402-8177

Date: 09/16/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one original** of:

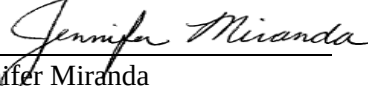
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – August 2013 Discharge Monitoring Reports		8/1/13 to 8/31/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.



Jennifer Miranda
Senior Project Manager



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Regional Water Engineer
Region 2
One Hunters Point Plaza
Long Island City, New York
11101
718-482-4933

Date: 09/16/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one copy** of:

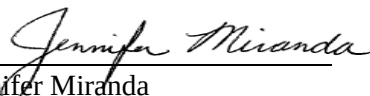
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – August 2013 Discharge Monitoring Reports		8/1/13 to 8/31/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.



Jennifer Miranda
Senior Project Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

☒ No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 10 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT									
00400 10 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT								Once Every Event	GRAB
	SAMPLE MEASUREMENT									
00530 10 Effluent Gross Oil & Grease	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT									
00556 10 Effluent Gross Methyl tert-butyl ether	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
22417 10 Effluent Gross Toluene	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34010 10 Effluent Gross Benzene	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34030 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TITLE	DATE
GEORGE MCLACHLAN	HONE	09/16/2013
TYPED OR PRINTED	NUMBER	MM/DD/YYYY
	2014277527	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Xylene, para- total	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
mela -Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	08/16/2013
TYPED OR PRINTED	AREA Code	NUMBER
	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DWR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY027634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

☒ No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Once Every Event	GRAB
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
00530 1 0 Effluent Oil & Grease	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
00556 1 0 Effluent Gross Methyl tert-butyl ether	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
34010 1 0 Effluent Gross Benzene	SAMPLE MEASUREMENT								Weekly When Discharging	GRAB
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 09/16/2013
TYPED OR PRINTED		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

☒ No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOAD NG			CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	UNIT			
Xylene, para: total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
34728 10	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	DAILY MX			
77135 10	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX		Weekly When Discharging	GRAB
Effluent Gross meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
81710 10	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX		Weekly When Discharging	GRAB
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	09/16/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
		09/16/2013

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name, Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Serial: 21F 001E
MINK
(SUE R 02)
TREICH DE WATERING
Ext: 1111 Outfall

NY0276334	3-M
PERMIT NUMBER	DISCHARGE NUMBER
MMDDYYYY	MMDDYYYY
8/1/2013	8/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****			
00056 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. NO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00556 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
22417 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34030 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN TYPED OR PRINTED	201 427 7527	09/16/2013
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MMDD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 8/1/2013	MM/DD/YYYY 8/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging		GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
77135 10 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging		GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging		GRAB
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging		GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	TELEPHONE	DATE
TYPED OR PRINTED	2014277527	09/16/2013
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

☒ No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****			
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG *****	Req. Mon. DAILY MX *****	gal/d *****	*****	*****	*****		Weekly When Discharging	CALC'D
	SAMPLE MEASUREMENT					*****				
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM *****	*****	9 MAXIMUM *****	SU	Once Every Event	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****		*****				
00530 1 0 Effluent Oil & Grease	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX *****	mg/L	Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00556 1 0 Effluent Methyl tert-butyl ether	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX *****	mg/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
22417 1 0 Effluent Toluene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX *****	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34010 1 0 Effluent Benzene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX *****	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34030 1 0 Effluent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX *****	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	08/16/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276334	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 8/1/2013	MM/DD/YYYY 8/31/2013

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total		*****	*****	*****	*****	*****				
34728 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
methyl-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN		201427 7527	09/16/2013
TYPED OR PRINTED	SIGNATURE OF AUTHORIZED AGENT	NUMBER	MM/DD/YYYY
		201427 7527	09/16/2013

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMP Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

☒ No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT									
pH	SAMPLE MEASUREMENT								Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross	PERMIT REQUIREMENT									
Solids, total suspended	SAMPLE MEASUREMENT								Once Every Event	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT									
Oil & Grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George McLachlan	201 427 7527	09/18/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Xylene, para- total 34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77135 10 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	08/14/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
		08/14/2013

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

No Discharge ☒

PARAMETER	QUANTITY OF LOADING			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	UNIT	UNIT			
Flow rate									
00056 10 Effluent Gross pH	Req. Mon. MO.AV3	Re. Mon. DAILY MX	gpd					Weekly When Discharging	CAL TD
00400 10 Effluent Solids, total suspended								Once Every Event	GRAB
00030 10 Effluent Oil & Grease								Weekly When Discharging	COMPOS
00556 10 Effluent Methyl tert-butyl ether								Weekly When Discharging	GRAB
22417 10 Effluent Toluene								Weekly When Discharging	GRAB
34010 10 Effluent Benzene								Weekly When Discharging	GRAB
34030 10 Effluent								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	09/16/2013
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name & Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing / P CODE
MINK
(SUEP 32)
TRE K H DELV ATERRI 13
External Out 311

NY1275334	11/16/13
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	8/31/2013

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
Effluent Gross meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	09/16/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG		Req. Mon. DAILY MX					Weekly When Discharging	CALCTD
pH									
00400 1 0 Effluent Gross									
Solids, total suspended				6 MINIMUM		9 MAXIMUM	SU	Once Every Event	GRAB
00530 1 0 Effluent Gross									
Oil & Grease						50 DAILY MX	mg/L	Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross									
Methyl tert-butyl ether						15 DAILY MX	mg/L	Weekly When Discharging	GRAB
22417 1 0 Effluent Gross									
Toluene						50 DAILY MX	ug/L	Weekly When Discharging	GRAB
34010 1 0 Effluent Gross									
Benzene						5 DAILY MX	ug/L	Weekly When Discharging	GRAB
34030 1 0 Effluent Gross						1 DAILY MX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 09/16/2013
TYPED OR PRINTED		AREA CODE	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77135 10 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	09/16/2013
TYPED OR PRINTED	AREA CODE	NUMBER
	201	4277527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 8/1/2013	MM/DD/YYYY 8/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****			
00056 10 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00556 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
22417 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34030 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER 	DATE 09/16/2013
TYPED OR PRINTED	AUTHORIZED AGENT	NUMBER 2014277527
		DATE 09/16/2013

