REMEDIATION ADJUSTMENT CLAUSE COMPLIANCE FILING
2005-2006 ENVIRONMENTAL RESPONSE COSTS
Site 13
Rochester Gas Works

LINE	VENDOR NAME	INVOICE NO.	LEGAL EXPENSE	CONSULTING EXPENSE	REMEDIATION EXPENSE	OTHER EXPENSE	TOTAL
1	Adecco	Multiple				$ 4,477.50	$ 4,477.50
2	Adecco	Multiple				$ 995.00	$ 995.00
3	Adecco	Multiple				$ 256.53	$ 256.53
4	Adecco	Multiple				$ 844.22	$ 844.22
5	Adecco	Multiple				$ 121.27	$ 121.27
6	Adecco	Multiple				$ 298.50	$ 298.50
7	Adecco	Multiple				$ 904.83	$ 904.83
8	Adecco	Multiple				$ 895.51	$ 895.51
9	Adecco	Multiple				$ 782.61	$ 782.61
10	Adecco	Multiple				$ 597.02	$ 597.02
11	Adecco	Multiple				$ 181.90	$ 181.90
12	Adecco	Multiple				$ 588.82	$ 588.82
13	City of Rochester	152340				$ 35.71	$ 35.71
14	Dispute Resolution	10009		$ 24.48			$ 24.48
15	ENPRO Services, Inc.	6033263-002			$ 6,072.50		$ 6,072.50
16	ENSR Corporation	328137			$ 5,747.03		$ 5,747.03
17	ENSR Corporation	330984			$ 6,383.45		$ 6,383.45
18	ENSR Corporation	332271			$ 3,325.13		$ 3,325.13
19	ENSR Corporation	334429			$ 2,294.13		$ 2,294.13
20	ENSR Corporation	336425			$ 209.68		$ 209.68
21	ENSR Corporation	343371			$ 635.70		$ 635.70
22	Enviromental Standards Inc	74265			$ 1,275.75		$ 1,275.75
23	Ish, Inc.	50143				$ 150.00	$ 150.00
24	NeoNexus Corp.	106		$ 700.00			$ 700.00
25	Owen Haskell, Inc.	992703			$ 720.00		$ 720.00
26	Paul J. Exner, P.E.	N68		$ 665.00			$ 665.00
27	Paul J. Exner, P.E.	N69		$ 245.00			$ 245.00
28	Paul J. Exner, P.E.	N70		$ 625.20			$ 625.20
29	Paul J. Exner, P.E.	N71		$ 520.13			$ 520.13
30	Paul J. Exner, P.E.	N72		$ 735.00			$ 735.00
31	Paul J. Exner, P.E.	N73		$ 595.00			$ 595.00
32	Paul J. Exner, P.E.	N74		$ 665.00			$ 665.00
33	Paul J. Exner, P.E.	N75		$ 593.63			$ 593.63
34	Paul J. Exner, P.E.	N76		$ 175.00			$ 175.00
35	Paul J. Exner, P.E.	N77		$ 140.00			$ 140.00
36	Paul J. Exner, P.E.	N78		$ 737.92			$ 737.92
37	Paul J. Exner, P.E.	N79		$ 175.00			$ 175.00
38	Severn Trent Laboratories	48045632			$ 3,729.60		$ 3,729.60
39	The RETEC Group, Inc.	51338			$ 15,239.07		$ 15,239.07
40	The RETEC Group, Inc.	52048			$ 24,039.38		$ 24,039.38
41	The RETEC Group, Inc.	52596			$ 81,898.92		$ 81,898.92
42	The RETEC Group, Inc.	53249			$ 14,228.99		$ 14,228.99
43	The RETEC Group, Inc.	53978			$ 29,488.07		$ 29,488.07
44	The RETEC Group, Inc.	54892			$ 5,171.54		$ 5,171.54
45	The RETEC Group, Inc.	55712			$ 4,663.04		$ 4,663.04
46	The RETEC Group, Inc.	56518			$ 1,094.01		$ 1,094.01
47	The RETEC Group, Inc.	57936			$ 259.91		$ 259.91
48	The RETEC Group, Inc.	58472			$ 725.00		$ 725.00
49	Treasurer, State of New Hampshire	198712002-03			$ 533.62		$ 533.62
50	Treasurer, State of New Hampshire	NHD510160237-Q2			$ 63.96		$ 63.96
51	**TOTAL**		**$ -**	**$ 6,596.36**	**$ 207,798.48**	**$ 11,129.42**	**$ 225,524.26**

Adecco Charges Billed To Affiliates July 2005

INVOICE NUMBER	Week Ending	Temp Name (Last, First)	Co	Total Billing	Discount Billing	Report to (NiSource Supv)	Code Block 1	Code Block 2	Code Block 3	Code Block 4
61392999	20-Mar-05	LAPOINTE, LISA	077	359.38	$357.58	ROBERT CLEARY	05140	518229	0011	2225
61410066	27-Mar-05	LAPOINTE, LISA	077	421.88	$419.77	ROBERT CLEARY	05140	518229	0011	2225
61430394	3-Apr-05	LAPOINTE, LISA	077	421.88	$419.77	ROBERT CLEARY	05140	518229	0011	2225
61573211	22-May-05	LAPOINTE, LISA	077	750.00	$746.25	ROBERT CLEARY	05140	518229	0011	2225
61590604	22-May-05	LAPOINTE, LISA	077	-750.00	-$746.25	ROBERT CLEARY	05140	518229	0011	2225
					$1,197.12					
61481844	17-Apr-05	LAPOINTE, LISA	077	500.00	$497.50	ROBERT CLEARY	05140	518229	0013	2225
61481844	24-Apr-05	LAPOINTE, LISA	077	500.00	$497.50	ROBERT CLEARY	05140	518229	0013	2225
61501942	1-May-05	LAPOINTE, LISA	077	500.00	$497.50	ROBERT CLEARY	05140	518229	0013	2225
61519285	8-May-05	LAPOINTE, LISA	077	500.00	$497.50	ROBERT CLEARY	05140	518229	0013	2225
61536504	15-May-05	LAPOINTE, LISA	077	500.00	$497.50	ROBERT CLEARY	05140	518229	0013	2225
61573211	22-May-05	LAPOINTE, LISA	077	768.00	$764.16	ROBERT CLEARY	05140	518229	0013	2225
61590604	22-May-05	LAPOINTE, LISA	077	500.00	$497.50	ROBERT CLEARY	05140	518229	0013	2225
61590604	22-May-05	LAPOINTE, LISA	077	-768.00	-$764.16	ROBERT CLEARY	05140	518229	0013	2225
61573211	29-May-05	LAPOINTE, LISA	077	500.00	$497.50	ROBERT CLEARY	05140	518229	0013	2225
61590604	5-Jun-05	LAPOINTE, LISA	077	500.00	$497.50	ROBERT CLEARY	05140	518229	0013	2225
61608151	12-Jun-05	LAPOINTE, LISA	077	500.00	$497.50	ROBERT CLEARY	05140	518229	0013	2225
					$4,477.50					
61481844	17-Apr-05	LAPOINTE, LISA	076	250.00	$248.75	ROBERT CLEARY	06140	518229	0019	2225
61481844	24-Apr-05	LAPOINTE, LISA	076	250.00	$248.75	ROBERT CLEARY	06140	518229	0019	2225
61501942	1-May-05	LAPOINTE, LISA	076	250.00	$248.75	ROBERT CLEARY	06140	518229	0019	2225
61519285	8-May-05	LAPOINTE, LISA	076	250.00	$248.75	ROBERT CLEARY	06140	518229	0019	2225
61536504	15-May-05	LAPOINTE, LISA	076	250.00	$248.75	ROBERT CLEARY	06140	518229	0019	2225
61573211	22-May-05	LAPOINTE, LISA	076	384.00	$382.08	ROBERT CLEARY	06140	518229	0019	2225
61590604	22-May-05	LAPOINTE, LISA	076	250.00	$248.75	ROBERT CLEARY	06140	518229	0019	2225
61590604	22-May-05	LAPOINTE, LISA	076	-384.00	-$382.08	ROBERT CLEARY	06140	518229	0019	2225
61573211	29-May-05	LAPOINTE, LISA	076	250.00	$248.75	ROBERT CLEARY	06140	518229	0019	2225
61590604	5-Jun-05	LAPOINTE, LISA	076	500.00	$497.50	ROBERT CLEARY	06140	518229	0019	2225
61608151	12-Jun-05	LAPOINTE, LISA	076	250.00	$248.75	ROBERT CLEARY	06140	518229	0019	2225
					$2,487.50					
61392999	20-Mar-05	LAPOINTE, LISA	076	343.75	$342.03	ROBERT CLEARY	06140	518229	0020	2225
61410066	27-Mar-05	LAPOINTE, LISA	076	406.25	$404.22	ROBERT CLEARY	06140	518229	0020	2225
61430394	3-Apr-05	LAPOINTE, LISA	076	406.25	$404.22	ROBERT CLEARY	06140	518229	0020	2225
61573211	22-May-05	LAPOINTE, LISA	076	768.00	$764.16	ROBERT CLEARY	06140	518229	0020	2225
61590604	22-May-05	LAPOINTE, LISA	076	-768.00	-$764.16	ROBERT CLEARY	06140	518229	0020	2225
					$1,150.47					

Adecco Charges Billed To Affiliates August 2005

INVOICE NUMBER	Week Ending	Temp Name (Last, First)	Co	Total Billing	Discounted Billing	Report to (NISource Supv)	Code Block 1	Code Block 2	Code Block 3	Code Block 4
61715085	24-Jul-05	LAPOINTE, LISA L	077	500	$497.50	ROBERT CLEARY	05140	518229	0011	2225
61735217	31-Jul-05	LAPOINTE, LISA L	077	500	$497.50	ROBERT CLEARY	05140	518229	0011	2225
61662686	3-Jul-05	LAPOINTE, LISA	077	500	$497.50	ROBERT CLEARY	05140	518229	0011	2225
61680159	10-Jul-05	LAPOINTE, LISA	077	500	$497.50	ROBERT CLEARY	05140	518229	0011	2225
61697566	17-Jul-05	LAPOINTE, LISA	077	500	$497.50	ROBERT CLEARY	05140	518229	0011	2225
					$2,487.50					
61643145	19-Jun-05	LAPOINTE, LISA	077	500	$497.50	ROBERT CLEARY	05140	518229	0013	2225
61643145	26-Jun-05	LAPOINTE, LISA	077	500	$497.50	ROBERT CLEARY	05140	518229	0013	2225
					$995.00					

Adecco Charges Billed To Affiliates September 2005

INVOICE NUMBER	Week Ending	Temp Name (Last, First)	Co	Total Billing	Discounted Billing	Report to (NiSource Supv)	Code Block 1	Code Block 2	Code Block 3	Code Block 4
61808263	28-Aug-05	LACROIX, JENIFER L	077	140.63	$139.93	ROBERT CLEARY	05140	518229	0013	2225
61843003	11-Sep-05	LACROIX, JENIFER L	077	117.19	$116.60	ROBERT CLEARY	05140	518229	0013	2225
					$256.53					
61808263	28-Aug-05	LACROIX, JENIFER L	076	262.5	$261.19	ROBERT CLEARY	06140	518229	0019	2225
61843003	4-Sep-05	LACROIX, JENIFER L	076	253.13	$251.86	ROBERT CLEARY	06140	518229	0019	2225
61843003	11-Sep-05	LACROIX, JENIFER L	076	234.38	$233.21	ROBERT CLEARY	06140	518229	0019	2225
					$746.26					

Adecco Charges Billed To Affiliates October 2005

INVOICE NUMBE	Week Ending	Temp Name (Last, First)	Co	Total Billing	Discounted Billing	Report to (NISource Supv)	Code Block 1	Code Block 2	Code Block 3	Code Block 4
61878711	25-Sep-05	LACROIX, JENIFER L	076	239.06	$237.86	ROBERT CLEARY	06140	518229	0019	2225
61899816	2-Oct-05	LACROIX, JENIFER L	076	271.88	$270.52	ROBERT CLEARY	06140	518229	0019	2225
61917674	9-Oct-05	LACROIX, JENIFER L	076	257.81	$256.52	ROBERT CLEARY	06140	518229	0019	2225
61860784	18-Sep-05	LACROIX, JENIFER L	076	117.19	$116.60	ROBERT CLEARY	06140	518229	0019	2225
					$881.50					
61878711	25-Sep-05	LACROIX, JENIFER L	077	140.63	$139.93	ROBERT CLEARY	05140	518229	0013	2225
61899816	2-Oct-05	LACROIX, JENIFER L	077	210.94	$209.89	ROBERT CLEARY	05140	518229	0013	2225
61917674	9-Oct-05	LACROIX, JENIFER L	077	262.5	$261.19	ROBERT CLEARY	05140	518229	0013	2225
61860784	18-Sep-05	LACROIX, JENIFER L	077	234.38	$233.21	ROBERT CLEARY	05140	518229	0013	2225
					$844.22					

Adecco Charges Billed To Affiliates November 2006

INVOICE NUMBER	Week Ending	Temp Name (Last, First)	Co	Total Billing	Discounted Billing	Report to (NISource Supv)	Code Block 1	Code Block 2	Code Block 3	Code Block 4
61935579	16-Oct-05	LACROIX, JENIFER L	077	121.88	$ 121.27	ROBERT CLEARY	05140	518229	0013	2225
					$ 121.27					
61935579	16-Oct-05	LACROIX, JENIFER L	076	121.88	$ 121.27	ROBERT CLEARY	06140	518229	0019	2225
					$ 121.27					

Adecco Charges Billed To Affiliates January 2006

INVOICE NUMBER	Week Ending	Temp Name (Last, First)	Co	Total Billing	Discount Billing	Report to (NiSource Supv)	Code Block 1	Code Block 2	Code Block 3	Code Block 4
62134108	1-Jan-06	LACROIX, JENIFER L	076	300.00	$298.50	ROBERT CLEARY	05140	518229	0013	2225
					$298.50					
62149844	1-Aug-06	LACROIX, JENIFER L	077	75	$74.63	ROBERT CLEARY	06140	518229	0019	2225
62116189	25-Jan-05	LACROIX, JENIFER L	077	131.25	$130.59	ROBERT CLEARY	06140	518229	0019	2225
61974254	30-Oct-05	LACROIX, JENIFER L	077	243.75	$242.53	ROBERT CLEARY	06140	518229	0019	2225
62165709	15-Jan-06	LACROIX, JENIFER L	077	271.88	$270.52	ROBERT CLEARY	06140	518229	0019	2225
					$718.27					

Adecco Charges Billed To Affiliates January 2006 - Supplemental

INVOICE NUMBER	Week Ending	Temp Name (Last, First)	Co	Total Billing	Discount Billing	Report to (NiSource Supv)	Code Block 1	Code Block 2	Code Block 3	Code Block 4
62149844	8-Jan-06	LACROIX, JENIFER L	076	243.75	$242.53	ROBERT CLEARY	05140	518229	0013	2225
62116189	25-Dec-05	LACROIX, JENIFER L	076	300.00	$298.50	ROBERT CLEARY	05140	518229	0013	2225
61974254	30-Oct-05	LACROIX, JENIFER L	076	243.75	$242.53	ROBERT CLEARY	05140	518229	0013	2225
62165709	15-Jan-06	LACROIX, JENIFER L	076	121.88	$121.27	ROBERT CLEARY	05140	518229	0013	2225
					$904.83					
62134108	1-Jan-06	LACROIX, JENIFER L	077	150.00	$149.25	ROBERT CLEARY	06140	518229	0019	2225
					$149.25					

Adecco Charges Billed To Affiliates February 2006

INVOICE NUMBER	Week Ending	Temp Name (Last, First)	Co	Total Billing	Discounted Billing	Report to (NiSource Supv)	Code Block 1	Code Block 2	Code Block 3	Code Block 4
62182395	22-Jan-06	LACROIX, JENIFER L	076	243.75	$242.53	ROBERT CLEARY	06140	518229	0019	2225
62217551	5-Feb-06	LACROIX, JENIFER L	076	178.13	$177.24	ROBERT CLEARY	06140	518229	0019	2225
62233554	12-Feb-06	LACROIX, JENIFER L	076	243.75	$242.53	ROBERT CLEARY	06140	518229	0019	2225
61991599	6-Nov-05	LACROIX, JENIFER L	076	121.88	$121.27	ROBERT CLEARY	06140	518229	0019	2225
					$783.57					
62182395	22-Jan-06	LACROIX, JENIFER L	077	121.88	$121.27	ROBERT CLEARY	05140	518229	0013	2225
62201109	29-Jan-06	LACROIX, JENIFER L	077	300.00	$298.50	ROBERT CLEARY	05140	518229	0013	2225
62217551	5-Feb-06	LACROIX, JENIFER L	077	243.75	$242.53	ROBERT CLEARY	05140	518229	0013	2225
61991599	6-Nov-05	LACROIX, JENIFER L	077	234.38	$233.21	ROBERT CLEARY	05140	518229	0013	2225
					$895.51					

Adecco Charges Billed To Affiliates March 2006

INVOICE NUMBER	Week Ending	Temp Name (Last, First)	Co	Total Billing	Discounted Billing	Report to (NISource Supv)	Code Block 1	Code Block 2	Code Block 3	Code Block 4
62249349	19-Feb-06	LACROIX, JENIFER L	076	243.75	$242.53	ROBERT CLEARY	06140	518229	0019	2225
62300769	26-Feb-06	LACROIX, JENIFER L	076	243.75	$242.53	ROBERT CLEARY	06140	518229	0019	2225
62300769	5-Mar-06	LACROIX, JENIFER L	076	243.75	$242.53	ROBERT CLEARY	06140	518229	0019	2225
					$727.59					
62249349	19-Feb-06	LACROIX, JENIFER L	077	121.88	$121.27	ROBERT CLEARY	05140	518229	0013	2225
62300769	26-Feb-06	LACROIX, JENIFER L	077	384.38	$382.46	ROBERT CLEARY	05140	518229	0013	2225
62300769	26-Feb-06	LACROIX, JENIFER L	077	158.4	$157.61	ROBERT CLEARY	05140	518229	0013	2225
62300769	5-Mar-06	LACROIX, JENIFER L	077	121.88	$121.27	ROBERT CLEARY	05140	518229	0013	2225
					$782.61					

