December 4, 2013

Jose R. Franco, Manager
Carlsbad Field Office
Department of Energy
P. O. Box 3090
Carlsbad, New Mexico 88221-3090

M. Farok Sharif, Project Manager
Nuclear Waste Partnership LLC
P. O. Box 2078
Carlsbad, New Mexico 88221-2078

RE: FEE ASSESSMENT
AUDIT REPORTS REVIEW FOR ANL CCP (A-13-24)
WIPP HAZARDOUS WASTE FACILITY PERMIT
EPA I.D. NUMBER NM4890139088-TSDF
INVOICE HWB-WIPP-A-13-024

Dear Messrs. Franco and Sharif:

The New Mexico Environment Department acknowledges receipt of the Final Audit Report for the Argonne National Laboratory (ANL) Central Characterization Program (CCP). The audit report cover letter was dated November 22, 2013 and was received by the Department on November 25, 2013.

The New Mexico Hazardous Waste Permit and Corrective Action Fee Regulations, 20.4.2.201.B(2)(b) NMAC require the assessment of fees. The fee invoice is attached to this letter. Payment is normally due within sixty (60) calendar days from the date that you receive the invoice in accordance with 20.4.2.301.C NMAC. However, because NMED submitted an
assessment of supplemental permit fees on November 1, 2013 to the Permittees for State Fiscal year 2014, and the Permittees transferred payment of these fees on November 13, 2013, the fee invoices for the audit reviews have been effectively paid under these supplemental fees.

If you have any questions regarding this matter, please contact me at (505) 476-6035 or Trais Kliphuis at (505) 476-6051.

Sincerely,

John E. Kieling
Chief
Hazardous Waste Bureau

JEK:tlk

Cc: Trais Kliphuis, NMED HWB
    Coleman Smith, NMED HWB
    James Valdez, NMED HWB
File: Red WIPP '13
Nuclear Waste Partnership LLC  
P.O. BOX 2078  
Carlsbad, NM 88221-5608  
Attn: Mr. Farok Sharif  
Invoice # - HWB-WIPP-A-13-024  
Final Audit Report - Argonne National Laboratory CCP August 27-29, 2013

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Make Checks Payable to: NMED/HWB

Mail Checks and Invoice to:  
New Mexico Environment Department, HWB  
Attn: James Valdez  
2905 Rodeo Park Drive East, Bldg 1  
Santa Fe, NM 87505

State of New Mexico Use Only:

Date Received:  
Check Number:  
Amount Received:  