COMMENTS AND EXPLANATION OF ANY VIOLATION: (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MMDDYYYY	MMDDYYYY
8/1/2013	8/31/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
0-Xylene 77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
meta-Xylene 81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201427 7527	09/16/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201427	7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MMDDYYYY 8/1/2013	MMDDYYYY 8/31/2013

☒ No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 10 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO. AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT									
00400 10 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT									
Oil & Grease	SAMPLE MEASUREMENT									
00556 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>George McLachlan</i>	TELEPHONE 201 427 7527	DATE 09/16/2013
TYPED OR PRINTED George McLachlan	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>George McLachlan</i>	AREA Code 201
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No Discharge		NUMBER 09162013

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBP 02)
TRENCH DEWATERING
External Outfall

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNIT	VALUE			
Xylene, para-total	*****	*****	*****	*****	*****	*****			
3472810 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
7713510 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
8171010 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201427 7527	09/16/13
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailin 7IP CODE:
MIN 12
(SUEP 12)
TRE 11-14-11
Ext 111-0111

NY027634	110-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	DATE
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/1/2013

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY MX	gal/d						Weekly When Discharging	CALC'D
pH	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT								Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	09/16/2013
TYPED OR PRINTED	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 8/1/2013	MM/DD/YYYY 8/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	*****	*****	*****	*****	*****	*****			
34728 1 0 Effluent Gross	*****	*****	*****	*****	5	ug/L		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 1 0 Effluent Gross	*****	*****	*****	*****	5	ug/L		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 1 0 Effluent Gross	*****	*****	*****	*****	3	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GEORGE MCLACHLAN</i>	certify under penalty of law that the document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information used in this document; I am a duly authorized signatory for the purposes of the NPDES statute, or those persons directly responsible for gathering the information; the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly violating.	TELEPHONE	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>George McLachlan</i>	NUMBER 2014277527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Division of Water,
Bureau of Water
Compliance
625 Broadway
Albany, New York 12233
518-402-8177

Date: 10/23/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one original** of:

☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – September 2013 Discharge Monitoring Reports		9/1/13 to 9/30/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Regional Water Engineer
Region 2
One Hunters Point Plaza
Long Island City, New York
11101
718-482-4933

Date: 10/23/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one copy** of:

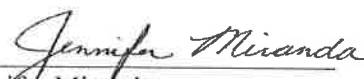
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – September 2013 Discharge Monitoring Reports		9/1/13 to 9/30/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2013	9/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CAL TO
pH									
00400 1 0 Effluent Gross									
Solids, total suspended				6 MINIMUM				Once Every Event	GRAB
00530 1 0 Effluent Gross									
Oil & Grease								Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross									
Methyl tert-butyl ether								Weekly When Discharging	GRAB
22417 1 0 Effluent Gross									
Toluene								Weekly When Discharging	GRAB
34010 1 0 Effluent Gross									
Benzene								Weekly When Discharging	GRAB
34030 1 0 Effluent Gross									
								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	10/23/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DIS CHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2013	10/23/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene para- total	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****					
34728 10 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****		5 DAILY MX	ug/L	Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****					
77135 10 Effluent Gross meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****		5 DAILY MX	ug/L	Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****					
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****		5 DAILY MX	ug/L	Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	10/23/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2013	9/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO. AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALC'D
pH									
00400 1 0 Effluent Gross									
Solids, total suspended				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
00530 1 0 Effluent Gross									
Oil & Grease								Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross									
Methyl tert-butyl ether								Weekly When Discharging	GRAB
22417 1 0 Effluent Gross									
Toluene								Weekly When Discharging	GRAB
34010 1 0 Effluent Gross									
Benzene								Weekly When Discharging	GRAB
34030 1 0 Effluent Gross									
								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	10/23/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 9/1/2013	MM/DD/YYYY 9/30/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene 77435 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene 81710 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 2014277527	DATE 10/23/2013
		AREA Code	NUMBER
		MM/DD/YYYY	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY 9/1/2013	MM/DD/YYYY 9/30/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT						*****			
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALC'D
	SAMPLE MEASUREMENT	*****	*****	*****						
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross Oil & Grease	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross Methyl tert-butyl ether	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE : OFFICER OR AUTHORIZED AGENT 	TELEPHONE 2014277527	DATE 10/23/2013
TYPED OR PRINTED		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATION: (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
 JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
 STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
 MINOR
 (SUBR 02)
 TRENCH DEWATERING
 External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Xylene, para-total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
87170 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 201 427 7527	DATE 10/23/2013
			MM/DD/YYYY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA Code 201	NUMBER 427 7527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 9/1/2013	MM/DD/YYYY 9/30/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH									
00400 1 0 Effluent Gross									
Solids, total suspended				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
00530 1 0 Effluent Gross									
Oil & Grease					50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross									
Methyl tert-butyl ether								Weekly When Discharging	GRAB
22417 1 0 Effluent Gross									
Toluene								Weekly When Discharging	GRAB
34010 1 0 Effluent Gross									
Benzene					5 DAILY MX	ug/L		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross									
					1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 10/23/2013
TYPED OR PRINTED NO DISCHARGE		AREA Code	NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
9/1/2013	9/30/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
	o-Xylene	*****	*****	*****	*****	*****	DAILY MX	ug/L	Weekly When Discharging	GRAB
77135 1 0 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
		*****	*****	*****	*****	*****	DAILY MX	ug/L	Weekly When Discharging	GRAB
81710 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
		*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	10/23/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
9/1/2013	9/30/2013