Adecco Charges Billed To Affiliates April 2006

INVOICE NUMBER	Week Ending	Temp Name (Last, First)	Co	Total Billing	Discounted Billing	Report to (NiSource Supv)	Code Block 1	Code Block 2	Code Block 3	Code Block 4
62352544	2-Apr-06	LACROIX, JENIFER L	077	112.50	$ 111.94	ROBERT CLEARY	05140	518229	0013	2225
62316993	12-Mar-06	LACROIX, JENIFER L	077	121.88	$ 121.27	ROBERT CLEARY	05140	518229	0013	2225
62316993	19-Mar-06	LACROIX, JENIFER L	077	121.88	$ 121.27	ROBERT CLEARY	05140	518229	0013	2225
62333326	26-Mar-06	LACROIX, JENIFER L	077	121.88	$ 121.27	ROBERT CLEARY	05140	518229	0013	2225
62368853	9-Apr-06	LACROIX, JENIFER L	077	121.88	$ 121.27	ROBERT CLEARY	05140	518229	0013	2225
					$ 597.02					
62333326	26-Mar-06	LACROIX, JENIFER L	076	121.88	$ 121.27	ROBERT CLEARY	06140	518229	0019	2225
62316993	12-Mar-06	LACROIX, JENIFER L	076	243.75	$ 242.53	ROBERT CLEARY	06140	518229	0019	2225
62316993	19-Mar-06	LACROIX, JENIFER L	076	243.75	$ 242.53	ROBERT CLEARY	06140	518229	0019	2225
62352544	2-Apr-06	LACROIX, JENIFER L	076	243.75	$ 242.53	ROBERT CLEARY	06140	518229	0019	2225
62368853	9-Apr-06	LACROIX, JENIFER L	076	243.75	$ 242.53	ROBERT CLEARY	06140	518229	0019	2225
62385271	16-Apr-06	LACROIX, JENIFER L	076	243.75	$ 242.53	ROBERT CLEARY	06140	518229	0019	2225
					$ 1,333.92					

Adecco Charges Billed To Affiliates May 2006

INVOICE NUMBER	Week Ending	Temp Name (Last, First)	Co	Total Billing	Discounted Billing	Report to (NiSource Supv)	Code Block 1	Code Block 2	Code Block 3	Code Block 4
62401735	23-Apr-06	LACROIX, JENIFER L	076	243.75	$242.53	ROBERT CLEARY	06140	518229	0019	2225
62421232	30-Apr-06	LACROIX, JENIFER L	076	243.75	$242.53	ROBERT CLEARY	06140	518229	0019	2225
					$485.06					
62401735	23-Apr-06	LACROIX, JENIFER L	077	56.25	$55.97	ROBERT CLEARY	05140	518229	0013	2225
62421232	30-Apr-06	LACROIX, JENIFER L	077	126.56	$125.93	ROBERT CLEARY	05140	518229	0013	2225
					$181.90					

Adecco Charges Billed To Affiliates June 2006

INVOICE NUMBER	Week Ending	Temp Name (Last, First)	Co	Total Billing	Discounted Billing	Report to (NiSource Supv)	Code Block 1	Code Block 2	Code Block 3	Code Block 4
62471076	21-May-06	LACROIX, JENIFER L	076	243.75	$243.75	ROBERT CLEARY	06140	518229	0019	2225
62454375	14-May-06	LACROIX, JENIFER L	076	365.63	$365.63	ROBERT CLEARY	06140	518229	0019	2225
62490503	28-May-06	LACROIX, JENIFER L	076	243.75	$242.53	ROBERT CLEARY	06140	518229	0019	2225
62507341	4-Jun-06	LACROIX, JENIFER L	076	121.88	$121.27	ROBERT CLEARY	06140	518229	0019	2225
62524202	11-Jun-06	LACROIX, JENIFER L	076	243.75	$242.53	ROBERT CLEARY	06140	518229	0019	2225
62437728	7-May-06	LACROIX, JENIFER L	076	243.75	$243.75	ROBERT CLEARY	06140	518229	0019	2225
					$1,459.46					
62471076	21-May-06	LACROIX, JENIFER L	077	103.13	$103.13	ROBERT CLEARY	05140	518229	0013	2225
62454375	14-May-06	LACROIX, JENIFER L	077	121.88	$121.88	ROBERT CLEARY	05140	518229	0013	2225
62490503	28-May-06	LACROIX, JENIFER L	077	121.88	$121.27	ROBERT CLEARY	05140	518229	0013	2225
62507341	4-Jun-06	LACROIX, JENIFER L	077	121.88	$121.27	ROBERT CLEARY	05140	518229	0013	2225
62524202	11-Jun-06	LACROIX, JENIFER L	077	121.88	$121.27	ROBERT CLEARY	05140	518229	0013	2225
					$588.82					

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Special Handling Instructions

Request Date:	01/25/06	Invoice Date:	01/19/06
PO #:			
Invoice #:	152340		
Payee:	City Of Rochester		
Remit to Address:	Tax Collectors Office P.O. Box 9618		
Remit to City, State, Zip Code:	Manchester, NH 03108-9618		
Total Payment:	$35.71		

WIRE		ACH	
If Wire or ACH, please fill out the information directly below.			
Bank Account:			
ABA #:			

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Water and Sewer Bill

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

REQUIRED:	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
The approval levels referenced are general guidelines - please see the approval policy for exceptions	Jena LaCroix		508-836-7354

	Approval Levels 02/01/05	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead / Resource Planner	general approval <=$10,000	Robert L. Cleary	Robert Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

Line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	77	05140	518229	0013	2225		$35.71
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT

City of Rochester
P.O. Box 9618
Manchester, NH 03108-9618

WATER & SEWER BILL

Remit Copy

Please write your account number on your check and enclose this portion of bill with your payment.
Make checks payable to: City of Rochester

Bill Number	Account Number	Bill Date	Past Due Date	Past Due	Other Current Charges	Current Charges
1307168	152340	01/19/2006	02/20/2006	5.71	.00	30.00

Amount Due
$35.71

152340
NORTHERN UTILITIES INC %
ROBERT CLEARY
300 FRIBERG PKY
WESTBOROUGH, MA 01581-3920

Please Note Address Correction Below:

Name _____

Street _____

City _____ State _____ Zip _____

920960420065013071683000000035717

✂ Detach and return the above portion with your payment ✂

City of Rochester
Rochester, New Hampshire

WATER & SEWER BILL

Customer Copy

Keep this portion for your records

Customer	Service Address
NORTHERN UTILITIES INC %	32 GONIC RD /

Bill Number	Account Number	Past Due Date	Bill Date
1307168	152340	02/20/2006	01/19/2006

Description	Read Date Current	Read Date Previous	Meter Readings Current	Meter Readings Previous	Usage in 100 cu. feet	Charge
TURN OFF						30.00
518 229 - 0013 (2225) 05140						

Last Payment Amt	Last Payment Date	Past Due	Other Current Charges	Current Charges	Amount Due
628.20	01/03/2006	5.71	.00	30.00	$35.71

WATER RATE $3.29, ELDERLY $1.42, MINIMUM $12.50 MINIMUM ELDERLY $10.00
SEWER RATE $4.29, ELDERLY $2.86,MINIMUM $20.52, MINIMUM ELDERLY $16.34

WWW.ROCHESTERNH.NET

BILL IS DUE UPON PRESENTATION

Payment is due upon receipt. Interest accrues daily from the past due date at the rate of 12% interest per annum computed to the payment date. Past due bills shall cause water shut off and may become a lien on the property.

100 CU. FT. = 748 Gallons
Rate per 100 cubic feet.

Remit payment to:
City of Rochester
Tax Collector's Office
P.O. Box 9618
Manchester, NH 03108-9618

For all other correspondence or accounting inquiries:
City of Rochester
Water & Sewer Billing Office
19 Wakefield Street
Rochester, NH 03867

Phone: 1 (603) 332 - 3110 Billing Office
1 (603) 330 - 7127 Off Hour Emergencies

Consumption billed in hundreds of cubic feet. Non-receipt of issued bill not deemed excuse for failure to pay. Property owner responsible for protection of meter from loss and damage. Any person other than an employee of the Rochester Water Department who turns water off or on at curb stop, without permission, may be subject to a fine.

PowerPlant ----- Staging Database

Asset Management: Administration

Work Order - Monthly Closing

Check CR Validation Errors

Bay State Gas

Error Code	Source	Com	GL Account	Aux	Cost Element	Activity	Facility	Work Order	Month Number	Amount	Quantity	GL Journal Category
903	Lawson GL	80	202121	0000	6008	01	01115	1524212	200602	3.53	0	PR4
903	Lawson GL	80	202121	0000	6005	01	01215	1524212	200602	8.33	0.17	PR4
903	Lawson GL	80	202121	0000	6005	01	01115	1524212	200602	64.87	1.14	PR4
903	Lawson GL	80	202121	0000	6002	01	01215	1524212	200602	70	1.32	PR4
903	Lawson GL	80	202121	0000	6002	01	01115	1524212	200602	62.54	1.75	PR4
903	Lawson GL	80	202121	0000	4014	01	01AL	1524212	200602	22.12	0	PR3
903	Lawson GL	80	202121	0000	4013	01	01AL	1524212	200602	146.99	0	PR2
903	Lawson GL	80	202121	0000	4007	01	01AL	1524212	200602	181.82	0	PR1
903	Lawson GL	80	202121	0000	4001	01	01AL	1524212	200602	44.46	0	GL4607
903	Lawson AP	80	253690	4011	0006	01	04100	253690.4011	200602	4150	2	AP46
903	Lawson GL	80	515487	0000	6005	03	04215	6114112	200602	336.36	7.71	PR4
903	Lawson GL	80	515487	0000	6002	03	04215	6114112	200602	970.53	33.75	PR4
903	Lawson GL	80	515487	0000	4002	03	04AL	6114112	200602	-241.79	0	IC29999
903	Lawson GL	80	207410	0000	6002	01	01115	190645	200602	49.22	1.68	PR4
903	Lawson GL	80	207410	0000	4014	01	01AL	190645	200602	5.2	0	PR3
903	Lawson GL	80	207410	0000	4013	01	01AL	190645	200602	34.57	0	PR2
903	Lawson GL	80	202210	0000	6008	01	02115	6128363	200602	-0.29	0	GL509
903	Lawson GL	80	202210	0000	6008	01	02115	6128363	200602	0.58	0	PR4
903	Lawson GL	80	202210	0000	6005	01	02115	6128363	200602	-9.63	-0.24	GL509

Exit w/o Running Validtaions | Close and Retry Validations | Ignore Marked Charges | Save Changes | Print

Ready

Start | PowerPlant ---- Prod... | Work Order Folders - \\R... | Janice Patil - Inbox - Lot... | PowerPlant ---- S... | 5:14 PM

PowerPlant ----- Staging Database

File Edit Subsystem Batch Admin Preferences Window Help

Asset Management: Administration

Work Order - Monthly Closing

Check CR Validation Errors

Bay State Gas

Error Code	Source	Com	GL Account	Aux	Cost Elemen		Activity	Facility		Work Order		Month Number	Amount	Quantity	GL Journal Category
903	Lawson GL	80	515487	0000	6005		03	04215		6114112	☐	200602	336.36	7.71	PR4
903	Lawson GL	80	515487	0000	6002		03	04215		6114112	☐	200602	970.53	33.75	PR4
903	Lawson GL	80	515487	0000	4002		03	04AL		6114112	☐	200602	-241.79	0	IC29999
903	Lawson GL	80	207410	0000	6002		01	01115		190645	☐	200602	49.22	1.68	PR4
903	Lawson GL	80	207410	0000	4014		01	01AL		190645	☐	200602	5.2	0	PR3
903	Lawson GL	80	207410	0000	4013		01	01AL		190645	☐	200602	34.57	0	PR2
903	Lawson GL	80	202210	0000	6008		01	02115		6128363	☐	200602	-0.29	0	GL509
903	Lawson GL	80	202210	0000	6008		01	02115		6128363	☐	200602	0.58	0	PR4
903	Lawson GL	80	202210	0000	6005		01	02115		6128363	☐	200602	-9.63	-0.24	GL509
903	Lawson GL	80	207410	0000	4007		01	01AL		190645	☐	200602	42.76	0	PR1
903	Lawson GL	80	207410	0000	4001		01	01AL		190645	☐	200602	17.91	0	GL4607
903	Lawson GL	80	201111	0000	4002		01	01AL		4075527	☐	200602	-302.02	0	IC29999
903	Lawson GL	80	202210	0000	6005		01	02115		6128363	☐	200602	19.26	0.48	PR4
903	Lawson GL	80	202210	0000	6002		01	02115		6128363	☐	200602	-267.88	-9.39	GL509
903	Lawson GL	80	202210	0000	6002		01	02115		6128363	☐	200602	535.76	18.78	PR4
903	Lawson GL	80	202210	0000	4014		01	02AL		6128363	☐	200602	85.94	0	PR3
903	Lawson GL	80	202210	0000	4013		01	02AL		6128363	☐	200602	412.48	0	PR2
903	Lawson GL	80	202210	0000	4007		01	02AL		6128363	☐	200602	506.48	0	PR1
903	Lawson GL	80	202210	0000	4001		01	02AL		6128363	☐	200602	110.75	0	GL4607

Exit w/o Running Validtaions | Close and Retry Validations | Ignore Marked Charges | Save Changes | Print

Ready

Start | PowerPlant | Work Order Fold... | Janice Pauli - Inb... | PowerPlant | 3:14 PM

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	X

Request Date:	01/26/06	Invoice Date:	11/01/05
PO #:			
Invoice #:	10009		
Payee:	Dispute Resolution Management, INC.		
Remit to Address:	132W. Pierpont Avenue Suite 400		
Remit to City, State, Zip Code:	Salt Lake City, Utah 84101-1917		
Total Payment:	$244.73		

Special Handling Instructions

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):	A/P DPT USE ONLY - RECV'D
Payment of invoice for Consulting Services at our MA NH and ME sites.	

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

REQUIRED:	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
The approval levels referenced are general guidelines - please see the approval policy for exceptions	Jena LaCroix	Jena LaCroix	508-836-7354

	Approval Levels 02/01/05	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead / Resource Planner	general approval <=$10,000	Robert K Cleary	Robert Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
80	03900	518229	0006	1645		$61.17
CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT

	BAY STATE CO	Payee:	Dispute Resolution Management, INC.	Request Date:	01/26/06

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
4	77	05140	518229	0013	1645		$24.48
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
76	76	06140	518229	0019	1645		$36.71
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
77		03900	642605		1645		$122.37
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
78							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
79							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
80							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
81							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
83							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
84							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
85							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
86							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
87							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
88							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
89							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT

DISPUTE RESOLUTION MANAGEMENT, INC.

Invoice

BILL TO

NiSource Corporate Services
James H. Keshian
Senior Attorney
300 Friberg Parkway
Westborough, MA 01581

Dispute Resolution Management, Inc.
132 W. Pierpont Avenue
Suite 400
Salt Lake City, Utah 84101-1917
E.I.N. 87-0565697

DATE	INVOICE #
11/4/2005	10009

DESCRIPTION	AMOUNT
Courier	79.73
Copies	156.42
Phone	8.58

Amount Due $244.73

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	07/18/05	Invoice Date:	07/15/05
PO #:	6033263-002		
Invoice #:	7092-05		
Payee:	ENPRO Services, Inc.		
Remit to Address:	12 Mullikan Way		
Remit to City, State, Zip Code:	Newburyport, MA 01950		
Total Payment:	$6,072.50		

Special Handling Instructions

Lisa LaPointe - original to A/P; copies to ACCT, ERC File, Project File.

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of Invoice for Remediation Services at the Rochester, NH MGP site consistent with approved Purchase Requisition.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	77	05140	518229	0013	2225	6033263-002	$6,072.50
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

ENPRO services, inc.

12 Mulliken Way, Newburyport, Massachusetts 01950
TEL. (978) 465-1595

INVOICE 06064-5

DATE: July 15, 2005

JOB NO. 7092-05

PURCHASE ORDER NO.

CONTACT Paul J. Exner, P.E., LSP
Environmental Project Manager

00603350

NiSource Corporate Services Company
Attn: Paul J. Exner, P.E., LSP
300 Friberg Parkway
Westborough, MA 01581

TERMS: Payment due upon receipt. An interest charge of 1½% per month (18% per annum) will be charged on all invoices over 30 days

DESCRIPTION						AMOUNT
Project Location:	Former Manufactured Gas Plant Intersection Of Spaulding And Route #125 Rochester, NH 03839					
Monday, May 16, 2005 - 7:30 a.m. - 1:30 p.m.						
As per ENPRO Services, Inc., Tabulation of Estimated Cost dated May 11, 2005 provided qualified personnel to consolidate, package, transport and dispose of miscellaneous waste from above referenced project location to an approved receiving facility.						
Task One: Identify Miscellaneous Waste for Disposal						
LABOR:						
S. Moar	Chemist	6.00	HOUR	@	75.00	$450.00
R. Ferreira	Recovery Technician	6.00	HOUR	@	50.00	$300.00
EQUIPMENT:						
Box Truck		1.00	DAY	@	200.00	$200.00
MATERIALS:						
Cubic Yard Waste Pack		1.00	CY BOX	@	125.00	$125.00
55 Gallon DOT Approved 17-H Drum		3.00	DRUM	@	37.50	$112.50
5 Gallon Poly DOT Approved Drum		2.00	DRUM	@	15.00	$30.00
Level C PPE		2.00	SET	@	45.00	$90.00
Vermiculite		1.00	BAG	@	10.00	$10.00
Tuesday, June 7, 2005						
Transportation and Disposal Services						
Manifesting, Loading and Transportation		1.00	EVENT	@	150.00	$150.00
Disposal of Waste Trace Petroleum Cont. PPE - **NHZ001000676**		2.00	DRUM	@	110.00	$220.00
Disposal of Waste Trace Petroleum Cont. Soil - **NHZ001000676**		3.00	DRUM	@	110.00	$330.00
Disposal of Empty Drums - **NHZ001000677**		3.00	DRUM	@	25.00	$75.00

APPROVED BY:

Should it be necessary to employ outside services to collect any amount, it is specifically agreed that the customer will pay all such cost, including reasonable attorney's fees and court costs.

TOTAL Continued

WHITE — CUSTOMER GOLDENROD — REMITTANCE COPY

ENPRO services, inc.

12 Mulliken Way, Newburyport, Massachusetts 01950
TEL. (978) 465-1595

INVOICE 06064-5

DATE: July 15, 2005

JOB NO. 7092-05

PURCHASE ORDER NO.

CONTACT Paul J. Exner, P.E., LSP
Environmental Project Manager

00603350

NiSource Corporate Services Company
Attn: Paul J. Exner, P.E., LSP
300 Friberg Parkway
Westborough, MA 01581

TERMS: Payment due upon receipt. An interest charge of 1½% per month (18% per annum) will be charged on all invoices over 30 day

DESCRIPTION					AMOUNT
Page Two:					
Transportation and Disposal Services					
Manifest # NHJ0003491					
Disposal of Waste Paint Lab Pack	1.00	CY BOX	@	800.00	$800.00
Disposal of Waste Flammable Toxic Lab Pack	1.00	30-G DRUM	@	350.00	$350.00
Disposal of Waste Aerosols Lab Pack	1.00	5 -G PAIL	@	105.00	$105.00
Disposal of Waste Acid Lab Pack	1.00	5 -G PAIL	@	105.00	$105.00
Manifest # NHJ0003492					
Disposal of Waste Pesticide Liquid - Flammable	2.00	55-G DRUM	@	600.00	$1,200.00
Disposal of Waste Grease	1.00	55-G DRUM	@	230.00	$230.00
Disposal of Waste Acetylene Tank	1.00	CYLINDER	@	450.00	$450.00
Disposal of Waste Liquefied Petroleum Gas Tank	4.00	CYLINDER	@	185.00	$740.00

PROJECT BILLING COMPLETE

Should it be determined by the receiving facility that a waste stream has been received off specification from the information as profiled by the generator a surcharge will be incurred in addition to the amount invoiced.

