September 3, 2014

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

Robert L. McQuinn, Project Manager
Nuclear Waste Partnership LLC
P. O. Box 2078
Carlsbad, New Mexico 88221-2078

RE: FEE ASSESSMENT
AUDIT REPORTS REVIEW FOR INL/CCP (A-14-18)
WIPP HAZARDOUS WASTE FACILITY PERMIT
EPA I.D. NUMBER NM4890139088-TSDF
INVOICE HWB-WIPP-A-14-018

Dear Messrs. Franco and McQuinn:

The New Mexico Environment Department acknowledges receipt of the Final Audit Report for Recertification of the Idaho National Laboratory Central Characterization Project (INL/CCP). The audit report cover letter was dated August 15, 2014 and was received by the Department on August 19, 2014.

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 those 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 '14
New Mexico
Environment Department
Hazardous Waste Bureau

Nuclear Waste Partnership LLC
P.O. BOX 2078

Carlsbad, NM 88221-5608
Attn: Robert L. McQuinn

Invoice # - HWB-WIPP-A-14-018
Final Audit Report - INL/CCP, June 3-5, 2014

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PAID BY
SUPPLEMENTAL FEE AGREEMENT
SEPTEMBER 3, 2014

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Pay This Amount $20,000.00

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: __________