May 17, 2017

Todd A. Shrader, Manager  Philip J. Breidenbach, Project Manager
Carlsbad Field Office Nuclear Waste Partnership LLC
Department of Energy P.O. Box 2078
P.O. Box 3090 Carlsbad, New Mexico 88221-2078
Carlsbad, New Mexico 88221-3090

RE: FEE ASSESSMENT
AUDIT REPORTS REVIEW for ANL/CCP (A-17-08)
WIPP HAZARDOUS WASTE FACILITY PERMIT
EPA I.D. NUMBER NM4890139088-TSDF
INVOICE HWB-WIPP-A-17-008

Dear Messrs. Shrader and Breidenbach:

The New Mexico Environment Department (NMED) acknowledges receipt of the Transmittal of the Final Report for CBFO Audit A-17-08 of the ANL/CCP. The audit report cover letter was dated January 25, 2017 and was received by the NMED on January 26, 2017.

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 have been effectively paid under these supplemental fees.
If you have any questions regarding this letter, please contact me at (505) 476-6050.

Sincerely,

[Signature]

Ricardo Maestas
WIPP Staff Manager
Hazardous Waste Bureau

cc:  D. Biswell, NMED HWB
     J. Valdez, NMED HWB
     File: WIPP '17
May 17, 2017

Transmittal of the Final Audit Report for CBFO Audit A-17-08 of Argonne National Labs/Central Characterization Program (ANL/CCP).

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item</th>
<th>Item Cost</th>
<th>Total Cost</th>
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<tbody>
<tr>
<td>1</td>
<td>Audit Review</td>
<td>$20,000.00</td>
<td>$20,000.00</td>
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</tbody>
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Total Fees: $20,000.00
Adjustment: $0.00

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

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: ____________