VISA / MASTERCARD / AMERICAN EXPRESS ACCEPTED FOR INVOICE PAYMENTS

APPROVED BY: S. Fairbrother

Should it be necessary to employ outside services to collect any amount, it is specifically agreed that the customer will pay all such cost, including reasonable attorney's fees and court costs.

TOTAL $6,072.50

WHITE — CUSTOMER GOLDENROO — REMITTANCE COPY

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	07/11/05	Invoice Date:	07/07/05
PO #:	6050305-000		
Invoice #:	328137		
Payee:	ENSR Corporation		
Remit to Address:	P.O. Box 31863		
Remit to City, State, Zip Code:	Hartford, CT 06150-1863		
Total Payment:	$5,747.03		

Special Handling Instructions

Lisa LaPointe - original to A/P; copies to ACCT, ERC File and Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of invoice for remediation services at the Rochester NH MGP consistent with approved Purchase Requisition.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	77	05140	518229	0013	2225	6050305-000	$5,747.03
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

Original

ENSR INTERNATIONAL
2 Technology Park Drive
Westford, MA 01886
(978) 589-3000
Fax (978) 589-3100

Invoice

ENSR

REMIT TO:
ENSR Corporation
P.O. Box 31863
Hartford, CT 06150-1863

NISOURCE INC.
MR. PAUL EXNER, P.E.
300 FRIBERG PARKWAY
WESTBOROUGH,MA 01581
USA

INVOICE # 328137
DATE: 07/07/05
PROJECT # 01776-023
CA: JLR IBC:C PE

CHARGES FOR THE PERIOD ENDING: JULY 1, 2005
CUSTOMER/P.O.#/REFERENCE: PO NO. 6050305-000
PROJECT DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT

TASK	TASK DESCRIPTION	LABOR	ODC	TOTAL
504	O&M-IRRIGATION	$ 4,168.10	$ 1,578.93	$ 5,747.03
TOTAL INVOICE		$ 4,168.10	$ 1,578.93	$ 5,747.03
TOTAL AMOUNT DUE THIS INVOICE				$ 5,747.03

AS OF 07/07/05 THERE IS $.00 OUTSTANDING FROM PRIOR INVOICES ON THIS PROJECT.

Please Pay Upon Receipt

Invoices Not Paid Within Thirty (30) Days Shall Be Subject To Interest From The 31st Day At The Rate Of 1 1/2% Per Month (18% Per Annum) not to exceed the maximum allowed by law

Fed ID # 06-0852759

EM01003

Celebrating Over 35 Years of Excellence in Environmental Services

PROJECT NUMBER: 01776023
DATE: 07/07/05

CLIENT NAME: NISOURCE INC.
DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT
MANAGER: C E TAMMI
CA: JLR IBC:C PE INVOICE # 328137

LABOR BACKUP

EMP#	STAFF NAME	CAT	REG	OT	TOTAL COST
16858	A E CURTIS	P8	31.3	.0	2,097.10
16858	A E CURTIS	P9	11.0	.0	847.00
09560	A M DESILETS	P11	4.0	.0	380.00
08473	J L REID	P11	.3	.0	28.50
16812	D MACONE	P13	3.5	.0	381.50
07654	C E TAMMI	P16	3.1	.0	434.00
Total Task - 504 : O&M-IRRIGATION			53.2	.0	4,168.10
TOTAL DIRECT LABOR - 01776023			53.2	.0	4,168.10

PROJECT NUMBER: 01776023
DATE: 07/07/05

CLIENT NAME: NISOURCE INC.
DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT
MANAGER: C E TAMMI
CA: JLR IBC:C PE INVOICE # 328137

ODC BACKUP

CAT	ODC DESCRIPTION	PO#	VOUCH#	COST	HANDLING	TOTAL COST
10	ANDREA DESILETS	9999999	61505WE	15.27	1.53	16.80
10	ANNIE CURTIS	9999999	52805WE	3.96	.40	4.36
10	FEDERAL EXPRESS CORP	9999999	198154	8.76	.88	9.64
11	ANDREA DESILETS	9999999	61505WE	2.00	.20	2.20
13	RAIN FOR RENT	2030106	200027	1224.00	122.40	1,346.40
13	RAIN FOR RENT	2030106	200024	158.75	15.88	174.63
30	JUN 05 Copy Charge			3.40	.00	3.40
39	CADD COMPUTER CHGS		06117	9.00	.00	9.00
43	1/2 DAY CAMERA RENTAL CURTIS A		06123	12.50	.00	12.50
Total Task - 504 : O&M-IRRIGATION				1437.64	141.29	1,578.93
TOTAL ODC - 01776023				1437.64	141.29	1,578.93

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	CSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	08/16/05	Invoice Date:	08/09/05
PO #:	6050305-000		
Invoice #:	330984		
Payee:	ENSR Corporation		
Remit to Address:	P.O. Box 31863		
Remit to City, State, Zip Code:	Hartford, CT 06150-1863		
Total Payment:	$6,383.45		

Special Handling Instructions

Jena LaCroix - original to A/P; copies to ACCT, ERC File and Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of invoice for remediation services at the Rochester NH MGP consistent with approved Purchase Requisition.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$250,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	77	05140	518229	0013	2225	6050305-000	$6,383.45
2							
3							

Original

ENSR INTERNATIONAL
2 Technology Park Drive
Westford, MA 01886
(978) 589-3000
Fax (978) 589-3100

Invoice

ENSR

REMIT TO:
ENSR Corporation
P.O. Box 31863
Hartford, CT 06150-1863

NISOURCE INC.
MR. PAUL EXNER, P.E.
300 FRIBERG PARKWAY
WESTBOROUGH, MA 01581
USA

INVOICE # 330984
DATE: 08/09/05
PROJECT # 01776-023
CA: JLR IBC:C PE

CHARGES FOR THE PERIOD ENDING: JULY 29, 2005
CUSTOMER/P.O.#/REFERENCE: PO NO. 6050305-000
PROJECT DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT

TASK	TASK DESCRIPTION	LABOR	ODC	TOTAL
504	O&M-IRRIGATION	$ 4,024.50	$ 2,358.95	$ 6,383.45
TOTAL INVOICE		$ 4,024.50	$ 2,358.95	$ 6,383.45
TOTAL AMOUNT DUE THIS INVOICE				$ 6,383.45

AS OF 08/09/05 THERE IS $5,747.03 OUTSTANDING FROM PRIOR INVOICES ON THIS PROJECT.

Please Pay Upon Receipt
Invoices Not Paid Within Thirty (30) Days Shall Be Subject To Interest From The 31st Day
At The Rate Of 1 1/2% Per Month (18% Per Annum) not to exceed the maximum allowed by law

Fed ID # 06-0852759
FM01003

Remittance Copy

ENSR INTERNATIONAL
2 Technology Park Drive
Westford, MA 01886
(978) 589-3000
Fax (978) 589-3100

Invoice

ENSR

REMIT TO:
ENSR Corporation
P.O. Box 31863
Hartford, CT 06150-1863

NISOURCE INC.
MR. PAUL EXNER, P.E.
300 FRIBERG PARKWAY
WESTBOROUGH, MA 01581
USA

INVOICE # 330984
DATE: 08/09/05
PROJECT # 01776-023
CA: JLR IBC:C PE

CHARGES FOR THE PERIOD ENDING: JULY 29, 2005
CUSTOMER/P.O.#/REFERENCE: PO NO. 6050305-000
PROJECT DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT

TASK	TASK DESCRIPTION	LABOR	ODC	TOTAL
504	O&M-IRRIGATION	$ 4,024.50	$ 2,358.95	$ 6,383.45
TOTAL INVOICE		$ 4,024.50	$ 2,358.95	$ 6,383.45
TOTAL AMOUNT DUE THIS INVOICE				$ 6,383.45

AS OF 08/09/05 THERE IS $5,747.03 OUTSTANDING FROM PRIOR INVOICES ON THIS PROJECT.

Please Pay Upon Receipt

Invoices Not Paid Within Thirty (30) Days Shall Be Subject To Interest From The 31st Day At The Rate Of 1 1/2% Per Month (18% Per Annum) not to exceed the maximum allowed by law.

Fed ID # 06-0852759
FIN01003

INVOICE BACKUP PAGE: 1
PROJECT NUMBER: 01776023
DATE: 08/09/05

LIENT NAME: NISOURCE INC.
DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT
MANAGER: C E TAMMI
CA: JLR IBC:C FE INVOICE # 330984

LABOR BACKUP

EMP#	STAFF NAME	CAT	REG	OT	TOTAL COST
16854	A E CURTIS	P9	36.0	.0	2,772.00
07971	S MYSLIVEC	P9	.5	.0	38.50
08560	A M DESILETS	P11	8.0	.0	760.00
08473	J L REID	P11	.8	.0	76.00
07654	C E TAMMI	P16	2.7	.0	378.00
Total Task - 504 : O&M-IRRIGATION			48.0	.0	4,024.50
TOTAL DIRECT LABOR - 01776023			48.0	.0	4,024.50

INVOICE BACKUP PAGE: 1
PROJECT NUMBER: 01776023
DATE: 08/09/05

CLIENT NAME: NISOURCE INC.
DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT
MANAGER: C E TANDY
CA: JLR IBC:C PE INVOICE # 330984

ODC BACKUP

CAT	ODC DESCRIPTION	PO#	VOUCH#	COST	HANDLING	TOTAL COST
11	ANDREA DESILETS	9999999	72105NE	60.21	6.02	66.23
11	ANNIE CURTIS	9999999	63005NE	102.06	10.21	112.27
11	DAVID MACONE	9999999	62105NE	64.80	6.48	71.28
11	ANNIE CURTIS	9999999	61805NE	102.06	10.21	112.27
13	RAIN FOR RENT	2030108	205734	896.00	89.60	985.60
13	RAIN FOR RENT	2030104	203654	896.00	89.60	985.60
30	JUL 05 Copy Charge			.30	.00	.30
30	JUL 05 Copy Charge			.40	.00	.40
43	1/2 DAY CAMER RENTAL CURTIS		07085	12.50	.00	12.50
43	DIGITAL CAMERA RENTAL DESILETS		07085	12.50	.00	12.50
Total Task = 504 : O&M-IRRIGATION				2146.83	212.12	2,358.95
TOTAL ODC - 01776023				2146.83	212.12	2,358.95

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	09/08/05	Invoice Date:	09/01/05
PO #:	6050305-000		
Invoice #:	332271		
Payee:	ENSR Corporation		
Remit to Address:	P.O. Box 31863		
Remit to City, State, Zip Code:	Hartford, CT 06150-1863		
Total Payment:	$3,325.13		

Special Handling Instructions

Jena LaCroix - original to A/P; copies to ACCT, ERC File and Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of invoice for remediation services at the Rochester NH MGP consistent with approved Purchase Requisition.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	77	05140	518229	0013	2225	6050305-000	$3,325.13
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

Original

ENSR INTERNATIONAL
2 Technology Park Drive
Westford, MA 01886
(978) 589-3000
Fax (978) 589-3100

Invoice

ENSR

REMIT TO:
ENSR Corporation
P.O. Box 31863
Hartford, CT 06150-1863

NISOURCE INC.
MR. PAUL EXNER, P.E.
300 FRIBERG PARKWAY
WESTBOROUGH,MA 01581
USA

INVOICE # 332271
DATE: 09/01/05
PROJECT # 01776-023
CA: JLR IBC:C PE

CHARGES FOR THE PERIOD ENDING: AUGUST 26, 2005
CUSTOMER/P.O.#/REFERENCE: PO NO. 6050305-000
PROJECT DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT

TASK	TASK DESCRIPTION	LABOR	ODC	TOTAL
504	O&M-IRRIGATION	$ 2,849.00	$ 476.13	$ 3,325.13
TOTAL INVOICE		$ 2,849.00	$ 476.13	$ 3,325.13
TOTAL AMOUNT DUE THIS INVOICE				$ 3,325.13

AS OF 09/01/05 THERE IS $.00 OUTSTANDING FROM PRIOR INVOICES ON THIS PROJECT.

Please Pay Upon Receipt

Invoices Not Paid Within Thirty (30) Days Shall Be Subject To Interest From The 31st Day At The Rate Of 1 1/2% Per Month (18% Per Annum) not to exceed the maximum allowed by law

Fed ID # 06-0852759
FM01003

Celebrating Over 35 Years of Excellence in Environmental Services

8

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	10/11/05	Invoice Date:	10/06/05
PO #:	6050305-000		
Invoice #:	334429		
Payee:	ENSR Corporation		
Remit to Address:	P.O. Box 31863		
Remit to City, State, Zip Code:	Hartford, CT 06150-1863		
Total Payment:	$2,294.13		

Special Handling Instructions

Jena LaCroix - original to A/P; copies to ACCT, ERC File and Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

A/P DPT USE ONLY - RECV'D

Payment of invoice for remediation services at the Rochester NH MGP consistent with approved Purchase Requisition.

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	77	05140	518229	0013	2225	6050305-000	$2,294.13
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

Original

ENSR INTERNATIONAL
2 Technology Park Drive
Westford, MA 01886
(978) 589-3000
Fax (978) 589-3100

Invoice

ENSR

REMIT TO:
ENSR Corporation
P.O. Box 31863
Hartford, CT 06150-1863

NISOURCE INC.
MR. PAUL EXNER, P.E.
300 FRIBERG PARKWAY
WESTBOROUGH,MA 01581
USA

INVOICE # 334429
DATE: 10/06/05
PROJECT # 01776-023
CA: JLR IBC:C PE

CHARGES FOR THE PERIOD ENDING: SEPTEMBER 30, 2005
CUSTOMER/P.O.#/REFERENCE: PO NO. 6050305-000
PROJECT DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT

TASK	TASK DESCRIPTION	LABOR	ODC	TOTAL
504	IRRIGATION	$ 846.50	$ 1,447.63	$ 2,294.13
TOTAL INVOICE		$ 846.50	$ 1,447.63	$ 2,294.13
TOTAL AMOUNT DUE THIS INVOICE				$ 2,294.13

AS OF 10/06/05 THERE IS $.00 OUTSTANDING FROM PRIOR INVOICES ON THIS PROJECT.

Please Pay Upon Receipt

Invoices Not Paid Within Thirty (30) Days Shall Be Subject To Interest From The 31st Day At The Rate Of 1 1/2% Per Month (18% Per Annum) not to exceed the maximum allowed by law

Fed ID # 06-0852759
FM01003

Celebrating Over 35 Years of Excellence in Environmental Services

PROJECT NUMBER: 01776023
DATE: 10/06/05

CLIENT NAME: NISOURCE INC.
DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT
MANAGER: C E TAMMI
CA: JLR IBC:C PE INVOICE # 334429

LABOR BACKUP

EMP#	STAFF NAME	CAT	REG	OT	TOTAL COST
16858	A E CURTIS	P9	2.0	.0	154.00
08473	J L REID	P11	.4	.0	38.00
16812	D MACONE	P14	5.5	.0	654.50
Total Task - 504 : IRRIGATION			7.9	.0	846.50
TOTAL DIRECT LABOR - 01776023			7.9	.0	846.50

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	11/07/05	Invoice Date:	11/02/05
PO #:	6050305-000		
Invoice #:	336425		
Payee:	ENSR Corporation		
Remit to Address:	P.O. Box 31863		
Remit to City, State, Zip Code:	Hartford, CT 06150-1863		
Total Payment:	$209.68		

Special Handling Instructions

Jena LaCroix - original to A/P; copies to ACCT, ERC File and Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of invoice for remediation services at the Rochester NH MGP consistent with approved Purchase Requisition.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	77	05140	518229	0013	2225	6050305-000	$209.68
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

INVOICE BACKUP PAGE: 1
PROJECT NUMBER: 01776023
DATE: 11/02/05

CLIENT NAME: NISOURCE INC.
DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT
MANAGER: C E TAMMI
CA: JLR IBC:C PE INVOICE # 336425

ODC BACKUP

CAT	ODC DESCRIPTION	PO#	VOUCH#	COST	HANDLING	TOTAL COST
10	ANNIE CURTIS	9999999	93005WE	22.65	2.27	24.92
11	DAVID MACONE	9999999	101205W	81.60	8.16	89.76
Total Task - 504 : IRRIGATION				104.25	10.43	114.68
TOTAL ODC - 01776023				104.25	10.43	114.68

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	02/09/06	Invoice Date:	02/03/06
PO #:	6050305-000		
Invoice #:	343371		
Payee:	ENSR Corporation		
Remit to Address:	P.O. Box 31863		
Remit to City, State, Zip Code:	Hartford, CT 06150-1863		
Total Payment:	$635.70		

Special Handling Instructions

Jena LaCroix - original to A/P; copies to ACCT, ERC File and Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s).

Payment of invoice for remediation services at the Rochester NH MGP consistent with approved Purchase Requisition.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	77	05140	518229	0013	2225	6050305-000	$635.70
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

Original

Invoice

ENSR | AECOM

ENSR Corporation
2 Technology Park Drive
Westford, MA 01886
(978) 589-3000
Fax (978) 589-3100

Remit To:
ENSR Corporation
P.O. Box 31863
Hartford, CT 06150-1863

NISOURCE INC.
MR. PAUL EXNER, P.E.
300 FRIBERG PARKWAY
WESTBOROUGH,MA 01581
USA

INVOICE # 343371
DATE: 02/03/06
PROJECT # 01776-023
CA: JLR IBC:C PE

CHARGES FOR THE PERIOD ENDING: JANUARY 27, 2006
CUSTOMER/P.O.#/REFERENCE: PO NO. 6050305-000
PROJECT DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT

TASK	TASK DESCRIPTION	LABOR	ODC	TOTAL
200	PHYTOREMEDIATION DESIGN	$ 635.50	$ .20	$ 635.70
TOTAL INVOICE		$ 635.50	$ .20	$ 635.70
TOTAL AMOUNT DUE THIS INVOICE				$ 635.70

AS OF 02/03/06 THERE IS $.00 OUTSTANDING FROM PRIOR INVOICES ON THIS PROJECT.

Please Pay Upon Receipt

Invoices not paid within thirty (30) days shall be subject to interest from the 31st day at the rate of 1 1/2% per month (18% Per Annum) not to exceed the maximum allowed by law

Fed ID # 06-0852759

Remittance Copy

Invoice

ENSR | AECOM

ENSR Corporation
2 Technology Park Drive
Westford, MA 01886
(978) 589-3000
Fax (978) 589-3100

Remit To:
ENSR Corporation
P.O. Box 31863
Hartford, CT 06150-1863

NISOURCE INC.
MR. PAUL EXNER, P.E.
300 FRIBERG PARKWAY
WESTBOROUGH,MA 01581
USA

INVOICE # 343371
DATE: 02/03/06
PROJECT # 01776-023
CA: JLR IBC:C PE

CHARGES FOR THE PERIOD ENDING: JANUARY 27, 2006
CUSTOMER/P.O.#/REFERENCE: PO NO. 6050305-000
PROJECT DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT

TASK	TASK DESCRIPTION	LABOR	ODC	TOTAL
200	PHYTOREMEDIATION DESIGN	$ 635.50	$ .20	$ 635.70
TOTAL INVOICE		$ 635.50	$ .20	$ 635.70
TOTAL AMOUNT DUE THIS INVOICE				$ 635.70

AS OF 02/03/06 THERE IS $.00 OUTSTANDING FROM PRIOR INVOICES ON THIS PROJECT.

Please Pay Upon Receipt

Invoices not paid within thirty (30) days shall be subject to interest from the 31st day at the rate of 1 1/2% per month (18% Per Annum) not to exceed the maximum allowed by law.

Fed ID # 06-0852759

INVOICE BACKUP
PROJECT NUMBER: 01776023
DATE: 02/03/06

CLIENT NAME: NISOURCE INC.
DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT
MANAGER: C E TAMMI
CA: JLR IBC:C PE INVOICE # 343371

LABOR BACKUP

EMP#	STAFF NAME	CAT	REG	OT	TOTAL COST
08473	J L REID	P11	.5	.0	47.50
07654	C E TAMMI	P17	4.2	.0	588.00
Total Task - 200 : PHYTOREMEDIATION DESIGN			4.7	.0	635.50
TOTAL DIRECT LABOR - 01776023			4.7	.0	635.50

INVOICE BACKUP PAGE: 1
PROJECT NUMBER: 01776023
DATE: 02/03/06

CLIENT NAME: NISOURCE INC.
DESCRIPTION: ROCHESTER MGP PHYTOREMEDIATION ASSESSMENT
MANAGER: C E TAMMI
CR: JLR IBC:C PE INVOICE # 343371

ODC BACKUP

CAT	ODC DESCRIPTION	PO#	VOUCH#	COST	HANDLING	TOTAL COST
30	NOV 05 Copy Charge			.20	.00	.20
Total Task - 200 : PHYTOREMEDIATION DESIGN				.20	.00	.20
TOTAL ODC - 01776023				.20	.00	.20

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	11/21/05	Invoice Date:	11/15/05
PO #:	6043776-002		
Invoice #:	0074265		
Payee:	Environmental Standards, Inc.		
Remit to Address:	1140 Valley Forge Road; PO Box 810		
Remit to City, State, Zip Code:	Valley Forge, PA 19482-0810		
Total Payment:	$2,551.49		

Special Handling Instructions

COPY

Jena LaCroix - original to A/P; copies to ACCT, ERC File, Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

A/P DPT USE ONLY - RECV'D

Payment of invoice for laboratory auditing services in support of remediation efforts at New Hampshire MGP sites.

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	77	05140	518229	0013	2225	6043776-002	$1,275.75
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2	77	05140	518229	0014	2225	6043776-002	$1,275.74
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

ENVIRONMENTAL STANDARDS

Setting the Standards for Innovative Environmental Solutions

November 15, 2005
Project No: Y4012296.B000
Invoice No: 0074265

NiSource Corporate Services Company
Attn.: Bob Cleary
200 Friberg Parkway
Westborough MA 01581

Project: Y4012296.B000 Nisource Bay State Field Audits & PE

Order Number: 6043776-002
Requested by Bob Cleary and approved via e-mail
Invoice to be .pdf and sent to Joe Ferry (jferry@nisource.com) and Paul Exner (pexner@nisource.com)
Professional Services Agreement # 5326
Not to Exceed: $ 12,220.00
Added STL Lab Audit $ 3,807.52
Adjusted Not to Exceed: $ 16,027.52

Professional services from October 1, 2005 to October 31, 2005

Task: 00003 STL Amherst Laboratory Audit

Professional Personnel

	Hours	Rate	Amount	
Technical				
Schott, Jennifer	4.00	37.50	150.00	
Schott, Jennifer	5.70	75.00	427.50	
Zeiner, Stephen	10.60	105.00	1,113.00	
Zeiner, Stephen	4.00	52.50	210.00	
Admin. Emp.				
McFarland, Mary	1.90	50.00	95.00	
Murdoch, Heather	0.80	45.00	36.00	
Totals	27.00		2,031.50	
Total Labor				**2,031.50**
Reimbursable Expense				
Automobile			62.29	
Travel			396.75	
Total Reimbursables			**459.04**	**459.04**
Other Expenses				
Communication & Administration	3.00% of 2,031.50		60.95	
Total Other Expenses			**60.95**	**60.95**
			Total this task	**$2,551.49**
			Total this invoice	**$2,551.49**

1140 Valley Forge Road • P.O. Box 810 • Valley Forge, PA 19482-0810
T: 610-935-5577 • F: 610-935-5583 • www.envstd.com • solutions@envstd.com

Billings to date		Current	Prior	Total
	Labor	2,031.50	4,190.80	6,222.30
	Expense	459.04	448.98	908.02
	Other Expenses	60.95	125.72	186.67
	Totals	**2,551.49**	**4,765.50**	**7,316.99**

Billing Backup

Tuesday, November 15, 2005

ENVIRONMENTAL STANDARDS, INC Invoice Dated November 15, 2005 *1:22:05 PM*

Y4012296.B000 Nisource Bay State Field Audits & PE

Invoice No: 0074265

Task: 00003 STL Amherst Laboratory Audit

Professional Personnel

			Hours	Rate	Amount	
Technical						
00343	Schott, Jennifer	8/15/05	2.50	37.50	93.75	
00343	Schott, Jennifer	8/17/05	1.50	37.50	56.25	
00343	Schott, Jennifer	8/17/05	2.70	75.00	202.50	
00343	Schott, Jennifer	8/19/05	2.80	75.00	210.00	
00343	Schott, Jennifer	9/20/05	0.20	75.00	15.00	
00122	Zeiner, Stephen	8/12/05	0.40	105.00	42.00	
00122	Zeiner, Stephen	8/15/05	0.40	105.00	42.00	
00122	Zeiner, Stephen	8/15/05	2.50	52.50	131.25	
00122	Zeiner, Stephen	8/17/05	2.70	105.00	283.50	
00122	Zeiner, Stephen	8/17/05	1.50	52.50	78.75	
00122	Zeiner, Stephen	8/18/05	0.20	105.00	21.00	
00122	Zeiner, Stephen	9/14/05	0.50	105.00	52.50	
00122	Zeiner, Stephen	9/15/05	2.00	105.00	210.00	
00122	Zeiner, Stephen	9/16/05	1.50	105.00	157.50	
00122	Zeiner, Stephen	9/17/05	2.50	105.00	262.50	
00122	Zeiner, Stephen	9/21/05	0.40	105.00	42.00	
Admin. Emp.						
00259	McFarland, Mary	9/19/05	1.50	50.00	75.00	
00259	McFarland, Mary	9/20/05	0.40	50.00	20.00	
00275	Murdoch, Heather	9/21/05	0.80	45.00	36.00	
	Totals		27.00		2,031.50	
	Total Labor					**2,031.50**

Reimbursable Expenses

Automobile					
MI	00STZ03	8/19/05	NiSource / Rental Car	41.49	
MI	00STZ03	8/19/05	NISource / Parking	10.08	
MI	00STZ03	8/19/05	NISource / Mileage	9.72	
MI	000JS04	8/19/05	Audits / Tolls	1.00	
Travel					
MI	00RJV01	7/12/05	Airfare / Airfare	237.15	
MI	00STZ03	8/19/05	NiSource / Meals	29.75	
MI	000JS04	8/19/05	Audits / Hotel	129.85	
			Total Reimbursables	**459.04**	**459.04**

Total this task **$2,490.54**

Total this report **$2,490.54**

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
				X

Request Date:	10/31/05	Invoice Date:	08/03/05
PO #:	N/A		
Invoice #:	50143		
Payee:	Ish, Inc.		
Remit to Address:	804 Salem Woods Drive, Suite 201B		
Remit to City, State, Zip Code:	Raleigh, NC 27615-3343		
Total Payment:	$600.00		

Special Handling Instructions

Original to:
Lawson A/P via Joe Ferry

Scan signed original to:
Remediation Filing Cabinet

Copies to:
B. Cleary
BSG Accounting
ERC Files

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

A/P DPT USE ONLY - RECV'D

Bay State Gas/Northern Utilities proportionate share of dues for membership in the MGP Consortium for July 1, 5005 to June 30, 2006.

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	
$4,000.00	Cost of membership being shared by NiSource EDC companies.

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

REQUIRED:	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
The approval levels referenced are general guidelines - please see the approval policy for exceptions	Robert Cleary	Robert Cleary	508/836-7275

	Approval Levels 02/01/05	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead / Resource Planner	general approval <=$10,000		
Manager / Lead Counsel / Attorney	general approval <=$50,000	Joe Ferry	Joe P. Ferry
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	80	03140	518229	0008	2225		$300.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2	76	06140	518229	0019	2225		$150.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3	77	05140	518229	0013	2225		$150.00

ish inc.
804 Salem Woods Drive, Suite 201B
Raleigh, NC 27615-3343
Phone: 919.844.9890 Fax: 919.844.0917
Cell: 408.892.3233 Email: ishinc@murarka.com

Invoice

DATE	INVOICE #
8/3/2005	50743

BILL TO
NISOURCE 200 Civic Center Columbus, OH 43215 ATTN: DALE HELMERS/JOE FERRY

P.O. NO.	Project	DUE DATE
	The MGP Consortium	9/2/2005

11/8/2005

DESCRIPTION	HOURS	RATE	AMOUNT
Annual Membership Dues for the MGP Consortium for July 1, 2005 through June 30, 2006		5,000.00	5,000.00
Credit from Previous year's unspent membership revenue		-1,000.00	-1,000.00
		Total	$4,000.00

Federal ID# 77-0481596 Thank you for your business

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X		

Request Date:	10/31/05	Invoice Date:	06/23/05
PO #:	N/A		
Invoice #:	106		
Payee:	NeoNexus Corporation		
Remit to Address:	106 50th Street		
Remit to City, State, Zip Code:	Charleston, WV 25304		
Total Payment:	$1,400.00		

Special Handling Instructions

Original to:
Steve Bryant for approval
Then to A/P

Scan signed signed original to:
Remediation Filing Cabinet
[Rochester, Lewiston]

Copies to:
B. Cleary
BSG Accounting
ERC Files

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Invoice for Northern Utilitie's share of the cost for developing a web-based Data Management System.

Consulting

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

REQUIRED:	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
The approval levels referenced are general guidelines - please see the approval policy for exceptions	Robert Cleary	Robert K. Cleary	508-836-7275

	Approval Levels 02/01/05	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead / Resource Planner	general approval <=$10,000		
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000	Stephen H. Bryant	Stephen H. Bryant
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	77	05140	518229	0013	2225		$700.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2	76	06140	518229	0019	2225		$700.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

NeoNexus Corporation
106 50th Street
Charleston, WV 25304
(304) 925-3015

Invoice

DATE	INVOICE #
6/23/2005	106

BILL TO	ATTENTION
NiSource 200 Civic Center Drive Columbus, OH 43215	Mr. Joseph P. Ferry Environmental, Health and Safety

DUE DATE	P.O. NUMBER
7/21/2005	

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
License Fee - Initial	Northern Utilities	0.07	20,000.00	1,400.00

Initial installment on development of a Web Based Data Management System, including long term storage and handling of analytical data for remediation projects. Includes contract required insurance.

Subtotal	1,400.00
6% Tax	
Total	1,400.00

Rochester NH ERC

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	04/05/06	Invoice Date:	04/17/05
PO #:	6039017-000		
Invoice #:	99270.3		
Payee:	Owen Haskell, Inc.		
Remit to Address:	16 Casco Street		
Remit to City, State, Zip Code:	Portland, ME 04101-2903		
Total Payment:	$720.00		

Special Handling Instructions

Jena LaCroix - Original to A/P; Copies to ACCT, ERC File; Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of invoice for remediation services at the Rochester MGP site in accordance with approved Northern Utilities purchase requisition.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	77	05140	518229	0013	2225	6039017-000	$720.00
	O	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

OWEN HASKELL, INC.
16 Casco Street, Portland, Maine 04101
Telephone 207 774-0424

COPY

Fax # 207-774-0511 **E-mail** kmarks@owenhaskell.com Fed. I.D. # 01-0283129

INVOICE

JOB #	99270 R-NH
JOB INVOICE #	99270.3
BILLING DATE	04/17/2005
DUE DATE	05/17/2005

Bill To: Nisource Corporate Services Co.
Attn: Paul Exner
300 Friberg Parkway
Westborough, MA 01581

Description	Staff	Hrs./Each	Rate	Amount
Flag locations, Route 125, Rochester, NH	Survey Technician	16	45.00	720.00

Total	$720.00
Payments/Credits	$0.00
Balance due	$720.00

Please remit to above address.

Charges for boundary surveys are determined primarily by the time spent on each survey. In addition to field work, a survey may require research, computations, drafting, writing of descriptions, and preparation of a final report setting forth conclusions and recommendations. Careful study of the evidence and information available, and complete checking of the final results are necessary procedures in any survey. In addition the charges may include miscellaneous expenses for items such as copies of deeds and right of way maps, computer time, iron pipes, granite monuments and prints.

TERMS: Net 15 Days. Interest will be charged on all unpaid accounts 30 days from date of invoice at a rate of 1½% per month or 18% per year.

Acctng

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	

Request Date:	06/21/05	* Invoice Date:	06/18/05
PO #:	6028035		
Invoice #:	N68		
Payee:	Paul J. Exner, P.E.		
Address:	178 Wakefield St.		
City, State, Zip Code:	Reading, MA '01867-1855		
Total Payment:	$4,797.42		

Special Handling Instructions

WIRE		ACH	
Bank Account:			
ABA #:			

Original to:
Lawson A/P via Joe Ferry

Scan signed original to:
Remediation Filing Cabinet

Copies to:
B. Cleary
BSG Accounting
P. Exner
ERC Files

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Consulting Project Management of environmental assessments and remediation of Manufactured Gas Plant in Maine and New Hampshire from May 15 to June 18, 2005.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name	Requestor's Signature	Requestor's Phone Number & Title
REQUESTOR	Robert K. Cleary	Robert K. Cleary	978.836.7275

	Approval Levels 10-01-04 *	SIGNATURE	PRINTED NAME
Supervisor / Team Lead	general approval <=$2,500		
Manager / Lead Counsel / Attorney	general approval <=$50,000		Joe P. Ferry
Director / Segment Controller	general approval <=$100,000		
Vice President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval <=$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	76	06140	518229	0020	2225		$840.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2	76	06140	518229	0019	2225		$1,754.33

	BAY STATE CO	Payee:	Paul J. Exner, P.E.	Request Date:	06/22/05

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3	76	06140	518229	0018	2225		
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
4	77	05140	518229	0011	2225		$839.74
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
5	77	05140	518229	0013	2225		$665.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
6	77	05140	518229	0014	2225		$698.35
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
7							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
8							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
9							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
10							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
11							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
12							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
13							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
14							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
15							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
16							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
18							

Invoice - Paul J. Exner, P.E.; Consultant

178 Wakefield Street
Reading, MA 01867-1855
Phone: (781) 942-9690

Invoice Date	6/18/2005	**Project Name**	Northern Utilities
Invoice Number	N68	**Project Manager**	Exner, Paul
Payment Terms	IMMEDIATE	**Project ID**	2

Customer Joe Ferry

Bay State/Northern Utilities
200 Civic Center Drive
Columbus, OH 43215

Work Code	Rate	Hours	Amount Billed
518229-0020(2225)06140 Portlnd (20)	$70.00	12	$840.00
518229-0019(2225)06140 Lewistn(19)	$70.00	21	$1,470.00
518229-0014(2225)05140 Somers(14)	$70.00	9	$630.00
518229-0013(2225)05140 Rchestr (13)	$70.00	9.5	$665.00
518229-0011(2225)05140 Exeter (11)	$70.00	11	$770.00
Grand Total		62.5	$4,375.00

Expense Code	Expense Amount
518229-0019(2225)06140Lewistn (19)	$284.33
518229-0014(2225)05140Somers (14)	$68.35
518229-0011(2225)05140Exeter (11)	$69.74
Grand Total	$422.42

Invoice Total $4,797.42

PO#6028035 EIN 04-3505214

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	

Request Date:	07/19/05	* Invoice Date:	07/16/05
PO #:	6028035		
Invoice #:	N69		
Payee:	Paul J. Exner, P.E.		
Address:	178 Wakefield St.		
City, State, Zip Code:	Reading, MA '01867-1855		
Total Payment:	$3,377.98		

Special Handling Instructions

WIRE		ACH	
Bank Account:			
ABA #:			

Original to:
Lawson A/P via Joe Ferry

Scan signed original to:
Remediation Filing Cabinet

Copies to:
B. Cleary
BSG Accounting
P. Exner
ERC Files

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Consulting Project Management of environmental assessments and remediation of Manufactured Gas Plant in Maine and New Hampshire from June 19 to July 16, 2005.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name	Requestor's Signature	Requestor's Phone Number & Title
REQUESTOR	Robert K. Cleary	Robert K. Cleary	978.836.7275

	Approval Levels 10-01-04 *	SIGNATURE	PRINTED NAME
Supervisor / Team Lead	general approval <=$2,500		
Manager / Lead Counsel / Attorney	general approval <=$50,000		Joe P. Ferry
Director / Segment Controller	general approval <=$100,000		
Vice President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval <=$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	76	06140	518229	0020	2225		$735.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2	76	06140	518229	0019	2225		$1,347.98

BAY STATE CO	Payee:	Paul J. Exner, P.E.	Request Date:	07/19/05

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3	76	06140	518229	0018	2225		$175.00
4	77	05140	518229	0011	2225		$525.00
5	77	05140	518229	0013	2225		$245.00
6	77	05140	518229	0014	2225		$350.00
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

Invoice - Paul J. Exner, P.E.; Consultant

178 Wakefield Street
Reading, MA 01867-1855
Phone: (781) 942-9690

Invoice Date	7/16/2005	**Project Name**	Northern Utilities
Invoice Number	N69	**Project Manager**	Exner, Paul
Payment Terms	IMMEDIATE	**Project ID**	2

Customer Joe Ferry

Bay State Gas/Northern Utilities
200 Civic Center Drive
Columbus, OH 43215

Work Code	Rate	Hours	Amount Billed
518229-0020(2225)06140 Portlnd	$70.00	10.5	$735.00
518229-0019(2225)06140 Lewistn	$70.00	17.5	$1,225.00
518229-0018(2225)06140 Scarbro	$70.00	2.5	$175.00
518229-0014(2225)05140 Somers	$70.00	5	$350.00
518229-0013(2225)05140 Rchestr	$70.00	3.5	$245.00
518229-0011(2225)05140 Exeter	$70.00	7.5	$525.00
Grand Total		46.5	$3,255.00

Expense Code	Expense Amount
518229-0019(2225)06140Lewistn	$122.98
Grand Total	$122.98

Invoice Total $3,377.98

PO#6028035 EIN 04-3505214

Paul J. Exner, Consultant
178 Wakefield Street
Reading, MA 01867-1855

Memo

To: Joe Ferry, Bob Cleary

From: Paul J. Exner, P.E.

