August 26, 2015

Dana C. Bryson, Acting Manager
Carlsbad Field Office
Department of Energy
P. O. Box 3090
Carlsbad, New Mexico 88221-3090

Philip J. Breidenbach, Project Manager
Nuclear Waste Partnership LLC
P. O. Box 2078
Carlsbad, New Mexico 88221-2078

RE: FEE ASSESSMENT
AUDIT REPORTS REVIEW FOR HANFORD SITE/CCP (A-15-19)
WIPP HAZARDOUS WASTE FACILITY PERMIT
EPA I.D. NUMBER NM4890139088-TSDF
INVOICE HWB-WIPP-A-15-19

Dear Messrs. Bryson and McQuinn:

The New Mexico Environment Department (NMED) acknowledges receipt of the Final Audit Report for Recertification of the Hanford Site/ Central Characterization Program (Hanford/CCP). The audit report cover letter was dated July 6, 2015 and was received by the NMED on August 13, 2015.

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 to the Permittees for the current State fiscal year, and the Permittees transmitted payment of these fees, the fee invoices has been effectively paid under these supplemental fees.
If you have any questions regarding this matter, please contact me at (505) 476-6035 or Ricardo Maestas at (505) 476-6050.

Sincerely,

John E. Kieling
Chief
Hazardous Waste Bureau

Cc: R. Maestas, NMED HWB
S. Holmes, NMED HWB
C. Smith, NMED HWB
J. Valdez, NMED HWB
File: WIPP '15
New Mexico
Environment Department
Hazardous Waste Bureau

Nuclear Waste Partnership LLC
P.O. BOX 2078

Carlsbad, NM 88221-5608
Attn: Philip J. Breidenbach

Invoice # - HWB-WIPP-A- 15-019

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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

When you provide a check as payment, you authorize the State of New Mexico to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Check Number: ___________ Amount Received: ___________
Date Received: ___________