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNIT	UNIT			
Flow rate	MEASUREMENT									
00056 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	gal/d	Req. Mon. DAILY MX					Weekly When Discharging	CALCTD
pH	MEASUREMENT									
00400 10 Effluent Gross	PERMIT REQUIREMENT								Once Every Event	GRAB
Solids, total suspended	MEASUREMENT									
00530 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	MEASUREMENT									
00556 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether	MEASUREMENT								Weekly When Discharging	GRAB
22417 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	MEASUREMENT								Weekly When Discharging	GRAB
34010 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	MEASUREMENT								Weekly When Discharging	GRAB
34030 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	10/23/13
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUPER 02) TRENCH DEWATERING
External Outfall

No Discharge ☒

NY0276634	005-M
DISCHARGE NUMBER	
MONITORING PERIOD	
MM/DD/YYYY	9/30/2013
MM/DD/YYYY	9/1/2013

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	34728 10	*****	*****	*****	*****	*****	*****			
	Effluent Gross	*****	*****	*****	*****	*****	*****			
o-Xylene	77135 10	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	81710 10	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		2014277527	10/23/2013
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 9/1/2013	MM/DD/YYYY 9/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT								Once Every Event	GRAB
	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 10/23/2013
TYPED OR PRINTED NO DISCHARGE		AREA Code 201	NUMBER 427 7527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Includes Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276834	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
9/1/2013	9/30/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
O-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014271527	10/23/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2013	9/30/2013

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****			
00056 10 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO.AVG *****	Req. Mon. DAILY MX *****	gal/d	*****	*****	*****		Weekly When Discharging	CALCTD
00400 10 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT			*****	*****	*****	*****			
00530 10 Effluent Gross Oil & Grease	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
00556 10 Effluent Gross Methyl tert-butyl ether	SAMPLE MEASUREMENT			*****	*****	*****	*****			
22417 10 Effluent Gross Toluene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 10 Effluent Gross Benzene	SAMPLE MEASUREMENT			*****	*****	*****	*****			
34030 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	DATE
GEORGE MCLACHLAN	10/23/2013
TYPED OR PRINTED	NUMBER
	2014277527
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	AREA Code
NO DISCHARGE	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR:
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 9/1/2013	MM/DD/YYYY 9/30/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Xylene, para- total		*****	*****	*****	*****	*****					
		*****	*****	*****	*****	*****					
	34728 1 0	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene		*****	*****	*****	*****	*****					
		*****	*****	*****	*****	*****					
	77135 1 0	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Effluent Gross meta -Xylene		*****	*****	*****	*****	*****					
		*****	*****	*****	*****	*****					
	81710 1 0	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GEORGE MCLACHLAN</i>	TELEPHONE 2014277527	DATE 10/23/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	NUMBER 2014277527
	AREA Code	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MMDD/YYYY	MMDD/YYYY
9/1/2013	9/30/2013
MONITORING PERIOD	

DMR Mailing ZIP CODE:
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT				6 MINIMUM	3 MAXIMUM	SU		Once Every Event	GRAB
	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross Oil & Grease	PERMIT REQUIREMENT					10 DAILY MX	mg/L		Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross Methyl tert-butyl ether	PERMIT REQUIREMENT					15 DAILY MX	mg/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT					50 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT					5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT					1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014271527	10/23/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201

JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS

STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:

07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2013	9/30/2013

PARAMETER	QUANTITY OR LOAD NG			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNIT			
Xylene, para-total	*****	*****	*****	*****	*****				
34728 10	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
Effluent Gross	*****	*****	*****	*****	*****	DAILY MX			
o-Xylene	*****	*****	*****	*****	*****				
77135 10	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
Effluent Gross	*****	*****	*****	*****	*****	DAILY MX			
meta-Xylene	*****	*****	*****	*****	*****				
81710 10	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
Effluent Gross	*****	*****	*****	*****	*****	DAILY MX			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	10/23/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0278634	019-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2013	9/30/2013

DMF Mailing ZIP Code: 07302
MINK #:
(SUEK 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate										
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross Solids; total suspended	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT				5 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
00530 1 0 Effluent Gross Oil & Grease	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT								Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross Methyl tert-butyl ether	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT								Weekly When Discharging	GRAB
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT								Weekly When Discharging	GRAB
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT								Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT									
									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	TELEPHONE 2014277527	DATE 10/23/2013
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		AREA Code 201
TYPED OR PRINTED No Discharge		NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBJ 02)
TRENCH DEWATERING
External Outfall

NY0278634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 9/1/2013	MM/DD/YYYY 9/30/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Xylene, para- total 34728 1 0 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
77135 1 0 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
81710 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 2014271527	DATE 10/23/2013
TYPED OR PRINTED		AREA Code 201	NUMBER 4271527

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634

PERMIT NUMBER

DISCHARGE NUMBER

010-M

MMDDYYYY

9/1/2013

MONITORING PERIOD

MMDDYYYY

9/30/2013

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Flow rate											
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT									Once Every Event	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
00530 1 0 Effluent Gross Oil & Grease	PERMIT REQUIREMENT									Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
00556 1 0 Effluent Gross Methyl tert-butyl ether	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT									Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

GEORGE MCLACHLAN

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2014277527

10/23/2013

TELEPHONE

DATE

AREA Code

NUMBER

MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR:
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 9/1/2013	MM/DD/YYYY 9/30/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Xylene, para- total 34728 1 0 Effluent Gross o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
77135 1 0 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George McLachlan	204277527	10/23/2013
TYPED OR PRINTED	AREA CODE	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Regional Water Engineer
Region 2
One Hunters Point Plaza
Long Island City, New York
11101
718-482-4933

Date: 11/06/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one copy** of:

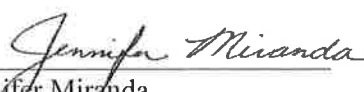
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – October 2013 Discharge Monitoring Reports	10/1/13 to 10/31/13	
Copy of Notice of Termination		10/25/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Division of Water,
Bureau of Water
Compliance
625 Broadway
Albany, New York 12233
518-402-8177

Date: 11/06/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one original** of:

☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – October 2013 Discharge Monitoring Reports	10/1/13 to 10/31/13	
Copy of Notice of Termination		10/25/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager



1430 Broadway
10th Floor
New York, NY 10018

212.221.7822 PHONE
212.221.7840 FAX

www.TRCSolutions.com

October 25, 2013

Mr. Christopher Hogan
Project Manager
Division of Environmental Permits
New York State Department of Environmental Conservation
625 Broadway, 4th Floor
Albany, NY 12233

**Re: Request for Permit Termination – NYSDEC NY 0276634
Texas Eastern Transmission, LP and Algonquin Gas Transmission, LLC
New Jersey-New York Expansion Project**

Dear Mr. Hogan:

TRC, on behalf of Texas Eastern Transmission, LP ("Texas Eastern") and Algonquin Gas Transmission, LLC ("Algonquin") (collectively referred to as the "Applicants") would like to request termination of the existing New York State Department of Environmental Conservation (NYSDEC) State Pollution Discharge Elimination System (SPDES) Permit (SPDES Number: NY 0276634). The New Jersey-New York Expansion Project ("NJ-NY Project") is complete and no additional discharge under this permit is anticipated.

Please do not hesitate to contact me at (212) 221-7822 x 102 if you have any questions.

Sincerely,
TRC Environmental Corporation


Jennifer Miranda
Sr. Project Manager

cc: G. McLachlan, Environmental Manager, Texas Eastern/Algonquin
M. Tyrrell, Sr. Program Manager, TRC
R. Paquette, Sr. Project Manager, TRC

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
 JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
 STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
 MINOR (SUBR 02)
 TRENCH DEWATERING
 External Outfall

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	EX			
Flow rate									
00056 10 Effluent Gross	Req. Mon. MO AVG	gal/d	Req. Mon. DAILY MX					Weekly When Discharging	CALC'D
pH									
00400 10 Effluent Gross								Once Every Event	GRAB
Solids, total suspended									
00530 10 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease									
00556 10 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether (MTBE)									
22417 10 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 10 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 10 Effluent Gross								Weekly When Discharging	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who provided the information, I believe that the information is true and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for providing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 429 7527	11/6/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 10/1/2013	MM/DD/YYYY 10/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	meta -Xylene	*****	*****	*****	*****	*****					
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	TELEPHONE 2014277527	DATE 11/06/2013
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		AREA Code 201
TYPED OR PRINTED		NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****			
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG *****	Req. Mon. DAILY MX *****	gal/d	*****	*****	*****		Weekly When Discharging	CALC'D
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT			*****						
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM *****	9 MAXIMUM *****	SU		Once Every Event	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX *****	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX *****	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX *****	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX *****	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 DAILY MX *****	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	11/06/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who provided the information, I believe that the information submitted is true and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
p-Xylene	*****	*****	*****	*****	*****	*****			
34728 1 0	*****	*****	*****	*****	*****	*****			
Effluent Gross	*****	*****	*****	*****	*****	*****			
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 1 0	*****	*****	*****	*****	*****	*****			
Effluent Gross	*****	*****	*****	*****	*****	*****			
meta-Xylene	*****	*****	*****	*****	*****	*****			
84710 1 0	*****	*****	*****	*****	*****	*****			
Effluent Gross	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	11/06/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****			
00055 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG *****	Req. Mon. DAILY MX *****	gal/d *****	*****	*****	*****		Weekly When Discharging	CALC'D
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT			*****						
00530 1 0 Effluent Gross Oil & Grease	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	3 MAXIMUM	SU		Once Every Event	GRAB
00556 1 0 Effluent Gross Methyl tert-butyl ether (MTBE)	SAMPLE MEASUREMENT	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	11/06/2013
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
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FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR:
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	003-M
FERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
77135 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
81710 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	11/06/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer or geologist in the State of New Jersey, and I am not aware of any falsification of the information submitted herein. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT			*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG *****	Req. Mon. DAILY MX *****	*****	*****	*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT								
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****		*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		*****	*****	*****		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****		*****	*****	*****			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****		*****	*****	*****			
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		*****	*****	*****		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****		*****	*****	*****			
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		*****	*****	*****		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****		*****	*****	*****			
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	11/06/2013
TYPED OR PRINTED	AREA Code	NUMBER

Signature of Principal Executive Officer or Authorized Agent

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
 JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
 STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
 MINOR
 (SUBR 02)
 TRENCH DEWATERING
 External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
p-Xylene	34723 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
O-Xylene	77135 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
m,p-Xylene	81710 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	11/06/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	05-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate									
00056 10 Effluent Gross pH	Req. Mon. MO AVG	gal/d	Req. Mon. DAILY MX					Weekly When Discharging	CALCTD
00400 10 Effluent Gross Solids, total suspended				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
00530 10 Effluent Gross Oil & Grease						50 DAILY MX		Weekly When Discharging	COMPOS
00556 10 Effluent Gross Methyl tert-butyl ether [MTBE]						15 DAILY MX		Weekly When Discharging	GRAB
22417 10 Effluent Gross Toluene						50 DAILY MX		Weekly When Discharging	GRAB
34010 10 Effluent Gross Benzene						5 DAILY MX		Weekly When Discharging	GRAB
34030 10 Effluent Gross						1 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	TELEPHONE 2014277527	DATE 11/06/2013
		AREA Code NUMBER MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634
PERMIT NUMBER

005-M
DISCHARGE NUMBER

MM/DD/YYYY
10/1/2013

MM/DD/YYYY
10/31/2013

MONITORING PERIOD

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene		SAMPLE MEASUREMENT	*****	*****	*****	*****				
	34726 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 ug/L DAILY MX		Weekly When Discharging	GRAB
o-Xylene		SAMPLE MEASUREMENT	*****	*****	*****	*****				
	77135 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 ug/L DAILY MX		Weekly When Discharging	GRAB
meta-Xylene		SAMPLE MEASUREMENT	*****	*****	*****	*****				
	81710 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 ug/L DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GEORGE MCLACHLAN