Date: 7/16/2005

Re: Northern Utilities MGP Invoice and Progress Report [6/19/05 – 7/16/05]

I have prepared a progress report that summarizes my major activities on Northern Utilities MGP investigation and remediation projects during the invoice period.

Lewiston, ME MGP

- Conducted a site visit and project review at Lewiston on June 22nd.
- Continued to review project progress and contractor invoicing.
- Contacted City Director of Planning to discuss future use of the site including parking for the redeveloped Avon Mill.

Portland, ME MGP

- Continued to work with Woodard & Curran on a plan for conducting NAPL recovery pilot tests.
- Worked on acquiring applicable federal and state permits for remediation.
- Worked with W&C on a remedial strategy for cyanide-impacted groundwater due to buried box waste.
- Attended a half-day status meeting at W&C in Portland, Maine on June 22nd.

Scarborough, ME Tar Pit

- Worked with MACTEC on the development of a strategy for final site closure that includes suspension of periodic groundwater sampling.

Somersworth, NH MGP

- Monitored ISCO site remediation being conducted by AMEC and it's subcontractor, GeoCleanse.

Rochester, NH MGP

- Monitored ENSR's retrofits to the phytoremediation system at the Rochester site.
- Continued to work with RETEC for the demolition of the old MGP structure at the site.

Exeter, NH MGP

- Worked with site neighbor, DeSilvio, and Save-A-House to grant a 15-foot easement on Northern Utilities' land to allow the relocation of a historic structure onto the parcel at 21 Green Street.

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	

Special Handling Instructions			
WIRE		ACH	
Bank Account:			
ABA #:			

Request Date:	08/24/05	* Invoice Date:	08/21/05
PO #:	6028035		
Invoice #:	N 70		
Payee:	Paul J. Exner, P.E.		
Address:	178 Wakefield St.		
City, State, Zip Code:	Reading, MA '01867-1855		
Total Payment:	$5,568.38		

Original to:
Lawson A/P via Joe Ferry

Scan signed original to:
Remediation Filing Cabinet

Copies to:
B. Cleary
BSG Accounting
P. Exner
ERC Files

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Consulting Project Management of environmental assessments and remediation of Manufactured Gas Plant in Maine and New Hampshire.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name	Requestor's Signature	Requestor's Phone Number & Title
REQUESTOR	Robert K. Cleary	Robert K Cleary	978.836.7275

	Approval Levels 10-01-04 *	SIGNATURE	PRINTED NAME
Supervisor / Team Lead	general approval <=$2,500		
Manager / Lead Counsel / Attorney	general approval <=$50,000		Joe P. Ferry
Director / Segment Controller	general approval <=$100,000		
Vice President / General Manager	general approval <=$300,000		
NISource Executive Vice President	general approval <=$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT

1	76	06140	518229	0020	2225		$1,645.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2	76	06140	518229	0019	2225		$3,018.18

	BAY STATE CO	Payee:	Paul J. Exner, P.E.	Request Date:	08/24/05

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3	76	06140	518229	0018	2225		$35.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
4	77	05140	518229	0011	2225		$175.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
5	77	05140	518229	0013	2225		$625.20
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
6	77	05140	518229	0014	2225		$70.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
7							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
8							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
9							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
10							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
11							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
12							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
13							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
14							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
15							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
16							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
18							

Invoice - Paul J. Exner, P.E.; Consultant

178 Wakefield Street
Reading, MA 01867-1855
Phone: (781) 942-9690

Invoice Date	8/21/2005	**Project Name**	Northern Utilities
Invoice Number	N70	**Project Manager**	Exner, Paul
Payment Terms	IMMEDIATE	**Project ID**	2

Customer Joe Ferry

Bay State Gas/Northern Utilities
200 Civic Center Drive
Columbus, OH 43215

Work Code	Rate	Hours	Amount Billed
518229-0020(2225)06140 Portlnd	$70.00	23.5	$1,645.00
518229-0019(2225)06140 Lewistn	$70.00	38	$2,660.00
518229-0018(2225)06140 Scarbro	$70.00	0.5	$35.00
518229-0014(2225)05140 Somers	$70.00	1	$70.00
518229-0013(2225)05140 Rchestr	$70.00	8	$560.00
518229-0011(2225)05140 Exeter	$70.00	2.5	$175.00
Grand Total		73.5	$5,145.00

Expense Code	Expense Amount
518229-0019(2225)06140Lewistn	$358.18
518229-0013(2225)05140Rochster	$65.20
Grand Total	$423.38

Invoice Total $5,568.38

PO#6028035 EIN 04-3505214

OK TO PAY
Robert K. Cleary

Paul J. Exner, Consultant
178 Wakefield Street
Reading, MA 01867-1855

Memo

To: Joe Ferry, Bob Cleary

From: Paul J. Exner, P.E.

Date: 8/21/2005

Re: Northern Utilities MGP Invoice and Progress Report [7/17/05 – 8/20/05]

I have prepared a progress report that summarizes my major activities on Northern Utilities MGP investigation and remediation projects during the invoice period.

Lewiston, ME MGP

- Conducted site visits and project reviews at Lewiston on July 21, August 4, and August 18. Conducted an operations review of future site uses.
- Continued to review project progress and contractor invoicing.
- Continued contact with the City Director of Planning for future use of the site including parking for the redeveloped Avon Mill.
- Worked with Pierce Atwood attorneys to resolve P&S matter with Miller Industries.

Portland, ME MGP

- Continued to work with Woodard & Curran on a plan for conducting NAPL recovery pilot tests. Visited the site on August 4 and August 18.
- Worked on acquiring applicable federal and state permits for remediation.
- Worked with W&C on a remedial strategy for cyanide-impacted groundwater due to buried box waste.

Scarborough, ME Tar Pit

- Worked with MACTEC on the development of a strategy for final site closure that includes suspension of periodic groundwater sampling.

Somersworth, NH MGP

- Monitored ISCO site remediation being conducted by AMEC and it's subcontractor, GeoCleanse.

Rochester, NH MGP

- Monitored ENSR's retrofits to the phytoremediation system at the Rochester site.
- Continued to work with RETEC for the demolition of the old MGP structure at the site.

Exeter, NH MGP

- Worked with site neighbor, DeSilvio, and Save-A-House to grant a 15-foot easement on Northern Utilities' land to allow the relocation of a historic structure onto the parcel at 21 Green Street.

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	

Request Date:	09/19/05
* Invoice Date:	09/17/05
PO #:	6028035
Invoice #:	N71
Payee:	Paul J. Exner, P.E.
Address:	178 Wakefield St.
City, State, Zip Code:	Reading, MA '01867-1855
Total Payment:	$5,843.28

Special Handling Instructions

WIRE		ACH		
Bank Account:				
ABA #:				

Original to:
Lawson A/P via Joe Ferry

Scan signed original to:
Remediation Filing Cabinet

Copies to:
B. Cleary
BSG Accounting
P. Exner
ERC Files

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Consulting Project Management of environmental assessments and remediation of Manufactured Gas Plant in Maine and New Hampshire.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name	Requestor's Signature	Requestor's Phone Number & Title
REQUESTOR	Robert K. Cleary	Robert K. Cleary	978.836.7275

	Approval Levels 10-01-04 *	SIGNATURE	PRINTED NAME
Supervisor / Team Lead	general approval <=$2,500		
Manager / Lead Counsel / Attorney	general approval <=$50,000		Joe P. Ferry
Director / Segment Controller	general approval <=$100,000		
Vice President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval <=$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT

BAY STATE CO	Payee:	Paul J. Exner, P.E.	Request Date:	09/19/05

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3	76	06140	518229	0018	2225		
4	77	05140	518229	0011	2225		$636.25
5	77	05140	518229	0013	2225		$520.13
6	77	05140	518229	0014	2225		$140.00
7	76	06140	518229	0019	2225		$4,406.90
8	76	06140	518229	0020	2225		$140.00
9							
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11							
12							
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14							
15							
16							
18							

Invoice - Paul J. Exner, P.E.; Consultant

178 Wakefield Street
Reading, MA 01867-1855
Phone: (781) 942-9690

Invoice Date	9/17/2005	**Project Name**	Northern Utilities
Invoice Number	N71	**Project Manager**	Exner, Paul
Payment Terms	IMMEDIATE	**Project ID**	2

Customer Joe Ferry

Bay State Gas/Northern Utilities
200 Civic Center Drive
Columbus, OH 43215

Work Code	Rate	Hours	Amount Billed
518229-0020(2225)06140 Portlnd	$70.00	2	$140.00
518229-0019(2225)06140 Lewistn	$70.00	49	$3,430.00
518229-0014(2225)05140 Somers	$70.00	2	$140.00
518229-0013(2225)05140 Rchestr	$70.00	6.5	$455.00
518229-0011(2225)05140 Exeter	$70.00	8.5	$595.00
Grand Total		68	$4,760.00

Expense Code	Expense Amount
518229-0019(2225)06140Lewistn	$976.90
518229-0013(2225)05140Rochster	$65.13
518229-0011(2225)05140 Exeter	$41.25
Grand Total	$1,083.28

Invoice Total $5,843.28

PO#6028035 EIN 04-3505214

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	

Special Handling Instructions				
WIRE		ACH		
Bank Account:				
ABA #:				

Request Date:	10/17/05	* Invoice Date:	10/15/05
PO #:	6028035		
Invoice #:	N72		
Payee:	Paul J. Exner, P.E.		
Address:	178 Wakefield St.		
City, State, Zip Code:	Reading, MA '01867-1855		
Total Payment:	$3,892.40		

Original to:
Lawson A/P via Joe Ferry

Scan signed original to:
Remediation Filing Cabinet

Copies to:
B. Cleary
BSG Accounting
P. Exner
ERC Files

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):	A/P DPT USE ONLY - RECV'D
Consulting Project Management of environmental assessments and remediation of Manufactured Gas Plant in Maine and New Hampshire.	

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name	Requestor's Signature	Requestor's Phone Number & Title
REQUESTOR	Robert K. Cleary	Robert K. Cleary	978.836.7275

	Approval Levels 10-01-04 *	SIGNATURE	PRINTED NAME
Supervisor / Team Lead	general approval <=$2,500		
Manager / Lead Counsel / Attorney	general approval <=$50,000		Joe P. Ferry
Director / Segment Controller	general approval <=$100,000		
Vice President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval <=$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT

1	76	06140	518229	0020	2225		$525.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	76	06140	518229	0019	2225		$2,212.40

BAY STATE CO	Payee:	Paul J. Exner, P.E.	Request Date:	10/17/05

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3	76	06140	518229	0018	2225		
4	77	05140	518229	0011	2225		$35.00
5	77	05140	518229	0013	2225		$735.00
6	77	05140	518229	0014	2225		$385.00
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16							
18							

Invoice - Paul J. Exner, P.E.; Consultant

178 Wakefield Street
Reading, MA 01867-1855
Phone: (781) 942-9690

Invoice Date	10/15/2005	**Project Name**	Northern Utilities
Invoice Number	N72	**Project Manager**	Exner, Paul
Payment Terms	IMMEDIATE	**Project ID**	2

Customer Joe Ferry

Bay State Gas/Northern Utilities
200 Civic Center Drive
Columbus, OH 43215

Work Code	Rate	Hours	Amount Billed
518229-0020(2225)06140 Portlnd	$70.00	7.5	$525.00
518229-0019(2225)06140 Lewistn	$70.00	30	$2,100.00
518229-0014(2225)05140 Somers	$70.00	5.5	$385.00
518229-0013(2225)05140 Rchestr	$70.00	10.5	$735.00
518229-0011(2225)05140 Exeter	$70.00	0.5	$35.00
Grand Total		54	$3,780.00

Expense Code	Expense Amount
518229-0019(2225)06140Lewistn	$112.40
Grand Total	$112.40

Invoice Total $3,892.40

PO#6028035 EIN 04-3505214

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	

Request Date:	11/21/05	* Invoice Date:	11/19/05
PO #:	6028035		
Invoice #:	N73		
Payee:	Paul J. Exner, P.E.		
Address:	178 Wakefield St.		
City, State, Zip Code:	Reading, MA '01867-1855		
Total Payment:	$5,734.23		

Special Handling Instructions

WIRE		ACH		
Bank Account:				
ABA #:				

Original to:
Lawson A/P via Joe Ferry

Scan signed original to:
Remediation Filing Cabinet

Copies to:
B. Cleary
BSG Accounting
P. Exner
ERC Files

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Consulting Project Management of environmental assessments and remediation of Manufactured Gas Plant in Maine and New Hampshire.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name	Requestor's Signature	Requestor's Phone Number & Title
REQUESTOR	Scott Perry		508-836-7248

	Approval Levels 10-01-04 *	SIGNATURE	PRINTED NAME
Supervisor / Team Lead	general approval <=$2,500		
Manager / Lead Counsel / Attorney	general approval <=$50,000	Joe P. Ferry	Joe P. Ferry
Director / Segment Controller	general approval <=$100,000		
Vice President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval <=$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT

1	76	06140	518229	0020	2225		$1,120.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	76	06140	518229	0019	2225		$3,354.23

	BAY STATE CO	Payee:	Paul J. Exner, P.E.	Request Date:	11/21/05

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

Line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3	76	06140	518229	0018	2225		$0.00
4	77	05140	518229	0011	2225		$0.00
5	77	05140	518229	0013	2225		$595.00
6	77	05140	518229	0014	2225		$665.00
7							
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18							

Invoice - Paul J. Exner, P.E.; Consultant

178 Wakefield Street
Reading, MA 01867-1855
Phone: (781) 942-9690

Invoice Date	11/19/2005	**Project Name**	Northern Utilities
Invoice Number	N73	**Project Manager**	Exner, Paul
Payment Terms	IMMEDIATE	**Project ID**	2

Customer Joe Ferry

Bay State Gas/Northern Utilities
200 Civic Center Drive
Columbus, OH 43215

Work Code	Rate	Hours	Amount Billed
518229-0020(2225)06140 Portlnd	$70.00	16	$1,120.00
518229-0019(2225)06140 Lewistn	$70.00	42	$2,940.00
518229-0014(2225)05140 Somers	$70.00	9.5	$665.00
518229-0013(2225)05140 Rchestr	$70.00	8.5	$595.00
518229-0011(2225)05140 Exeter	$70.00	0	$0
Grand Total		54	$5,320.00

Expense Code	Expense Amount
518229-0019(2225)06140Lewistn	$414.23
Grand Total	$414.23

Invoice Total $5,734.23

PO#6028035 EIN 04-3505214

Paul J. Exner, Consultant
178 Wakefield Street
Reading, MA 01867-1855

Memo

To: Joe Ferry, Bob Cleary

From: Paul J. Exner, P.E.

Date: 11/19/05

Re: Northern Utilities MGP Invoice and Progress Report [19/16/05 – 11/19/05]

I have prepared a progress report that summarizes my major activities on Northern Utilities MGP investigation and remediation projects during the invoice period.

Lewiston, ME MGP

- Conducted site visits and project reviews at Lewiston on October 27th and November 3rd.
- Continued to review project progress and contractor invoicing.
- Continued efforts for the preparation of plans and specifications for the remediation of the former gas plant parcel.
- Met with City Planner on October 27th to review project progress.
- Began the preparation of a Lease Agreement for the City.

Portland, ME MGP

- Worked with NU management and Pierce Atwood attorneys on the preparation of an access agreement for the remediation on Guilford Transportation property.
- Attended Amherst Soils Conference to review remedial approaches for sediments, including the control of sediment gas.
- Worked with W&C to develop a replacement seep area boom system.

Somersworth, NH MGP

- Monitored ISCO site remediation being conducted by AMEC and it's subcontractor, GeoCleanse.
- Attended Amherst Soils Conference to assess methods to evaluate performance of ISCO.

Rochester, NH MGP

- Monitored ENSR's retrofits to the phytoremediation system at the Rochester site.
- Monitored RETEC's efforts on the development of Tar GOST technology.

Exeter, NH MGP

- No activity during the reporting period.

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80	
		X	X		

Request Date:	01/12/06	* Invoice Date:	12/18/05
PO #:	6028035		
Invoice #:	N74		
Payee:	Paul J. Exner, P.E.		
Address:	178 Wakefield St.		
City, State, Zip Code:	Reading, MA '01867-1855		
Total Payment:	$3,334.84		

Special Handling Instructions

WIRE		ACH	
Bank Account:			
ABA #:			

Original to:
Lawson A/P via Joe Ferry

Scan signed original to:
Remediation Filing Cabinet

Copies to:
B. Cleary
BSG Accounting
P. Exner
ERC Files

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Consulting Project Management of environmental assessments and remediation of Manufactured Gas Plant in Maine and New Hampshire between Nov. 20 and Dec. 17, 2005.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name	Requestor's Signature	Requestor's Phone Number & Title
REQUESTOR	Robert K. Cleary	Robert K Cleary	978.836.7275

	Approval Levels 10-01-04 *	SIGNATURE	PRINTED NAME
Supervisor / Team Lead	general approval <=$2,500		
Manager / Lead Counsel / Attorney	general approval <=$50,000		Joe P. Ferry
Director / Segment Controller	general approval <=$100,000		
Vice President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval <=$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	76	06140	518229	0020	2225		$665.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2	76	06140	518229	0019	2225		$1,041.67

	BAY STATE CO	Payee:	Paul J. Exner, P.E.	Request Date:	01/12/06

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3	76	06140	518229	0018	2225		
4	77	05140	518229	0011	2225		$333.17
5	77	05140	518229	0013	2225		$665.00
6	77	05140	518229	0014	2225		$630.00
7							
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17							
18							

Invoice - Paul J. Exner, P.E.; Consultant

178 Wakefield Street
Reading, MA 01867-1855
Phone: (781) 942-9690

Invoice Date	12/18/2005	**Project Name**	Northern Utilities
Invoice Number	N74	**Project Manager**	Exner, Paul
Payment Terms	IMMEDIATE	**Project ID**	2

Customer Joe Ferry

Bay State Gas/Northern Utilities
200 Civic Center Drive
Columbus, OH 43215

Work Code	Rate	Hours	Amount Billed
518229-0020(2225)06140 Portlnd	$70.00	9.5	$665.00
518229-0019(2225)06140 Lewistn	$70.00	11	$770.00
518229-0014(2225)05140 Somers	$70.00	9	$630.00
518229-0013(2225)05140 Rchestr	$70.00	9.5	$665.00
518229-0011(2225)05140 Exeter	$70.00	4	$280.00
Grand Total		54	$3,010.00

Expense Code	Expense Amount
518229-0019(2225)06140Lewistn	$271.67
518229-0011(2225)06140Exeter	$53.17
Grand Total	$324.84

Invoice Total $3,334.84

PO#6028035 EIN 04-3505214

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	

Request Date:	01/30/06	* Invoice Date:	01/21/06
PO #:	6028035		
Invoice #:	N75		
Payee:	Paul J. Exner, P.E.		
Address:	178 Wakefield St.		
City, State, Zip Code:	Reading, MA '01867-1855		
Total Payment:	$4,653.63		

Special Handling Instructions

WIRE		ACH		
Bank Account:				
ABA #:				

Original to:
Lawson A/P via Joe Ferry

Scan signed original to:
Remediation Filing Cabinet

Copies to:
B. Cleary
BSG Accounting
P. Exner
ERC Files

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Consulting Project Management of environmental assessments and remediation of Manufactured Gas Plant in Maine and New Hampshire.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name	Requestor's Signature	Requestor's Phone Number & Title
REQUESTOR	Robert Cleary	Robert K. Cleary	508-836-7275

	Approval Levels 10-01-04 *	SIGNATURE	PRINTED NAME
Supervisor / Team Lead	general approval <=$2,500		
Manager / Lead Counsel / Attorney	general approval <=$50,000	Joe Ferry	Joe P. Ferry
Director / Segment Controller	general approval <=$100,000		
Vice President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval <=$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

Line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT

BAY STATE CO	Payee:	Paul J. Exner, P.E.	Request Date:	01/30/06

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3	76	06140	518229	0018	2225		$0.00
4	77	05140	518229	0011	2225		$280.00
5	77	05140	518229	0013	2225		$593.63
6	77	05140	518229	0014	2225		$1,260.00
7	76	06140	518229	0020	2225		$525.00
8	76	06140	518229	0019	2225		$1,995.00
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

Invoice - Paul J. Exner, P.E.; Consultant

178 Wakefield Street
Reading, MA 01867-1855
Phone: (781) 942-9690

Invoice Date	1/21/2006	**Project Name**	Northern Utilities
Invoice Number	N75	**Project Manager**	Exner, Paul
Payment Terms	IMMEDIATE	**Project ID**	2

Customer Joe Ferry

Bay State Gas/Northern Utilities
200 Civic Center Drive
Columbus, OH 43215

Work Code	Rate	Hours	Amount Billed
518229-0020(2225)06140 Portlnd	$70.00	7.5	$525.00
518229-0019(2225)06140 Lewistn	$70.00	28.5	$1,995.00
518229-0014(2225)05140 Somers	$70.00	18	$1,260.00
518229-0013(2225)05140 Rchestr	$70.00	7.5	$525.00
518229-0011(2225)05140 Exeter	$70.00	4	$280.00
Grand Total		54	$4,585.00

Expense Code	Expense Amount
518229-0013(2225)05140Rchestr	$68.63
Grand Total	$68.63

Invoice Total $4,653.63

OK TO PAY
Robert K Cleary
1/30/06

PO#6028035 EIN 04-3505214

Paul J. Exner, Consultant
178 Wakefield Street
Reading, MA 01867-1855

Memo

To: Joe Ferry, Bob Cleary

From: Paul J. Exner, P.E.

Date: 1/21/06

Re: Northern Utilities MGP Invoice and Progress Report [12/18/05 – 1/21/06]

I have prepared a progress report that summarizes my major activities on Northern Utilities MGP investigation and remediation projects during the invoice period.

Lewiston, ME MGP

- Continued to review project progress and contractor invoicing; especially dealing with final CHES invoicing and retainage.
- Continued efforts, working with MACTEC, for the preparation of plans and specifications for the remediation of the former gas plant parcel.
- Worked with MACTEC on an O&M strategy for the coal tar interceptor trench.
- Continued work with Foley Hoag on the preparation of a Lease Agreement for the City.

Portland, ME MGP

- Worked with W&C engineer to discuss project progress and planning for CY 2006.
- Continued work on the Guilford Transportation access agreement.
- Worked with RETEC to develop a construction period ambient air monitoring plan.

Somersworth, NH MGP

- Monitored ISCO site remediation being conducted by AMEC and it's subcontractor, GeoCleanse.
- Worked on the draft Activity and Use Restriction that will be required for the Northern Utilities parcel under NHDES regulations.
- Met with AMEC engineers on January 11th to review the initial results of the ISCO work and to develop plans for supplemental injections in the spring of 2006.

Rochester, NH MGP

- Worked with RETEC on the preparation of the annual groundwater monitoring report to NHDES under the Northern Utilities permit.
- Monitored RETEC's and UNH's efforts on the development of Tar GOST technology.

Exeter, NH MGP

- Worked with RETEC on the repair of certain electrical equipment due to the move of the Merrill House.

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	

Request Date:	03/08/06	Invoice Date:	02/18/06
PO #:	6028035		
Invoice #:	N76		
Payee:	Paul J. Exner, P.E.		
Remit to Address:	178 Wakefield St.		
Remit to City, State, Zip Code:	Reading, MA '01867-1855		
Total Payment:	$3,010.00		

Special Handling Instructions

Original to:
Lawson A/P via Joe Ferry

Scan signed original to:
Remediation Filing Cabinet

Copies to:
B. Cleary
BSG Accounting
P. Exner
ERC Files

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Consulting Project Management of environmental assessments and remediation of Manufactured Gas Plant sites in New Hampshire and Maine from Jan. 22, to Feb. 18, 2006.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

REQUIRED:	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
The approval levels referenced are general guidelines - please see the approval policy for exceptions	Robert K. Cleary	Robert K. Cleary	978.836.7275

	Approval Levels 02/01/05	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead / Resource Planner	general approval <=$10,000		
Manager / Lead Counsel / Attorney	general approval <=$50,000		Joe P. Ferry
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	76	06140	518229	0020	2225		$630.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	76	06140	518229	0019	2225		$1,155.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3	77	05140	518229	0014	2225		$980.00

BAY STATE CO	Payee:	Paul J. Exner, P.E.	Request Date:	03/09/06

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	76	06140	518229	0018	2225		$0.00
4	77	05140	518229	0011	2225		$70.00
5	77	05140	518229	0013	2225		$175.00
6	77						
7							
8							
9							
11							
12							
13							
14							
15							
16							
17							
18							

Invoice - Paul J. Exner, P.E.; Consultant

178 Wakefield Street
Reading, MA 01867-1855
Phone: (781) 942-9690

Invoice Date	2/18/2006	**Project Name**	Northern Utilities
Invoice Number	N76	**Project Manager**	Exner, Paul
Payment Terms	IMMEDIATE	**Project ID**	2

Customer Joe Ferry

Bay State Gas/Northern Utilities
200 Civic Center Drive
Columbus, OH 43215

Work Code	Rate	Hours	Amount Billed
518229-0020(2225)06140 Portlnd	$70.00	9	$630.00
518229-0019(2225)06140 Lewistn	$70.00	16.5	$1,155.00
518229-0014(2225)05140 Somers	$70.00	14	$980.00
518229-0013(2225)05140 Rchestr	$70.00	2.5	$175.00
518229-0011(2225)05140 Exeter	$70.00	1	$70.00
Grand Total		43	$3,010.00

Expense Code	Expense Amount
	$0
Grand Total	$0

Invoice Total $3,010.00

PO#6028035 EIN 04-3505214

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	

Request Date:	03/20/06	* Invoice Date:	03/18/06
PO #:	6028035		
Invoice #:	N77		
Payee:	Paul J. Exner, P.E.		
Address:	178 Wakefield St.		
City, State, Zip Code:	Reading, MA '01867-1855		
Total Payment:	$3,632.16		

Special Handling Instructions

WIRE		ACH		
Bank Account:				
ABA #:				

Original to:
Lawson A/P via Joe Ferry

Scan signed original to:
Remediation Filing Cabinet

Copies to:
B. Cleary
BSG Accounting
P. Exner
ERC Files

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

A/P DPT USE ONLY - RECV'D

Consulting Project Management of environmental assessments and remediation of Manufactured Gas Plant in Maine and New Hampshire.

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name	Requestor's Signature	Requestor's Phone Number & Title
REQUESTOR	Robert Cleary	Robert K Cleary	508-836-7275

	Approval Levels 10-01-04 *	SIGNATURE	PRINTED NAME
Supervisor / Team Lead	general approval <=$2,500		
Manager / Lead Counsel / Attorney	general approval <=$50,000		Joe P. Ferry
Director / Segment Controller	general approval <=$100,000		
Vice President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval <=$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT

BAY STATE CO	Payee:	Paul J. Exner, P.E.	Request Date:	03/20/06

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	76	06140	518229	0018	2225		$0.00
4	77	05140	518229	0011	2225		$35.00
5	77	05140	518229	0013	2225		$140.00
6	77	05140	518229	0014	2225		$245.00
7	76	06140	518229	0020	2225		$910.00
8	76	06140	518229	0019	2225		$2,302.16
9							
11							
12							
13							
14							
15							
16							
17							
8							

Invoice - Paul J. Exner, P.E.; Consultant

178 Wakefield Street
Reading, MA 01867-1855
Phone: (781) 942-9690

Invoice Date	3/18/2006	**Project Name**	Northern Utilities
Invoice Number	N77	**Project Manager**	Exner, Paul
Payment Terms	IMMEDIATE	**Project ID**	2

Customer Joe Ferry

Bay State Gas/Northern Utilities
200 Civic Center Drive
Columbus, OH 43215

Work Code	**Rate**	**Hours**	**Amount Billed**
518229-0020(2225)06140 Portlnd	$70.00	13	$910.00
518229-0019(2225)06140 Lewistn	$70.00	29.5	$2,065.00
518229-0014(2225)05140 Somers	$70.00	3.5	$245.00
518229-0013(2225)05140 Rchestr	$70.00	2	$140.00
518229-0011(2225)05140 Exeter	$70.00	0.5	$35.00
Grand Total		~~43~~ 48.5 RKe	$3,395.00

Expense Code	**Expense Amount**
518229-0019(2225)06140 Lewistn	$237.16
Grand Total	$237.16

Invoice Total $3,632.16

PO#6028035 EIN 04-3505214

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	

Special Handling Instructions				
WIRE		ACH		
Bank Account:				
ABA #:				

Request Date:	04/18/06
* Invoice Date:	4/15/06
PO #:	6028035
Invoice #:	N78
Payee:	Paul J. Exner, P.E.
Address:	178 Wakefield St.
City, State, Zip Code:	Reading, MA 01867-1855
Total Payment:	$7,595.77

Original to:
Lawson A/P via Joe Ferry

Scan signed original to:
Remediation Filing Cabinet

Copies to:
B. Cleary
BSG Accounting
P. Exner
ERC Files

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

A/P DPT USE ONLY - RECV'D

Consulting Project Management of environmental assessments and remediation of Manufactured Gas Plant in Maine and New Hampshire.

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name	Requestor's Signature	Requestor's Phone Number & Title
REQUESTOR	Robert Cleary	Robert K Cleary	508-836-7275

	Approval Levels 10-01-04 *	SIGNATURE	PRINTED NAME
Supervisor / Team Lead	general approval <=$2,500		
Manager / Lead Counsel / Attorney	general approval <=$50,000		Joe P. Ferry
Director / Segment Controller	general approval <=$100,000		
Vice President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval <=$300,000		
CEO			
	Title	*"Other" must have authorized authority, as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT

BAY STATE CO	Payee:	Paul J. Exner, P.E.	Request Date:	04/18/06

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3	76	06140	518229	0018	2225		$0.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
4	77	05140	518229	0011	2225		$140.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
5	77	05140	518229	0013	2225		$737.92
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
6	77	05140	518229	0014	2225		$1,726.26
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
7	76	06140	518229	0020	2225		$2,205.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
8	76	06140	518229	0019	2225		$2,786.59
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
9							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
10							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
11							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
12							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
13							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
14							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
15							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
16							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
17							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
18							

Invoice - Paul J. Exner, P.E.; Consultant

178 Wakefield Street
Reading, MA 01867-1855
Phone: (781) 942-9690

Invoice Date	4/15/2006	**Project Name**	Northern Utilities
Invoice Number	N78	**Project Manager**	Exner, Paul
Payment Terms	IMMEDIATE	**Project ID**	2

Customer Joe Ferry

Bay State Gas/Northern Utilities
200 Civic Center Drive
Columbus, OH 43215

Work Code	Rate	Hours	Amount Billed
518229-0020(2225)06140 Portlnd	$70.00	31.5	$2,205.00
518229-0019(2225)06140 Lewistn	$70.00	36.5	$2,555.00
518229-0014(2225)05140 Somers	$70.00	16.5	$1,155.00
518229-0013(2225)05140 Rchestr	$70.00	9.5	$665.00
518229-0011(2225)05140 Exeter	$70.00	2	$140.00
Grand Total		96	$6,720.00

Expense Code	Expense Amount
518229-0019(2225)06140 Lewistn	$231.59
518229-0014(2225)05140 Somers	$571.26
518229-0013(2225)05140 Rchestr	$72.92
Grand Total	$875.76

Invoice Total $7,595.76

PO#6028035 EIN 04-3505214

- Worked with W&C to respond to DEP comments on the approach to remediating the oxide box waste area.
- Continued work on the Guilford Transportation access agreement.
- Worked with Northern management to obtain Maine PUC approval of the FFS.

Scarborough, ME Tar Pit

- No activity during the reporting period.

Somersworth, NH MGP

- Monitored ISCO site remediation being conducted by AMEC and its subcontractor, GeoCleanse.
- Began the process of drafting an Activity and Use Restriction that will be required for the Northern Utilities parcel under NHDES regulations.

Rochester, NH MGP

- Worked with ENSR on the maintenance of the phytoremediation plot. Visited the site on April 6th and observed the replacement of some plantings under the contractor warranty.

Exeter, NH MGP

- Worked with RETEC on the repair of certain electrical equipment due to the move of the Merrill House.
- Discussed strategies for further reduction of groundwater constituent levels via ORC and/or ISOC.

JOE

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	

Request Date:	05/15/06	* Invoice Date:	05/13/06
PO #:	6028035		
Invoice #:	N79		
Payee:	Paul J. Exner, P.E.		
Address:	178 Wakefield St.		
City, State, Zip Code:	Reading, MA '01867-1855		
Total Payment:	$6,980.55		

Special Handling Instructions

WIRE		ACH		
Bank Account:				
ABA #:				

Original to:
Lawson A/P via Joe Ferry

Scan signed original to:
Remediation Filing Cabinet

Copies to:
B. Cleary
BSG Accounting
P. Exner
ERC Files

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Consulting Project Management of environmental assessments and remediation of Manufactured Gas Plant in Maine and New Hampshire.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name	Requestor's Signature	Requestor's Phone Number & Title
REQUESTOR	Robert K. Cleary	Robert K Cleary	978.836.7275

	Approval Levels 10-01-04 *	SIGNATURE	PRINTED NAME
Supervisor / Team Lead	general approval <=$2,500		
Manager / Lead Counsel / Attorney	general approval <=$50,000	Joe P Ferry	Joe P. Ferry
Director / Segment Controller	general approval <=$100,000		
Vice President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval <=$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	76	06140	518229	0020	2225		$2,673.46
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2	76	06140	518229	0019	2225		$2,487.09

	BAY STATE CO	Payee:	Paul J. Exner, P.E.	Request Date:	05/15/06

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3	76	06140	518229	0018	2225		$0.00
4	77	05140	518229	0011	2225		$140.00
5	77	05140	518229	0013	2225		$175.00
6	77	05140	518229	0014	2225		$1,505.00
7							
8							
9							
10							
12							
13							
14							
15							
16							
17							
18							

Invoice - Paul J. Exner, P.E.; Consultant

178 Wakefield Street
Reading, MA 01867-1855
Phone: (781) 942-9690

Invoice Date	5/13/2006	**Project Name**	Northern Utilities
Invoice Number	N79	**Project Manager**	Exner, Paul
Payment Terms	IMMEDIATE	**Project ID**	2

Customer Joe Ferry

Bay State Gas/Northern Utilities
200 Civic Center Drive
Columbus, OH 43215

Work Code	Rate	Hours	Amount Billed
518229-0020(2225)06140 Portland	$70.00	33	$2,310.00
518229-0019(2225)06140 Lewiston	$70.00	30.5	$2,135.00
518229-0014(2225)05140 Somersworth	$70.00	21.5	$1,505.00
518229-0013(2225)05140 Rochester	$70.00	2.5	$175.00
518229-0011(2225)05140 Exeter	$70.00	2	$140.00
Grand Total		89.5	$6,265.00

Expense Code	Expense Amount
518229-0019(2225)06140 Lewiston	$352.09
518229-0020(2225)05140 Portland	$363.46
Grand Total	$715.55

Invoice Total $6,980.55

PO#6028035 EIN 04-3505214

Account 729

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	11/07/05	Invoice Date:	09/30/05
PO #:	6041954-002		
Invoice #:	48045632		
Payee:	Severn Trent Laboratories		
Remit to Address:	W-4305, P.O. Box 7777		
Remit to City, State, Zip Code:	Philadelphia, PA 19175-4305		
Total Payment:	$3,729.60		

Special Handling Instructions

Jena LaCroix - Original to A/P; copies to ACCT, ERC file, and project file.

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of invoice for lab services (remediation) at the Rochester, New Hampshire MGP site in accordance with approved purchase requisition.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	77	05140	518229	0013	2225	6041954-002	$3,729.60
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

SEVERN TRENT STL

NiSource, Inc.
NiSource, Inc.
NiSource Corporate Service Co
300 Friberg Parkway
Westborough, MA 01581-
Attn: Mr. Paul Exner

Invoice No: 48045632
Invoice Date: 09/30/2005

P.O. No: 6041954001
Project No: NY3A9043

Customer No: 525350
Internal Ref. No: A1A45632/525350

Description	Qty	Rate	Total
SOIL-SW8463 8270 - TOTAL PAH'S	24.00	155.40	3,729.60

Former MGP Rochester, NH Research Project
STL Job No(s): A05-9062, A05-9077
Sample Date(s): 08/22/2005

NiSource Site Accounting Code: 518229-0013-2225-05140

NiSource Task: STL050816

Terms: Net 30 Days

Total Due This Invoice: $3,729.60

AN0551

10 Hazelwood Drive • Suite 106 • Amherst, NY 14228-2298 • Tel: 716 691 2600 • Fax: 716 691 7991 • FED ID 23-2919996
Remit to: W-4305 P.O. Box 7777 • Philadelphia, PA 19175-4305

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	07/27/05	Invoice Date:	07/12/05
PO #:	6048254-000		
Invoice #:	051338		
Payee:	The RETEC Group, Inc.		
Remit to Address:	Dept. - CH 17249		
Remit to City, State, Zip Code:	Palatine, IL 60055-7249		
Total Payment:	$15,239.07		

Special Handling Instructions

Jena LaCroix - Original to A/P; Copies to ACCT, ERC File; Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of invoice for remediation services at the Rochester MGP site in accordance with approved purchase requisition.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner		508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	77	05140	518229	0013	2225	6048254-000	$15,239.07
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Bill To:
Mr. Paul Exner
Bay State Gas/Northern Util.
300 Friberg Parkway
Westborough, MA 01581-5039

Project Name: Source Removal Action

Client Ref. No.: PO # 6048254-000
Invoice Number: 051338
Invoice Date: July 12, 2005

Invoice Total: $15,239.07

Terms: Net 30 days

Project Manager: Clark, Thomas P
Phone: (978) 371-1422

Billing Contact: Walsh, William J.
Phone: (978) 371-1422

RETEC Project No.: BSGC0-14426

Period: 05/28/2005 through 07/01/2005

P.O. # 6048254-000 & Site Location: Rochester, NH.

Invoice

	Invoice Number	051338
Bay State Gas/Northern Util	Project	BSGC0-14426

743 - Summary Report

Professional Services		Hours	Rate	Amount
Warren, Raymond C		3.00	74.35	223.05
Clark, Thomas P		3.50	115.00	402.50
Cox, Peter S		18.00	115.00	2,070.00
	Professional Services	24.50		2,695.55

Reimbursable Expenses		Cost	Mult	Amount
CAD Usage Fees	Project Expense Concord	120.00	1.00	120.00
	Reimbursable Expenses			120.00

Total for Task: Summary Report **2,815.55**

744 - OLM/TLM Additional Studies

Professional Services		Hours	Rate	Amount
McCabe, Mark M		16.00	140.00	2,240.00
Clark, Thomas P		6.50	115.00	747.50
Millard, Joshua C		8.00	74.35	594.80
Cox, Peter S		3.00	115.00	345.00
Walsh, William J.		1.00	59.00	59.00
	Professional Services	34.50		3,986.30

Reimbursable Expenses		Cost	Mult	Amount
Materials & Supplies	Maine Oxy	19.95	1.10	21.95
Delivery & Postage	FedEx 371461	103.88	1.00	103.88
	Reimbursable Expenses			125.83

Total for Task: OLM/TLM Additional Studies **4,112.13**

800 - Contractor Selection

Invoice

	Invoice Number	051338
Bay State Gas/Northern Util	Project	BSGC0-14426

800 - Contractor Selection

Professional Services		Hours	Rate	Amount
Clark, Thomas P		3.00	115.00	345.00
Ghai, Neeraj G		3.00	83.45	250.35
Cleary, Maryanne V		0.50	74.36	37.18
Warren, Laura A.		8.00	93.60	748.80
	Professional Services	14.50		1,381.33

Reimbursable Expenses		Cost	Mult	Amount
Delivery & Postage	FedEx 371461	46.13	1.00	46.13
Retec Equipment Lease	Project Expense Concord	75.00	1.00	75.00
Travel and Meals	Laura Warren	23.00	1.00	23.00
	Reimbursable Expenses			144.13

Total for Task: Contractor Selection 1,525.46

810 - Construction Oversight

Professional Services		Hours	Rate	Amount
Clark, Thomas P		4.50	115.00	517.50
Ghai, Neeraj G		19.00	83.45	1,585.56
Warren, Laura A.		24.50	93.60	2,293.20
Brillinger, Peter J.		1.00	46.90	46.90
	Professional Services	49.00		4,443.16

Reimbursable Expenses		Cost	Mult	Amount
Faxes / In-house Copies	Project Expense Concord	20.00	1.00	20.00
Retec Equipment Lease	Project Expense Concord	75.00	1.00	75.00
Travel and Meals	Laura Warren	148.77	1.00	148.77
	Reimbursable Expenses			243.77

Subcontractor Expenses		Cost	Mult	Amount
Subcontracts - Large	Northeast Test Consultants	1,850.00	1.10	2,035.00
	Subcontractor Expenses			2,035.00

Total for Task: Construction Oversight 6,721.93

820 - Building Demolition

Invoice

	Invoice Number	051338
Bay State Gas/Northern Util.	Project	BSGC0-14426

820 - Building Demolition

Professional Services		Hours	Rate	Amount
Walsh, William J.		1.00	59.00	59.00
	Professional Services	1.00		59.00

Reimbursable Expenses		Cost	Mult	Amount
Faxes / In-house Copies	Project Expense Concord	5.00	1.00	5.00
	Reimbursable Expenses			5.00
	Total for Task: Building Demolition			**64.00**
Total Project	Source Removal Action			15,239.07
			Total Amount Now Due:	**15,239.07**

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	08/29/05	Invoice Date:	08/08/05
PO #:	6048254-000		
Invoice #:	052048		
Payee:	The RETEC Group, Inc.		
Remit to Address:	Dept. - CH 17249		
Remit to City, State, Zip Code:	Palatine, IL 60055-7249		
Total Payment:	$24,039.38		

Special Handling Instructions

Jena LaCroix - Original to A/P; Copies to ACCT, ERC File; Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of invoice for remediation services at the Rochester MGP site in accordance with approved purchase requisition.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	77	05140	518229	0013	2225	6048254-000	$24,039.38
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Bill To:
Mr. Paul Exner
Bay State Gas/Northern Util.
300 Friberg Parkway
Westborough, MA 01581-5039

Project Name: Source Removal Action

Client Ref. No.: PO # 6048254-000
Invoice Number: 052048
Invoice Date: August 08, 2005

Invoice Total: $24,039.38

Terms: Net 30 days

Project Manager: Clark, Thomas P
Phone: (978) 371-1422

Billing Contact: Walsh, William J.
Phone: (978) 371-1422

RETEC Project No.: BSGC0-14426

Period: 07/02/2005 through 07/29/2005

P.O. # 6048254-000 & Site Location: Rochester, NH.

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Invoice Number 052048
Bay State Gas/Northern Util. Project BSGC0-14426

741 - Phase I Investigation

Reimbursable Expenses		Cost	Mult	Amount
Phone Expense	Project Expense Concord	14.00	1.00	14.00
	Reimbursable Expenses			14.00
	Total for Task: Phase I Investigation			**14.00**

743 - Summary Report

Professional Services		Hours	Rate	Amount
Warren, Raymond C		2.00	74.35	148.70
Clark, Thomas P		2.50	115.00	287.50
Cox, Peter S		3.50	115.00	402.50
	Professional Services	8.00		838.70
	Total for Task: Summary Report			**838.70**

744 - OLM/TLM Additional Studies

Professional Services		Hours	Rate	Amount
McCabe, Mark M		2.00	140.00	280.00
Clark, Thomas P		2.00	115.00	230.00
Millard, Joshua C		4.50	74.35	334.58
Cox, Peter S		8.00	115.00	920.00
	Professional Services	16.50		1,764.58

Subcontractor Expenses		Cost	Mult	Amount
Subcontracts - Large	Kevin H. Gardner	5,550.00	1.10	6,105.00
	Subcontractor Expenses			6,105.00
	Total for Task: OLM/TLM Additional Studies			**7,869.58**

800 - Contractor Selection

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Invoice Number: 052048
Bay State Gas/Northern Util. Project BSGC0-14426

800 - Contractor Selection

Reimbursable Expenses		Cost	Mult	Amount
Materials & Supplies	Petty Cash - Maryanne Cleary	4.00	1.10	4.40
	Reimbursable Expenses			4.40
	Total for Task: Contractor Selection			**4.40**

810 - Construction Oversight

Professional Services		Hours	Rate	Amount
McCabe, Mark M		2.00	140.00	280.00
Clark, Thomas P		10.00	115.00	1,150.00
Ghai, Neeraj G		94.00	83.45	7,844.31
Warren, Laura A.		56.00	93.60	5,241.60
Walsh, William J.		0.50	59.00	29.50
	Professional Services	162.50		14,545.41

Reimbursable Expenses		Cost	Mult	Amount
Phone Expense	Project Expense Concord	35.00	1.00	35.00
Materials & Supplies	Petty Cash - Maryanne Cleary	8.00	1.10	8.80
Travel and Meals	Thomas Clark	72.45	1.00	72.45
Travel and Meals	Neeraj Ghai	332.65	1.00	332.65
Travel and Meals	Laura Warren	200.39	1.00	200.39
	Reimbursable Expenses			649.29
	Total for Task: Construction Oversight			**15,194.70**

820 - Building Demolition

Professional Services		Hours	Rate	Amount
Walsh, William J.		2.00	59.00	118.00
	Professional Services	2.00		118.00
	Total for Task: Building Demolition			**118.00**

Total	Project	Source Removal Action	**24,039.38**

Total Amount Now Due: 24,039.38

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	09/12/05	Invoice Date:	09/06/05
PO #:	6048254-000		
Invoice #:	052596		
Payee:	The RETEC Group, Inc.		
Remit to Address:	Dept. - CH 17249		
Remit to City, State, Zip Code:	Palatine, IL 60055-7249		
Total Payment:	$81,898.92		

Special Handling Instructions

Jena LaCroix - Original to A/P; Copies to ACCT, ERC File; Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

A/P DPT USE ONLY - RECV'D

Payment of invoice for remediation services at the Rochester MGP site in accordance with approved purchase requisition.

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Invoice Amount (if different than total payment)	

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	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	77	05140	518229	0013	2225	6048254-000	$81,898.92
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Bill To:
Mr. Paul Exner
Bay State Gas/Northern Util.
300 Friberg Parkway
Westborough, MA 01581-5039

Project Name: Source Removal Action

Client Ref. No.: PO # 6048254-000
Invoice Number: 052596
Invoice Date: September 06, 2005

Invoice Total: $81,898.92

Terms: Net 30 days

Project Manager: Clark, Thomas P
Phone: (978) 371-1422

Billing Contact: Walsh, William J.
Phone: (978) 371-1422

RETEC Project No.: BSGC0-14426

Period: 07/30/2005 through 08/26/2005

P.O. # 6048254-000 & Site Location: Rochester, NH.

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Invoice Number: 052596
Bay State Gas/Northern Util. Project BSGC0-14426

743 - Summary Report

Professional Services		Hours	Rate	Amount
Warren, Raymond C		7.00	74.35	520.45
Clark, Thomas P		2.50	115.00	287.50
Cox, Peter S		14.50	115.00	1,667.50
	Professional Services	24.00		2,475.45

Reimbursable Expenses		Cost	Mult	Amount
CAD Usage Fees	Project Expense Concord	16.00	1.00	16.00
	Reimbursable Expenses			16.00

Total for Task: Summary Report 2,491.45

744 - OLM/TLM Additional Studies

Professional Services		Hours	Rate	Amount
Clark, Thomas P		2.00	115.00	230.00
Millard, Joshua C		0.50	74.36	37.18
Cox, Peter S		5.50	115.00	632.50
Brillinger, Peter J.		1.00	46.90	46.90
	Professional Services	9.00		946.58

Total for Task: OLM/TLM Additional Studies 946.58

800 - Contractor Selection

Reimbursable Expenses		Cost	Mult	Amount
Faxes / In-house Copies	Project Expense Concord	16.70	1.00	16.70
Delivery & Postage	FedEx 371461	28.34	1.00	28.34
	Reimbursable Expenses			45.04

Total for Task: Contractor Selection 45.04

810 - Construction Oversight

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Invoice Number: 052596
Bay State Gas/Northern Util. Project BSGC0-14426

810 - Construction Oversight

Professional Services		Hours	Rate	Amount
Warren, Raymond C		1.50	74.35	111.53
Clark, Thomas P		3.00	115.00	345.00
Ghai, Neeraj G		41.50	83.45	3,463.18
Warren, Laura A.		26.50	93.60	2,480.40
Brillinger, Peter J.		2.50	46.90	117.25
	Professional Services	75.00		6,517.36

Reimbursable Expenses		Cost	Mult	Amount
CAD Usage Fees	Project Expense Concord	12.00	1.00	12.00
Delivery & Postage	FedEx 371461	60.04	1.00	60.04
Travel and Meals	Laura Warren	221.45	1.00	221.45
	Reimbursable Expenses			293.49

Total for Task: Construction Oversight **6,810.85**

820 - Building Demolition

Professional Services		Hours	Rate	Amount
Walsh, William J.		1.50	59.00	88.50
	Professional Services	1.50		88.50

Subcontractor Expenses		Cost	Mult	Amount
Subcontracts - Large	Kidder Building & Wrecking,	65,015.00	1.10	71,516.50
	Subcontractor Expenses			71,516.50

Total for Task: Building Demolition **71,605.00**

Total Project Source Removal Action **81,898.92**

Total Amount Now Due: 81,898.92

Pd Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	10/24/05	Invoice Date:	10/07/05
PO #:	6048254-000		
Invoice #:	053249		
Payee:	The RETEC Group, Inc.		
Remit to Address:	Dept. - CH 17249		
Remit to City, State, Zip Code:	Palatine, IL 60055-7249		
Total Payment:	$14,228.99		

Special Handling Instructions

Jena LaCroix - Original to A/P; Copies to ACCT, ERC File; Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of invoice for remediation services at the Rochester MGP site in accordance with approved purchase requisition.

A/P DPT USE ONLY - RECV'D

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Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul K	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	77	05140	518229	0013	2225	6048254-000	$14,228.99
2							
3							

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Bill To:
Mr. Paul Exner
Bay State Gas/Northern Util.
300 Friberg Parkway
Westborough, MA 01581-5039

Project Name: Source Removal Action

Client Ref. No.: PO # 6048254-000
Invoice Number: 053249
Invoice Date: October 07, 2005

Invoice Total: $14,228.99

Terms: Net 30 days

Project Manager: Clark, Thomas P
Phone: (978) 371-1422

Billing Contact: Walsh, William J.
Phone: (978) 371-1422

RETEC Project No.: BSGC0-14426

Period: 08/27/2005 through 09/30/2005

P.O. # 6048254-000 & Site Location: Rochester, NH.

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Invoice Number 053249
Bay State Gas/Northern Util Project BSGC0-14426

743 - Summary Report

Professional Services		Hours	Rate	Amount
Clark, Thomas P		5.50	115.00	632.50
Cox, Peter S		0.50	115.00	57.50
	Professional Services	6.00		690.00

Reimbursable Expenses		Cost	Mult	Amount
CAD Usage Fees	Project Expense Concord	56.00	1.00	56.00
Faxes / In-house Copies	Project Expense Concord	7.90	1.00	7.90
	Reimbursable Expenses			63.90

Total for Task: Summary Report 753.90

744 - OLM/TLM Additional Studies

Professional Services		Hours	Rate	Amount
McCabe, Mark M		3.00	140.00	420.00
Clark, Thomas P		1.50	115.00	172.50
Cox, Peter S		1.50	115.00	172.50
	Professional Services	6.00		765.00

Reimbursable Expenses		Cost	Mult	Amount
Phone Expense	Project Expense Concord	56.00	1.00	56.00
Materials & Supplies	Petty Cash - Maryanne Cleary	5.58	1.10	6.14
	Reimbursable Expenses			62.14

Subcontractor Expenses		Cost	Mult	Amount
Subcontractors - Laboratory	PTS Laboratories, Inc.	4,242.00	1.10	4,666.20
	Subcontractor Expenses			4,666.20

Total for Task: OLM/TLM Additional Studies 5,493.34

810 - Construction Oversight

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Invoice Number 053249
Bay State Gas/Northern Util — Project BSGC0-14426

810 - Construction Oversight

Professional Services		Hours	Rate	Amount
Clark, Thomas P		6.50	115.00	747.50
Ghai, Neeraj G		40.50	83.45	3,379.73
Warren, Laura A.		25.00	93.60	2,340.00
Walsh, William J.		1.00	59.00	59.00
Brillinger, Peter J.		1.00	46.90	46.90
	Professional Services	74.00		6,573.13

Reimbursable Expenses		Cost	Mult	Amount
Phone Expense	Project Expense Concord	81.91	1.00	81.91
Materials & Supplies	Petty Cash - Maryanne Cleary	39.29	1.10	43.22
Travel and Meals	Neeraj Ghai	684.59	1.00	684.59
Travel and Meals	Laura Warren	136.90	1.00	136.90
	Reimbursable Expenses			946.62

Total for Task: Construction Oversight **7,519.75**

820 - Building Demolition

Professional Services		Hours	Rate	Amount
	Professional Services			0.00

Reimbursable Expenses		Cost	Mult	Amount
Equipment Lease	Spectra Scientific Inc.	420.00	1.10	462.00
	Reimbursable Expenses			462.00

Total for Task: Building Demolition **462.00**

Total Project Source Removal Action **14,228.99**

Total Amount Now Due: 14,228.99

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	11/21/05	Invoice Date:	11/04/05
PO #:	6048254-000		
Invoice #:	053978		
Payee:	The RETEC Group, Inc.		
Remit to Address:	Dept. - CH 17249		
Remit to City, State, Zip Code:	Palatine, IL 60055-7249		
Total Payment:	$29,488.07		

Special Handling Instructions

Jena LaCroix - Original to A/P; Copies to ACCT, ERC File; Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of invoice for remediation services at the Rochester MGP site in accordance with approved purchase requisition.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	77	05140	518229	0013	2225	6048254-000	$29,488.07
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Bill To:
Mr. Paul Exner
Bay State Gas/Northern Util.
300 Friberg Parkway
Westborough, MA 01581-5039

Project Name: Source Removal Action

Client Ref. No.: PO # 6048254-000
Invoice Number: 053978
Invoice Date: November 04, 2005

Invoice Total: $29,488.07

Terms: Net 30 days

Project Manager: Clark, Thomas P
Phone: (978) 371-1422

Billing Contact: Walsh, William J.
Phone: (978) 371-1422

RETEC Project No.: BSGC0-14426

Period: 10/01/2005 through 10/28/2005

P.O. # 6048254-000 & Site Location: Rochester, NH.

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Invoice Number: 053978
Bay State Gas/Northern Util. Project BSGC0-14426

743 - Summary Report

Professional Services		Hours	Rate	Amount
Clark, Thomas P		1.00	115.00	115.00
Walsh, William J.		0.50	59.00	29.50
	Professional Services	1.50		144.50
Total for Task:	**Summary Report**			**144.50**

744 - OLM/TLM Additional Studies

Professional Services		Hours	Rate	Amount
McCabe, Mark M		2.00	140.00	280.00
Cox, Peter S		6.00	115.00	690.00
	Professional Services	8.00		970.00

Subcontractor Expenses		Cost	Mult	Amount
Subcontracts - Large	Kevin H. Gardner	7,400.00	1.10	8,140.00
	Subcontractor Expenses			8,140.00
Total for Task:	**OLM/TLM Additional Studies**			**9,110.00**

810 - Construction Oversight

Professional Services		Hours	Rate	Amount
Clark, Thomas P		0.50	115.00	57.50
Ghai, Neeraj G		7.00	83.45	584.15
Cleary, Maryanne V		0.50	74.36	37.18
Warren, Laura A.		2.50	93.60	234.00
	Professional Services	10.50		912.83

Reimbursable Expenses		Cost	Mult	Amount
Materials & Supplies	Petty Cash - Maryanne Cleary	16.11	1.10	17.72
Travel and Meals	Neeraj Ghai	154.29	1.00	154.29
	Reimbursable Expenses			172.01
Total for Task:	**Construction Oversight**			**1,084.84**

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Invoice Number: 053978

Bay State Gas/Northern Util. Project BSGC0-14426

820 - Building Demolition

Professional Services		Hours	Rate	Amount
Warren, Laura A.		0.50	93.60	46.80
Walsh, William J.		1.00	59.00	59.00
	Professional Services	1.50		105.80

Subcontractor Expenses		Cost	Mult	Amount
Subcontracts - Large	Kidder Building & Wrecking,	17,311.75	1.10	19,042.93
	Subcontractor Expenses			19,042.93
	Total for Task: Building Demolition			**19,148.73**
Total Project	Source Removal Action			**29,488.07**

Total Amount Now Due: 29,488.07

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	12/13/05	Invoice Date:	12/06/05
PO #:	6048254-000		
Invoice #:	054892		
Payee:	The RETEC Group, Inc.		
Remit to Address:	Dept. - CH 17249		
Remit to City, State, Zip Code:	Palatine, IL 60055-7249		
Total Payment:	$5,171.54		

Special Handling Instructions

Jena LaCroix - Original to A/P; Copies to ACCT, ERC File; Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of invoice for remediation services at the Rochester MGP site in accordance with approved purchase requisition.

A/P DPT USE ONLY - RECV'D

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Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	77	05140	518229	0013	2225	6048254-000	$5,171.54
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Invoice Number: 054892
Project: BSGC0-14426

Bay State Gas/Northern Util.

820 - Building Demolition

Professional Services		Hours	Rate	Amount
Warren, Laura A.		7.00	93.60	655.20
	Professional Services	7.00		655.20

Reimbursable Expenses		Cost	Mult	Amount
Phone Expense	Project Expense Concord	42.00	1.00	42.00
	Reimbursable Expenses			42.00
	Total for Task: Building Demolition			**697.20**
Total Project	Source Removal Action			5,171.54

Total Amount Now Due: 5,171.54

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	01/26/06	Invoice Date:	01/10/06
PO #:	6048254-000		
Invoice #:	055712		
Payee:	The RETEC Group, Inc.		
Remit to Address:	Dept. - CH 17249		
Remit to City, State, Zip Code:	Palatine, IL 60055-7249		
Total Payment:	$4,663.04		

Special Handling Instructions

Jena LaCroix - Original to A/P; Copies to ACCT, ERC File; Project File

WIRE		ACH	

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Bank Account:	
ABA #:	

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	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	77	05140	518229	0013	2225	6048254-000	$4,663.04
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Invoice Number: 055712
Bay State Gas/Northern Util — Project: BSGC0-14426

743 - Summary Report

Professional Services		Hours	Rate	Amount
Clark, Thomas P		2.00	115.00	230.00
	Professional Services	2.00		230.00
	Total for Task: Summary Report			**230.00**

810 - Construction Oversight

Professional Services		Hours	Rate	Amount
Heitz, Denise L		1.00	115.00	115.00
Millard, Joshua C		14.00	83.45	1,168.31
Zygarowski, Edward J		9.50	74.35	706.33
Fitzpatrick, Aimee		23.00	83.45	1,919.35
	Professional Services	47.50		3,908.99

Reimbursable Expenses		Cost	Mult	Amount
Materials & Supplies	The Home Depot (3484)	91.83	1.10	101.01
Travel and Meals	Aimee Fitzpatrick	105.69	1.00	105.69
Travel and Meals	Laura Warren	72.10	1.00	72.10
Travel and Meals	Joshua Millard	230.55	1.00	230.55
	Reimbursable Expenses			509.35
	Total for Task: Construction Oversight			**4,418.34**

820 - Building Demolition

Reimbursable Expenses		Cost	Mult	Amount
Materials & Supplies	Petty Cash - Maryanne Cleary	13.36	1.10	14.70
	Reimbursable Expenses			14.70
	Total for Task: Building Demolition			**14.70**

Total Project — Source Removal Action: **4,663.04**

Total Amount Now Due: 4,663.04

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	02/15/06	Invoice Date:	02/07/06
PO #:	6048254-000		
Invoice #:	056518		
Payee:	The RETEC Group, Inc.		
Remit to Address:	Dept. - CH 17249		
Remit to City, State, Zip Code:	Palatine, IL 60055-7249		
Total Payment:	$1,094.01		

Special Handling Instructions

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WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

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Invoice Amount (if different than total payment)	

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	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	77	05140	518229	0013	2225	6048254-000	$1,094.01
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Bill To:
Mr. Paul Exner
Bay State Gas/Northern Util.
300 Friberg Parkway
Westborough, MA 01581-5039

Project Name:	Source Removal Action
Client Ref. No.:	PO # 6048254-000
Invoice Number:	056518
Invoice Date:	February 07, 2006

Invoice Total: $1,094.01

Terms: Net 30 days

Project Manager: Clark, Thomas P
Phone: (978) 371-1422

Billing Contact: Heitz, Denise L
Phone: (978) 371-1422

RETEC Project No.: BSGC0-14426

Period: 12/31/2005 through 01/27/2006

P.O. # 6048254-000 & Site Location: Rochester, NH.

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Invoice Number: 056518
Project: BSGC0-14426

Bay State Gas/Northern Util.

743 - Summary Report

Professional Services		Hours	Rate	Amount
Clark, Thomas P		7.50	115.00	862.50
	Professional Services	7.50		862.50
Total for Task:	Summary Report			862.50

744 - OLM/TLM Additional Studies

Professional Services		Hours	Rate	Amount
McCabe, Mark M		1.00	125.00	125.00
	Professional Services	1.00		125.00
Total for Task:	OLM/TLM Additional Studies			125.00

810 - Construction Oversight

Professional Services		Hours	Rate	Amount
Ghai, Neeraj G		1.00	83.45	83.45
	Professional Services	1.00		83.45

Reimbursable Expenses		Cost	Mult	Amount
Travel and Meals	Joshua Millard	23.06	1.00	23.06
	Reimbursable Expenses			23.06
Total for Task:	Construction Oversight			106.51

Total	Project	Source Removal Action	1,094.01

Total Amount Now Due: 1,094.01

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	04/18/06	Invoice Date:	04/11/06
PO #:	6048254-000		
Invoice #:	057936		
Payee:	The RETEC Group, Inc.		
Remit to Address:	Dept. - CH 17249		
Remit to City, State, Zip Code:	Palatine, IL 60055-7249		
Total Payment:	$259.91		

Special Handling Instructions

Jena LaCroix - Original to A/P; Copies to ACCT, ERC File; Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of invoice for remediation services at the Rochester MGP site in accordance with approved purchase requisition.

A/P DPT USE ONLY - RECV'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

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	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	77	05140	518229	0013	2225	6048254-000	$259.91
2							
3							

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Bill To:
Mr. Paul Exner
Bay State Gas/Northern Util.
300 Friberg Parkway
Westborough, MA 01581-5039

Project Name: Source Removal Action

Client Ref. No.: PO # 6048254-000
Invoice Number: 057936
Invoice Date: April 11, 2006

Invoice Total: $259.91

Terms: Net 30 days

Project Manager: Clark, Thomas P
Phone: (978) 371-1422

Billing Contact: Rodriguez, Deanna
Phone: (978) 371-1422

RETEC Project No.: BSGC0-14426

Period: 02/25/2006 through 03/31/2006

P.O. # 6048254-000 & Site Location: Rochester, NH

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Invoice Number 057936
Project BSGC0-14426

Bay State Gas/Northern Util

000 -

Professional Services		Hours	Rate	Amount
	Professional Services			0.00
	Total for Task:			**0.00**

743 - Summary Report

Professional Services		Hours	Rate	Amount
Clark, Thomas P		1.00	115.00	115.00
	Professional Services	1.00		115.00
	Total for Task: Summary Report			**115.00**

744 - OLM/TLM Additional Studies

Professional Services		Hours	Rate	Amount
	Professional Services			0.00
	Total for Task: OLM/TLM Additional Studies			**0.00**

810 - Construction Oversight

Professional Services		Hours	Rate	Amount
Brillinger, Peter J.		0.50	46.90	23.45
	Professional Services	0.50		23.45

Reimbursable Expenses		Cost	Mult	Amount
Phone Expense	Project Expense Concord	28.00	1.00	28.00
Equipment Lease	Pine Environmental Svcs., Inc.	31.50	1.10	34.65
Materials & Supplies	Guaranteed Delivery, Inc	53.46	1.10	58.81
	Reimbursable Expenses			121.46
	Total for Task: Construction Oversight			**144.91**

Total	Project	Source Removal Action	**259.91**

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Bay State Gas/Northern Hill

Invoice Number 057936
Project BSGC0-14426

Total Amount Now Due: 259.91

P.O. # 6048254-000 & Site Location: Rochester, NH

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	05/23/06	Invoice Date:	05/08/06
PO #:	6048254-000		
Invoice #:	058472		
Payee:	The RETEC Group, Inc.		
Remit to Address:	Dept. - CH 17249		
Remit to City, State, Zip Code:	Palatine, IL 60055-7249		
Total Payment:	$725.00		

Special Handling Instructions

Jena LaCroix - Original to A/P; Copies to ACCT, ERC File; Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

Payment of invoice for remediation services at the Rochester MGP site in accordance with approved purchase requisition.

A/P DPT USE ONLY - REC'V'D

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NISource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	77	05140	518229	0013	2225	6048254-000	$725.00
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Bill To:
Mr. Paul Exner
Bay State Gas/Northern Util.
300 Friberg Parkway
Westborough, MA 01581-5039

Project Name: Source Removal Action

Client Ref. No.: PO # 6048254-000
Invoice Number: 058472
Invoice Date: May 08, 2006

Invoice Total: $725.00

Terms: Net 30 days

Project Manager: Clark, Thomas P
Phone: (978) 371-1422

Billing Contact: Rodriguez, Deanna
Phone: (978) 371-1422

RETEC Project No.: BSGC0-14426

Period: 04/01/2006 through 04/28/2006

P.O. # 6048254-000 & Site Location: Rochester, NH.

RETEC

The RETEC Group, Inc.
300 Baker Avenue, Suite 302
Concord, MA 01742
(978) 371-1422 Phone
(978) 369-9279 Fax

Remit Payment To:
The RETEC Group, Inc.
Dept. CH 17249
Palatine, IL 60055-7249

Invoice

Bay State Gas/Northern Util

Invoice Number: 058472
Project: BSGC0-14426

743 - Summary Report

Professional Services		Hours	Rate	Amount
Clark, Thomas P		1.00	115.00	115.00
Cox, Peter S		4.00	115.00	460.00
	Professional Services	5.00		575.00

Reimbursable Expenses		Cost	Mult	Amount
Retec Equipment Lease	Project Expense Concord	150.00	1.00	150.00
	Reimbursable Expenses			150.00
	Total for Task: Summary Report			725.00

810 - Construction Oversight

Reimbursable Expenses		Cost	Mult	Amount
	Reimbursable Expenses			0.00
	Total for Task: Construction Oversight			0.00

Total	Project	Source Removal Action	725.00

Total Amount Now Due: 725.00

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	08/29/05	Invoice Date:	08/19/05
PO #:	N/A		
Invoice #:	198712002-03		
Payee:	Treasurer, State of New Hampshire		
Remit to Address:	NH Department of Environmental Services; Waste Management Division - Director's Office		
Remit to City, State, Zip Code:	PO Box 95; Concord, NH 03302-0095		
Total Payment:	$533.62		

Special Handling Instructions

Jena LaCroix - Original to A/P; Copies to ACCT, ERC File; Project File

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

A/P DPT USE ONLY - RECV'D

Payment of invoice for NHDES remediation oversight at the Rochester MGP site.

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
REQUESTOR	Paul J. Exner	Paul J. Exner	508-836-7256

	Approval Levels 10-01-04 *	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead	general approval <=$2,500	Robert K. Cleary	Robert K. Cleary
Manager / Lead Counsel / Attorney	general approval <=$50,000		
Director / Segment Controller	general approval <=$100,000		
VP / President / General Manager	general approval <=$300,000		
NiSource Executive Vice President	general approval >$300,000		
CEO			
	Title	*"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy*	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
	77	05140	518229	0013	1611	N/A	$533.62
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

Invoice No. 198712002-03

INVOICE

Department of Environmental Services
Waste Management Division

Site Name:	Petrolane/Northern Utilities
Town:	Rochester
DES Project #:	198712002
Des Site Mgr.	K. DuBois
Billing Party:	Northern Utilities, Inc
Mailing Address:	300 Friberg Parkway
	Westborough, MA 01581-5039
c/o	Paul J. Exner, P.E., L.S.P.

Facility Name:	0
Facility Reg. #:	0
Project Type:	0
Funding Code:	0
Date Prepared:	08/19/05
Prepared by:	knk
Date Approved:	08/19/05
Approved By:	knk

Description

Billing Period: **10/1/04-6/30/05**

Hazardous Waste Remediation Bureau

Activity occuring during this billing period consisted of the review of:

See attached Cost Recovery Detail

Total Labor Cost: $ 561.71

Other Expenses:

Total Other Expenses: $ -

Make checks payable to : Treasurer, State of New Hampshire

Forward checks to: NH Department of Environmental Services
Waste Management Division - Director's Office
PO Box 95
Concord NH 03302-0095

Questions regarding this invoice should be directed to John Regan at 271-3744 or by email at jregan@des.state.nh.us

Current Billing Period:	$	561.71
Previously Billed:	$	2,721.35
Payments to Date:	$	1,341.07
Permit/Fees Discount:	$	1,000.00
Early Payment Discount:	$	380.28
Total Amount Due:	**$**	**561.71**

*If Payment is received within **60** days of the date of this invoice, **8/19/2005**
take **5%** off the Current Billing by **deducting this amount from the total due:** $ 28.09

Remittance Due in: **120** **days.** $533.62

Please see other side for terms and conditions

Cost Recovery Detail

For: 10/01/2004 to 06/30/2005

DES# 198712002

PETROLANE/NORTHERN UTILITIES SITE

Total Cost **$561.71**

Personnel

Name	*Orgn*	*Date*	*Task / Expense Desc*	*Hours*	*Cost*	*Overhead*	*Total Costs*
DUBOIS HOWARD K	2514	10/29/2004	DOCUMENT REVIEW	3.00	$78.93	$77.82	$156.75
DUBOIS HOWARD K	2514	01/21/2005	DOCUMENT REVIEW	2.00	$52.62	$51.88	$104.50
DUBOIS HOWARD K	5392	10/29/2004	DOCUMENT REVIEW	0.25	$6.58	$6.49	$13.07
DUBOIS HOWARD K	5392	02/18/2005	DOCUMENT REVIEW	1.00	$26.31	$25.94	$52.25
DUBOIS HOWARD K	5392	04/01/2005	PROJECT MANAGEMENT / DEVELOPMENT	4.50	$118.40	$116.74	$235.14
				Total Cost for Personnel Class			$561.71

$561.71
− 28.09
$533.62

The State of New Hampshire
Department of Environmental Services

Michael P. Nolin
Commissioner

August 19, 2005

Paul J. Exner, P.E., L.S.P.
Northern Utilities, Inc.
300 Friberg Parkway
Westborough, MA 01581-5039

Re: Cost recovery for period October 1, 2004 through June 30, 2005
Petrolane/Northern Utilities

Dear Mr. Exner:

Thank you for your timely payment of your previous bill for the recovery of costs incurred by the Department at the Petrolane/Northern Utilities site in Rochester, NH. The attached bill is for the period October 1, 2004 through September 30, 2005.

Please note that there is a 5% discount for early payment (within 60 days) of the current balance.

A copy of the Department's cost recovery policy may be obtained upon request. Should you have any questions regarding the policy, please feel free to contact me at the letterhead address, by e-mail at fmcgarry@des.state.nh.us, or by phone at 271-2905.

Respectfully,

Frederick J. McGarry, P.E. DEE
Assistant Director
Waste Management Division

P.O. Box 95, 29 Hazen Drive, Concord, New Hampshire 03302-0095
Telephone: (603) 271-3644 • Fax: (603) 271-2181 • TDD Access: Relay NH 1-800-735-2964
DES Web site: www.des.nh.gov

Accounting

REQUEST FOR PAYMENT - BAY STATE COMPANIES

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
			X	

Request Date:	08/16/05	Invoice Date:	08/10/05
PO #:	N/A		
Invoice #:	NHD510160237-Q2(2005)		
Payee:	Treasurer, State of New Hampshire		
Remit to Address:	NHDES-WMD-RIMS-PO BOX 3900		
Remit to City, State, Zip Code:	Concord, NH 03302		
Total Payment:	$63.96		

Special Handling Instructions

Include "NHD510160237 Q2" on the check. Send check to Paul Exner at Westborough for forwarding to payee.

WIRE		ACH	

If Wire or ACH, please fill out the information directly below.

Bank Account:	
ABA #:	

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):

- remediation -

A/P DPT USE ONLY - RECV'D

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OTHER			

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	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
2							
	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
3							

NEW HAMPSHIRE DEPARTMENT OF ENVIRONMENTAL SERVICES
WASTE MANAGEMENT DIVISION - RIMS
PO BOX 3900
Concord, NH 03302
(603) 271-2921

HAZARDOUS WASTE QUARTERLY ACTIVITY REPORT

Date- Aug. 10. 2005
RCRA Id - NHD510160237

PAUL EXNER
NOTHERN UTILITIES
300 FRIBERG PKWY
WESTBOROUGH MA 01581

Location:
32 GONIC RD
ROCHESTER
NH 03867

Review this report for accuracy and completeness. Please correct any discrepancies and include a copy of the manifest(s) or discrepancy letter(s) documenting the corrections. If your company has manifested shipments not included in the Manifest Detail, enclose a copy of each when returning the report. **Even if there is no fee due, the data must be verified and the report signed and returned to DES.**

Return a signed, accurate report and payment due (if any) to the above address within thirty (30) days of receipt.

Quarter-2 -2005 Manifest Detail

Manifest No:	Gen Sig Date:	Waste Code:	Pounds:	Copies:7 2	Exempt Status:
NHJ0003491	Jun. 7, 2005	D001	800	Y Y	ASSESSED FEE
	Jun. 7, 2005	D001	100	Y Y	ASSESSED FEE
	Jun. 7, 2005	D001	10	Y Y	ASSESSED FEE
	Jun. 7, 2005	D002	5	Y Y	ASSESSED FEE
NHJ0003492	Jun. 7, 2005	D001	917	Y Y	ASSESSED FEE
	Jun. 7, 2005	NH01	300	Y Y	ASSESSED FEE
	Jun. 7, 2005	NONE	50	Y Y	NON NH OR NON-HAZ
	Jun. 7, 2005	NONE	50	Y Y	NON NH OR NON-HAZ

Line Item Count: 8 **Total Pounds:** 2,232

Total Assessed Pounds:	2,132.07
Current Quarter Fee*:	$63.96
Credits/Payments Applied:	$0.00
Total Amount Due:	$63.96

***No fee is charged for assessed weight less than 660 pounds. If fee amount due is $0, you owe $0; just return the signed report.**

A $50 flat fee is charged for assessed weights from 660 to 1,666 pounds.
A $.03 per pound is charged for assessed weight in excess of 1,666 pounds.

Make check payable to: Treasurer, State of New Hampshire.
Please reference the Site EPA ID number: **NHD510160237** and reporting quarter **2** on your check.

RSA 147-B:8 V Failure to file a report by the required date or to enclose the fees due shall result in the assessment of a 10 percent penalty to be added to the amount of fees due for that month. If no fees are due, a penalty of $1 per day shall be assessed. Said penalty shall immediately accrue and thereafter the overdue fees and the penalty shall bear interest at the rate established by the Internal Revenue Service effective on the first business day of the calendar year. To this rate shall be added 2 percent. In determining the monthly rate, that figure shall be rounded off to the nearest quarter percent.

PLEASE VISIT OUR WEBSITE FOR MORE INFORMATION AT WWW.DES.STATE.NH.US/RIMS/.
SIGN AND MAKE A COPY FOR YOUR RECORDS AND RETURN TO STATE.