December 12, 2017

Todd Shrader, Manager						Bruce C. Covert, 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 INL/CCP (A-17-23)
WIPP HAZARDOUS WASTE FACILITY PERMIT
EPA I.D. NUMBER NM4890139088-TSDF
INVOICE HWB-WIPP-A-17-023

Dear Messrs. Shrader and Covert:

The New Mexico Environment Department (NMED) acknowledges receipt of the Transmittal of the Final Report for CBFO Audit A-17-23 of the Idaho National Lab/Central Characterization Program (INL/CCP). The audit report cover letter was dated September 6, 2017 and was received by the NMED on September 7, 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.
Messrs. Shrader and Covert  
December 12, 2017  
Page 2  

If you have any questions regarding this matter, please contact me at 476-6050.

Sincerely,

[Signature]

Ricardo Maestas  
WIPP Staff Manager  
Hazardous Waste Bureau

Cc: D. Biswell, NMED HWB  
H. Tellez, NMED HWB  
J. Valdez, NMED HWB  
File: WIPP '17
Transmittal of the Final Report for CBFO Audit A-17-23 of the Idaho National Lab/Central Characterization Program (INL/CCP).

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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: __________