TELEPHONE
201 427 7527

DATE
11/06/2013

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code
201

NUMBER
427 7527

MM/DD/YYYY
11/06/2013

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH									
00400 1 0 Effluent Gross									
Solids, total suspended				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
00530 1 0 Effluent Gross									
Oil & Grease					50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross									
Methyl tert-butyl ether [MTBE]					15 DAILY MX	mg/L		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross									
Toluene					50 DAILY MX	ug/L		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross									
Benzene					5 DAILY MX	ug/L		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross					1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	11/06/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY027634	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GEORGE MCLACHLAN		2014277527	11/06/2013
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate									
00056 10 Effluent Gross	Req. Mon. MO AVG	gal/d	Req. Mon. DAILY MX					Weekly When Discharging	CALCTD
pH									
00400 10 Effluent Gross									
Solids, total suspended									
00530 10 Effluent Gross									
Oil & Grease									
00556 10 Effluent Gross									
Methyl tert-butyl ether [MTBE]									
22417 10 Effluent Gross									
Toluene									
34010 10 Effluent Gross									
Benzene									
34030 10 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	11/06/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		444/000000

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34728 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77435 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	11/06/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 10/1/2013	MM/DD/YYYY 10/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Flow rate	SAMPLE MEASUREMENT										
00056 10 Effluent Gross pH	PERMIT REQUIREMENT SAMPLE MEASUREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						Weekly When Discharging	CALCTD
00400 10 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT SAMPLE MEASUREMENT				6 MINIMUM	3 MAXIMUM		SU		Once Every Event	GRAB
00530 10 Effluent Gross Oil & Grease	PERMIT REQUIREMENT SAMPLE MEASUREMENT					50 DAILY MX		mg/L		Weekly When Discharging	COMPOS
00556 10 Effluent Gross Methyl tert-butyl ether [MTBE]	PERMIT REQUIREMENT SAMPLE MEASUREMENT					15 DAILY MX		mg/L		Weekly When Discharging	GRAB
22417 10 Effluent Gross Toluene	PERMIT REQUIREMENT SAMPLE MEASUREMENT					50 DAILY MX		ug/L		Weekly When Discharging	GRAB
34010 10 Effluent Gross Benzene	PERMIT REQUIREMENT SAMPLE MEASUREMENT					5 DAILY MX		ug/L		Weekly When Discharging	GRAB
34030 10 Effluent Gross	PERMIT REQUIREMENT					1 DAILY MX		ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	11/06/2013
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINER
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	108-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	3 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	11/06/2013
TYPED OR PRINTED	NUMBER	MM/DD/YYYY
	AREA Code	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH									
00400 1 0 Effluent Gross								Once Every Event	GRAB
Solids, total suspended				6 MINIMUM	9 MAXIMUM	SU			
00630 1 0 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease									
00656 1 0 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether [MTBE]									
22417 1 0 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 1 0 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 1 0 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	11/06/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DNR Mailing ZIP CODE:

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
p-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
3-4728 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	11/06/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276934	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 10/1/2013	MM/DD/YYYY 10/31/2013

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	MEASUREMENT						*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d			*****		Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****			*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****			*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****		50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****			*****			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****		15 DAILY MX	mg/L		Weekly When Discharging	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****			*****			
2247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****		10 DAILY MX	ug/L		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****			*****			
34070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****		5 DAILY MX	ug/L		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****			*****			
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****		1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	11/06/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
 JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
 STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
 (SUBR 02)
 TRENCH DEWATERING
 External Outfall

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 10/1/2013	MM/DD/YYYY 10/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77135 1 0 Effluent Gross meta-Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	TELEPHONE 201 427 7527	DATE 11/06/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code 201
	NUMBER 427 7527	MM/DD/YYYY 11/06/2013

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge



1430 Broadway
10th Floor
New York, NY 10018

212.221.7822 PHONE
212.221.7840 FAX

www.TRCSolutions.com

October 25, 2013

Mr. Christopher Hogan
Project Manager
Division of Environmental Permits
New York State Department of Environmental Conservation
625 Broadway, 4th Floor
Albany, NY 12233

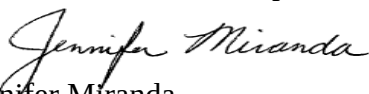
**Re: Request for Permit Termination – NYSDEC NY 0276634
Texas Eastern Transmission, LP and Algonquin Gas Transmission, LLC
New Jersey-New York Expansion Project**

Dear Mr. Hogan:

TRC, on behalf of Texas Eastern Transmission, LP ("Texas Eastern") and Algonquin Gas Transmission, LLC ("Algonquin") (collectively referred to as the "Applicants") would like to request termination of the existing New York State Department of Environmental Conservation (NYSDEC) State Pollution Discharge Elimination System (SPDES) Permit (SPDES Number: NY 0276634). The New Jersey-New York Expansion Project ("NJ-NY Project") is complete and no additional discharge under this permit is anticipated.

Please do not hesitate to contact me at (212) 221-7822 x 102 if you have any questions.

Sincerely,
TRC Environmental Corporation


Jennifer Miranda
Sr. Project Manager

cc: G. McLachlan, Environmental Manager, Texas Eastern/Algonquin
M. Tyrrell, Sr. Program Manager, TRC
R. Paquette, Sr. Project Manager, TRC



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Regional Water Engineer
Region 2
One Hunters Point Plaza
Long Island City, New York
11101
718-482-4933

Date: 12/20/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one copy** of:

☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – Nov 2013 Discharge Monitoring Reports	11/1/13 to 11/30/13	
Copy of Notice of Termination		10/25/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Division of Water,
Bureau of Water
Compliance
625 Broadway
Albany, New York 12233
518-402-8177

Date: 12/20/2013
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one original** of:

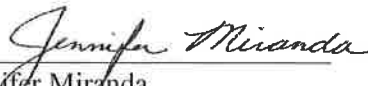
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – Nov 2013 Discharge Monitoring Reports	11/1/13 to 11/30/13	
Copy of Notice of Termination		10/25/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager



1430 Broadway
10th Floor
New York, NY 10018

212.221.7822 PHONE
212.221.7840 FAX

www.TRCSolutions.com

October 25, 2013

Mr. Christopher Hogan
Project Manager
Division of Environmental Permits
New York State Department of Environmental Conservation
625 Broadway, 4th Floor
Albany, NY 12233

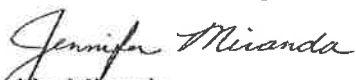
**Re: Request for Permit Termination – NYSDEC NY 0276634
Texas Eastern Transmission, LP and Algonquin Gas Transmission, LLC
New Jersey-New York Expansion Project**

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Please do not hesitate to contact me at (212) 221-7822 x 102 if you have any questions.

Sincerely,
TRC Environmental Corporation


Jennifer Miranda
Sr. Project Manager

cc: G. McLachlan, Environmental Manager, Texas Eastern/Algonquin
M. Tyrrell, Sr. Program Manager, TRC
R. Paquette, Sr. Project Manager, TRC

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DNR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX							
	SAMPLE MEASUREMENT								Weekly When Discharging	CALCTD
	PERMIT REQUIREMENT								Once Every Event	GRAB
00400 10 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
00530 10 Effluent Gross Oil & Grease	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
00556 10 Effluent Gross Methyl tert-butyl ether (MTBE)	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
22417 10 Effluent Gross Toluene	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
34010 10 Effluent Gross Benzene	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
34030 10 Effluent Gross	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	12/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013
MONITORING PERIOD	

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene 34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****		5 DAILY MX.	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
o-Xylene 77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		5 DAILY MX.	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****		5 DAILY MX.	ug/L	Weekly When Discharging	GRAB
meta-Xylene 81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****		5 DAILY MX.	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	12/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
	MM/DD/YYYY	MM/DD/YYYY

I certify under penalty of law that the document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, as far as I am aware, true, accurate, and complete. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate	MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO.AVG	gal/d	Req. Mon. DAILY MX					Weekly When Discharging	CALCTD
pH	MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT								Once Every Event	GRAB
Solids, total suspended	MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether [MTBE]	MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	294277527	12/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

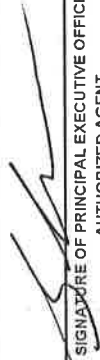
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	12/20/2013
TYPED OR PRINTED	AREA CODE	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MMDDYYYY	MMDDYYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	PERMIT REQUIREMENT						*****			
00056 10 Effluent Gross pH	SAMPLE MEASUREMENT	Req. Mon. MO.AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALCTD
00400 10 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
00530 10 Effluent Gross Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
00556 10 Effluent Gross Methyl tert-butyl ether [MTBE]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
22417 10 Effluent Gross Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34010 10 Effluent Gross Benzene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
34030 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	12/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	4277527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
p-Xylene	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	12/20/13
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
 JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
 STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 07302
 MINOR (SUBR 02)
 TRENCH DEWATERING
 External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate	SAMPLE MEASUREMENT									
00056 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	g/d	Req. Mon. DAILY MX					Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT									
00400 10 Effluent Gross	PERMIT REQUIREMENT								Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT									
00556 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT									
22417 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 10 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014271527	12/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
p-Xylene	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George McLachlan	201427527	12/24/2013
TYPED OR PRINTED	AREA CODE	NUMBER
	201	427527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate	MEASUREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	gal/d	Req. Mon. DAILY MX					Weekly When Discharging	CALCTD
pH	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT								Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
Oil & Grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Methyl tert-butyl ether (MTBE)	SAMPLE MEASUREMENT									
22417 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT									
34010 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT									
34030 1 0 Effluent Gross	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	12/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Waiting ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*** ***	*****					
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5- DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77135 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5- DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81710 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	12/26/2013
TYPED OR PRINTED	AREA Code	NUMBER
	2014277527	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	12/24/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	4277527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014297527	12/20/2013
TYPED OR PRINTED	AREA CODE	NUMBER
	201	4297527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201

JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:

07302

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALC'D
pH									
00400 1 0 Effluent Gross								Once Every Event	GRAB
Solids, total suspended									
00530 1 0 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease									
00556 1 0 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether [MTBE]									
22417 1 0 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 1 0 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 1 0 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	12/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	12/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	PERMIT REQUIREMENT						*****			
00056 1 0 Effluent Gross pH	SAMPLE MEASUREMENT	Req. Mon. MO-AVG *****	Req. Mon. DAILY MX *****	gal/d *****			*****		Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM *****	9 MAXIMUM *****	SU *****		Once Every Event	GRAB
00530 1 0 Effluent Gross Oil & Grease	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX *****	mg/L *****		Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross Methyl tert-butyl ether (MTBE)	SAMPLE MEASUREMENT	*****	*****	*****	*****	15 DAILY MX *****	mg/L *****		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX *****	ug/L *****		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX *****	ug/L *****		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 DAILY MX *****	ug/L *****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	12/22/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who prepared the information, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP

ADDRESS: 150 WARREN STREET, SUITE 201

JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT

LOCATION: WESTERN AVE & GOETHALS

STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE:

MINOR

(SUBR 02)

TRENCH DEWATERING

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
34728 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5 ug/L		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 ug/L		Weekly When Discharging	GRAB
77135 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	12/20/13
TYPED OR PRINTED	AREA Code	NUMBER
	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	
Effluent Gross Oil & Grease	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Effluent Gross Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Effluent Gross Toluene	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Effluent Gross Benzene	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
Effluent Gross 34030 1 0	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	12/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my review of the information submitted, I am aware that there are no significant violations of the law, rules, or regulations of the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	5- DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	5- DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	5- DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7327	12/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7327
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate	PERMIT REQUIREMENT									
00058 1 0 Effluent Gross pH	SAMPLE MEASUREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	valid					Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT								Once Every Event	GRAB
00530 1 0 Effluent Gross Oil & Grease	SAMPLE MEASUREMENT								Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross Methyl tert-butyl ether [MTBE]	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
22417 1 0 Effluent Gross Toluene	SAMPLE MEASUREMENT								Weekly When Discharging	GRAB
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT								Weekly When Discharging	GRAB
34030 1 0 Effluent Gross	SAMPLE MEASUREMENT								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	12/20/2013
TYPED OR PRINTED	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE - PERMIT TERMINATED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	12/20/2013
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge - PERMIT TERMINATED



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Division of Water,
Bureau of Water
Compliance
625 Broadway
Albany, New York 12233
518-402-8177

Date: 01/22/2014
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one original** of:

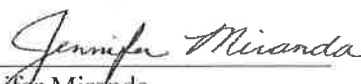
☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – Nov 2013 Discharge Monitoring Reports		12/1/13 to 12/31/13
Copy of SPDES Discontinuance Letter		12/20/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager



TRC Companies, Inc.
1430 Broadway, 10th Floor
New York, New York, 10018

Main 212.221.7822
Fax 212.221.7840

Transmittal

To: NYSDEC
Regional Water Engineer
Region 2
One Hunters Point Plaza
Long Island City, New York
11101
718-482-4933

Date: 01/22/2014
Project No.: 168217
Project: NJ-NY Expansion Project

We have enclosed **one copy** of:

☐ B/W Prints ☐ Reproducible ☒ DMRs ☐ Letter
☐ Specifications ☐ Memorandum

Description	Rev. #	Date
Permit Number NY0276634 – Nov 2013 Discharge Monitoring Reports		12/1/13 to 12/31/13
Copy of SPDES Discontinuance		12/20/13

Sent Via:

☐ Messenger ☐ 1st Class Mail ☒ FedEx Next Day Air ☐ [Other]

Very truly yours,
TRC Engineers, Inc.


Jennifer Miranda
Senior Project Manager

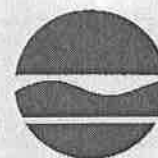
New York State Department of Environmental Conservation

Division of Environmental Permits, 4th Floor

625 Broadway, Albany, NY 12233-1750

Phone: (518) 402-9180 • Fax: (518) 402-9168

Website: www.dec.ny.gov



Joe Martens
Commissioner

December 20, 2013

Permittee:

Texas Eastern Transmission, LP.
150 Warren Street, Suite 201
Jersey City, New Jersey 07302

Attn: George McLachlin

Facility:

Name: NJ-NY Expansion Project
Location: Multi
County: Multi
DEC # 2-9902-00098-00007
SPDES #: NY 027 6634

Dear Mr. McLachlin:

Based on the following, we have determined that a State Pollutant Discharge Elimination System (SPDES) permit is not required for the referenced facility and the existing permit is discontinued.

☐ This discharge has been connected to a municipal collection system.

☐ The quantity of nature of the discharge falls below the minimum thresholds for which a permit is required.

☒ Operation of the facility has ceased permanently, so that a discharge is no longer occurring.

☐ Other: Sewage is stored in a holding tank and is hauled away from the premises. Facility is connecting a waste line so sewage can go directly to sewers.

Please note that any future discharge to ground or surface waters may first require a new SPDES permit, and that operation of the facility discharge without a required permit is a violation of the Environmental Conservation Law that is subject to enforcement action.

Sincerely,

Christopher M. Hogan
Deputy Chief Permit Administrator

c: Regional Permit Administrator
Regional Water Engineer
Bureau of Water Permits

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
pH									
00400 1 0 Effluent Gross								Once Every Event	GRAB
Solids, total suspended				MINIMUM	MAXIMUM	SU			
00530 1 0 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease									
00556 1 0 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether [MTBE]									
22417 1 0 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 1 0 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 1 0 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George McLachlan	201 427 7527	01/22/2014
TYPED OR PRINTED	AREA Code	NUMBER
		01/22/2014
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
81710 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	01/22/2014
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross pH	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross Solids, total suspended				MINIMUM	MAXIMUM	g		Once Every Event	GRAB
00530 1 0 Effluent Gross Oil & Grease					50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross Methyl tert-butyl ether (MTBE)					5 DAILY MX	mg/L		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross Toluene					50 DAILY MX	ug/L		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross Benzene					5 DAILY MX	ug/L		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross					1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	01/22/2014
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 12/1/2013	MM/DD/YYYY 12/31/2013

☒ No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	TELEPHONE 201 427 7527	DATE 01/22/2014
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA Code 201
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NO DISCHARGE		NUMBER MM/DD/YYYY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross		Req. Mon. MO AVG						Weekly When Discharging	CALCTD
pH									
00400 1 0 Effluent Gross								Once Every Event	GRAB
Solids, total suspended									
00530 1 0 Effluent Gross								Weekly When Discharging	COMPOS
Oil & Grease									
00556 1 0 Effluent Gross								Weekly When Discharging	GRAB
Methyl tert-butyl ether [MTBE]									
22417 1 0 Effluent Gross								Weekly When Discharging	GRAB
Toluene									
34010 1 0 Effluent Gross								Weekly When Discharging	GRAB
Benzene									
34030 1 0 Effluent Gross								Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	01/22/2014
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****				
34728 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****				
77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****				
meta -Xylene	PERMIT REQUIREMENT	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****				
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	TELEPHONE 201 427 7527	DATE 01/22/2014
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	NUMBER 2014277527
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No Discharge		AREA CODE MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****		*****			
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****		*****		Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****			
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
00530 1 0 Effluent Gross Oil & Grease	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
00556 1 0 Effluent Gross Methyl tert-butyl ether [MTBE]	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 201 427 7527	DATE 01/22/2014
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	5 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	01/22/2014
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate								
00056 1 0 Effluent Gross pH	Req. Mon. MO AVG	gal/d	Req. Mon. DAILY MX				Weekly When Discharging	CALCTD
00400 1 0 Effluent Gross Solids, total suspended				6 MINIMUM	9 MAXIMUM		Once Every Event	GRAB
00530 1 0 Effluent Gross Oil & Grease					50 DAILY MX		Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross Methyl tert-butyl ether (MTBE)					15 DAILY MX		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross Toluene					50 DAILY MX		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross Benzene					5 DAILY MX		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross					1 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 201 427 7527	DATE 01/22/2014
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302

FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314

ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	005-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
p-Xylene	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
meta-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	01/22/2014
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	006-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate								
00056 1 0 Effluent Gross	Req. Mon. MO AVG	gal/d					Weekly When Discharging	CALCTD
pH								
00400 1 0 Effluent Gross							Once Every Event	GRAB
Solids, total suspended								
00530 1 0 Effluent Gross							Weekly When Discharging	COMPOS
Oil & Grease								
00556 1 0 Effluent Gross							Weekly When Discharging	GRAB
Methyl tert-butyl ether (MTBE)								
22417 1 0 Effluent Gross							Weekly When Discharging	GRAB
Toluene								
34010 1 0 Effluent Gross							Weekly When Discharging	GRAB
Benzene								
34030 1 0 Effluent Gross							Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	01/22/2014
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly violating.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	006-M
FERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 ug/L DAILY MX	ug/L		Weekly When Discharging	GRAB
o-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
77135 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 ug/L DAILY MX	ug/L		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
81710 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 ug/L DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	01/22/2014
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	MEASUREMENT						*****			
00056 1 0 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	6 MINIMUM	9 MAXIMUM	SU	Once Every Event	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross Oil & Grease	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L	Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross Methyl tert-butyl ether [MTBE]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
22417 1 0 Effluent Gross Toluene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34010 1 0 Effluent Gross Benzene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L	Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L	Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
GEORGE MCLACHLAN	201 427 7527	01/22/2014	
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34728 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 - DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
77135 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 - DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 - DAILY MX	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George McLachlan	201 427 7527	01/22/2014
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****			
00056 10 Effluent Gross pH	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly When Discharging	CALCTD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 10 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every Event	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 10 Effluent Gross Oil & Grease	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	COMPOS
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00556 10 Effluent Gross Methyl tert-butyl ether [MTBE]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
22417 10 Effluent Gross Toluene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34010 10 Effluent Gross Benzene	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34030 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
George MCLACHLAN	2014277527	01/22/2014
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE: 07302
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	008-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 12/1/2013	MM/DD/YYYY 12/31/2013

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	*****	*****	*****	*****	*****				
34728 1 0 Effluent Gross	*****	*****	*****	*****	*****			Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****				
77135 1 0 Effluent Gross	*****	*****	*****	*****	*****			Weekly When Discharging	GRAB
meta -Xylene	*****	*****	*****	*****	*****				
81740 1 0 Effluent Gross	*****	*****	*****	*****	*****			Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GEORGE MCLACHLAN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
TYPED OR PRINTED		201 427 7527	01/22/2014
		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

☒ No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE			
Flow rate								
00056 1 0 Effluent Gross	Req. Mon. MO AVG	gal/d					Weekly When Discharging	CALCTD
pH								
00400 1 0 Effluent Gross								
Solids, total suspended			6 MINIMUM		9 MAXIMUM		Once Every Event	GRAB
00530 1 0 Effluent Gross								
Oil & Grease					50 DAILY MX		Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross								
Methyl tert-butyl ether [MTBE]					15 DAILY MX		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross								
Toluene					50 DAILY MX		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross								
Benzene					5 DAILY MX		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross								
					1 DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014277527	12/22/2014
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

NY0276634	009-M
PERMIT NUMBER	DISCHARGE NUMBER
MMDD/YYYY	MMDD/YYYY
12/1/2013	12/31/2013
MONITORING PERIOD	

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
p-Xylene	*****	*****	*****	*****	*****	*****			
34728 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
o-Xylene	*****	*****	*****	*****	*****	*****			
77135 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB
m,p-Xylene	*****	*****	*****	*****	*****	*****			
81710 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	01/22/2014
TYPED OR PRINTED	AREA Code	NUMBER
	201	427 7527
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

DMR Mailing ZIP CODE: 07302
MINOR (SUBR 02)
TRENCH DEWATERING
External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross pH	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d					Weekly When Discharging	CALC'D
00400 1 0 Solids, total suspended				6 MINIMUM	9 MAXIMUM	SU		Once Every Event	GRAB
00530 1 0 Effluent Gross Oil & Grease					50 DAILY MX	mg/L		Weekly When Discharging	COMPOS
00556 1 0 Effluent Gross Methyl tert-butyl ether [MTBE]					15 DAILY MX	mg/L		Weekly When Discharging	GRAB
22417 1 0 Effluent Gross Toluene					50 DAILY MX	ug/L		Weekly When Discharging	GRAB
34010 1 0 Effluent Gross Benzene					5 DAILY MX	ug/L		Weekly When Discharging	GRAB
34030 1 0 Effluent Gross					1 DAILY MX	ug/L		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	201 427 7527	01/22/2014
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: TEXAS EASTERN TRANSMISSION CORP
ADDRESS: 150 WARREN STREET, SUITE 201
JERSEY CITY, NJ 07302
FACILITY: NJ - NY EXPANSION PROJECT
LOCATION: WESTERN AVE & GOETHALS
STATEN ISLAND, NY 10314
ATTN: GEORGE MCLACHLAN

DMR Mailing ZIP CODE:
MINOR
(SUBR 02)
TRENCH DEWATERING
External Outfall

07302

NY0276634	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
34728 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Weekly When Discharging	GRAB
meta-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	DAILY MX			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
81710 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX		Weekly When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GEORGE MCLACHLAN	2014271527	01/22/2014
TYPED OR PRINTED	AREA Code	NUMBER
		01/22/2014
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge