

August 30, 2011

Georgia Environmental Protection Division
Final State Review Framework Report – Round 2

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I. EXECUTIVE SUMMARY

Major Issues

The State Review Framework (SRF) review of the Georgia Environmental Protection Division (GEPD) identified the following major issues:

- In the Clean Water Act (CWA) and the Resource Conservation and Recovery Act (RCRA) programs, there are continued problems from Round 1 of the SRF for penalty calculation and documentation. Initial and final penalty calculations are not maintained, so the Environmental Protection Agency (EPA) could not determine if gravity and economic benefit had been calculated.
- For the Clean Air Act (CAA), there are problems with late data entry into the national database for enforcement, compliance monitoring, and High Priority Violator (HPV) data. GEPD fell short of both national goals and averages in this element.
- Three enforcement/compliance commitments related to the asbestos NESHAP program were not met.
- Three enforcement/compliance commitments related to the CWA pretreatment program were not met.
- For the CWA program, there are discrepancies between the State's data system and ICIS-NPDES related to linking violations and enforcement actions
- Inspection reports for CWA activities were not always complete, consistent across district offices or timely. Two inspection reports were not found in the files. Missing inspection reports is a continuing problem from Round 1.

Summary of Programs Reviewed

I. CAA Program

The problems which necessitate state improvement and require recommendations and actions include:

- Area for State Improvement - There were four CAA Elements where a recommendation for state improvement was identified in the SRF evaluation:
 - Element 1 - Data Completeness
 - Element 3 - Timeliness of Data Entry (continuing problem from SRF Round 1)
 - Element 4 - Completion of Commitments
 - Element 10 - Timely and Appropriate Action

Areas meeting SRF program requirements or with minor issues for correction include:

- Areas meeting SRF program requirements:
 - Element 5 - Inspection Coverage
 - Element 8 - Identification of SNC and HPV
 - Element 9 - Enforcement Actions Promote Return to Compliance
 - Element 11 - Penalty Calculation Method
 - Element 12 - Final Penalty Assessment and Collection

- Area for State Attention – There were three CAA elements where minor issues were identified for state attention:
 - Element 2 - Data Accuracy
 - Element 6 - Quality of Inspection or Compliance Evaluation Reports
 - Element 7 - Identification of Alleged Violations

II. CWA Program

The problems which necessitate state improvement and require recommendations and actions include:

- Area for State Improvement - There were five CWA Elements where a recommendation for state improvement was identified in the SRF evaluation:
 - Element 1 - Data Completeness
 - Element 4 - Completion of Commitments
 - Element 6 - Quality of Inspection or Compliance Evaluation Reports
 - Element 11 - Penalty Calculation Method (continuing problem from SRF Round 1)
 - Element 12 - Final Penalty Assessment and Collection (continuing problem from SRF Round 1)

Areas meeting SRF program requirements or with minor issues for correction include:

- Areas meeting SRF program requirements include:
 - Element 3 - Timeliness of Data Entry
 - Element 5 - Inspection Coverage
 - Element 7 - Identification of Alleged Violations
 - Element 8 - Identification of SNC and HPV
 - Element 9 - Enforcement Actions Promote Return to Compliance
- Area for State Attention:
 - Element 2 - Data Accuracy
 - Element 10 – Timely and Appropriate Action

III. RCRA Program

The problems which necessitate state improvement and require recommendations and actions include:

- Element 11 - Penalty Calculation Method (continuing problem from SRF Round 1)
- Element 12 - Final Penalty Assessment and Collection (continuing problem from SRF Round 1)

Areas meeting SRF program requirements or with minor issues for correction include:

- Areas meeting SRF program requirements:
 - Element 1 - Data Completeness
 - Element 2 - Data Accuracy
 - Element 4 - Completion of Commitments
 - Element 5 - Inspection Coverage

- Element 6 - Quality of Inspection or Compliance Evaluation Reports
 - Element 7 - Identification of Alleged Violations
 - Element 8 - Identification of SNC and HPV
 - Element 9 - Enforcement Actions Promote Return to Compliance
 - Element 10 - Timely and Appropriate Action
- Area for State Attention – There was one RCRA element where a minor issue was identified for state attention:
 - Element 3 - Timeliness of Data Entry

II. BACKGROUND INFORMATION ON STATE PROGRAM AND REVIEW PROCESS

The SRF is a program designed to ensure EPA conducts oversight of state and EPA direct implementation compliance and enforcement programs in a nationally consistent and efficient manner. Reviews look at 12 program elements covering data (completeness, timeliness, and quality); inspections (coverage and quality); identification of violations; enforcement actions (appropriateness and timeliness); and penalties (calculation, assessment, and collection).

Reviews are conducted in three phases: analyzing information from the national data systems; reviewing a limited set of state files; and development of findings and recommendations. Considerable consultation is built into the process to ensure EPA and the state understand the causes of issues, and to seek agreement on identifying the actions needed to address problems.

The reports generated by the reviews are designed to capture the information and agreements developed during the review process in order to facilitate program improvements. The reports are designed to provide factual information and do not make determinations of program adequacy. EPA also uses the information in the reports to draw a “national picture” of enforcement and compliance, and to identify any issues that require a national response. Reports are not used to compare or rank state programs.

A. General Program Overview

The following information, including the discussion of agency structure, resources and accomplishments and priorities was provided by GEPD and has not been verified by EPA for this report.

Agency Structure

GEPD is a division of the Georgia Department of Natural Resources (DNR), and implements the State environmental program through the authority of State statutes and major parts of five federal environmental statutes. These laws regulate public and private facilities having to do with water quality, air quality, hazardous waste, water supply, solid waste management, surface

mining and other areas. It issues and enforces all State permits in these areas. GEPD has received the authority from EPA to issue and enforce all permits required by federal laws.

GEPD is organized into four branches:

- Air Protection Branch – This branch is responsible for protecting Georgia's air quality through the regulation of emissions from industrial and mobile sources. The Branch also monitors levels of air pollutants throughout the State.
- Land Protection Branch – This branch regulates facilities that generate, treat, store or dispose of hazardous wastes. This Branch also regulates solid waste disposal and treatment, scrap tire cleanups, lead and asbestos abatement, underground storage tank registration and remediation, and surface mining permitting and reclamation. This Branch administers the State Superfund, which is used for hazardous site cleanup work.
- District Offices – The functions of the district offices are Division-wide in scope and include emergency response and the management of seven district office operations throughout the State.
- Watershed Protection Branch - This branch manages water resources in Georgia through permits to local governments and industry to discharge treated wastewater and to local governments, industry, farmers and subdivisions for surface water and groundwater withdrawals. The Branch regulates the operations of Georgia's public water supply systems, works to control nonpoint sources of pollution, including erosion and sedimentation, and manages storm water discharges. This Branch also conducts water quality monitoring and modeling of Georgia's waterways.

Compliance/Enforcement Program Structure

GEPD's main office is located in Atlanta and there are seven District Offices covering five district areas, which perform the department's duties on a local level. These offices include the Coastal District (Brunswick), Mountain District (Atlanta and Cartersville), Northeast District (Athens and Augusta), Southwest District (Albany), and West Central District (Macon).

The Branches listed above conduct compliance assurance and enforcement activities; there is no centralized multimedia enforcement office at GEPD. The districts perform compliance and enforcement inspections of assigned facilities, which include some drinking water, wastewater, air quality, solid waste, underground storage tank, scrap tire and land disturbing activities.

Roles and Responsibilities

CAA Program:

In addition to EPA's guidance (Timely and Appropriate Enforcement Response to HPVs Policy, Compliance Monitoring Strategy, etc.), GEPD has developed its own internal guidance (Compliance Assurance Strategy and Penalty Calculation Policy). The goal of the Compliance

Assurance Strategy is to affect a high rate of compliance with the Georgia Rules for Air Quality Control and the permits issued pursuant to the Rules. GEPD's strategy includes: providing assistance/education to sources to improve their understanding of the rules and conditions of their permits; clearly defining to noncompliant sources the requirements that they are subject to and specifying the need for corrective actions and a time frame for attaining compliance; and pursuing enforcement action, including orders with compliance schedules and monetary penalties, where necessary to insure that compliance is attained and maintained, and that sources do not benefit economically from their noncompliance. The goal of the Penalty Calculation Policy is to provide guidance in calculating the initial proposed monetary settlement to be used in Consent Orders. The policy stresses two main penalty components: the gravity of the violation and the benefit of noncompliance.

There is a public participation process. Certain proposed consent orders are subject to public noticing if they fall under one of these categories: human health endangerment; compliance schedules exceeding one year; repeat violators within the a twelve-month period; and public notice requested by the person entering into the proposed order.

GEPD's Air Protection Branch employs a District Liaison, whose main job responsibility is to assist the District Offices with their CAA inspections and enforcement. The District Liaison provides training and guidance to ensure that the compliance and enforcement activities conducted by the District Offices are consistent with GEPD and EPA guidance and policies. When District Offices inquire, the District Liaison provides recommendations on enforcement. The Air Protection Branch does not manage the District Offices. Thereby, the enforcement decisions and timeliness of enforcement are the responsibility of the District Offices. The District Liaison also works with District Offices to develop a list of assigned sources and an annual schedule of inspections. The GEPD Air Protection Branch receives a copy of all CAA inspection reports, FCEs and enforcement actions conducted by the District Offices. The District Liaison, with assistance from an Administrative Assistant, also enters the minimum data requirements from the District Offices into the Integrated Air Information Platform for upload to AFS.

The Land Protection Branch of Georgia's EPD implements its RCRA compliance and enforcement programs under the authority of Georgia's Hazardous Waste Management Act (Act) and the Rules for Hazardous Waste Management (Rules). The Branch developed a guidance document for staff to describe the Branch's RCRA enforcement strategy, insure a consistent approach for inspection and enforcement actions and to serve as a training tool for new employees. This document describes the specific types of inspections that the RCRA programs within the Branch conduct under the authority of the Act and Rules. Consistency and even-handedness in enforcement is maintained through the use of the following EPA documents: RCRA Civil Penalty Policy, Compliance Incentives for Small Business Policy, and Voluntary Environmental Self-Policing and Self-Disclosure Policy. If RCRA violations are determined during compliance evaluation inspections or citizen complaint inspections, facilities are classified as either secondary violators or significant non-compliers. Facilities that are declared secondary violators are issued Notice of Violation Letters and given 30 days to return to compliance. Facilities that are declared significant non-compliers are issued consent orders with specific timeframes to return to compliance with the regulations. Usually, the consent orders

have a monetary penalty. Consent orders are submitted for 30 day public notice prior to execution by the Director of EPD only if the facility has released hazardous waste constituents to the environment, the compliance schedule in the Order exceeds one year or the facility has received two Orders within a 12 month period for non-compliance under the same statute or the facility requests in writing that notice be issued. Enforcement documents and consent orders are issued in compliance with the timeframes outlined in EPA's Hazardous Waste RCRA Civil Enforcement Policy. Compliance Status Letters are issued to facilities when they demonstrate compliance with violations cited in the enforcement documents. There are no positions allocated to the District offices for RCRA compliance and enforcement efforts. All RCRA compliance and enforcement data is entered into EPA's RCRAInfo national database. The EPD's RCRA programs keep no separate databases.

The Watershed Protection Branch of EPD implements the CWA/NPDES program under the authority of the Georgia Water Quality Control Act and the Georgia Rules and Regulations for Water Quality Control. The Branch has an established Enforcement Management Strategy (EMS) that describes EPD's NPDES enforcement practices to insure a consistent approach for inspection and enforcement actions and to serve as a training tool for new employees. The EMS guides staff in identifying violations and their level of severity. The EMS details the escalatory enforcement actions required for various violations from different facility types (i.e. major versus non-major and industrial pretreatment). This process drives compliance schedules and monetary penalties necessary to insure that compliance is attained and maintained, and that facilities do not benefit economically from their noncompliance.

The Watershed Protection Branch has an individual that serves as District Liaison, who has the responsibility to coordinate with the District Offices with respect to their NPDES inspections and enforcement. The District Liaison coordinates training and guidance to ensure that the compliance and enforcement activities conducted by the District Offices are consistent with EPD guidance, policies, and annual EPA work plans. The District Liaison also coordinates with District Offices to periodically develop a list of assigned sources and to annually develop a schedule of inspections. The Branch receives a copy of all NPDES inspection reports, and enforcement actions conducted by the District Offices. The Branch subsequently enters the required data requirements from the District Offices into the ICIS-NPDES database.

Local Agencies Included/Excluded from Review

There are no agencies delegated below the State level to conduct work in the programs evaluated under the SRF. As a result, no local agencies were chosen for an independent SRF review.

Resources

The resource information below was provided voluntarily by GEPD, and was not verified by EPA for the SRF Report. The information represents the Full Time Equivalent (FTE) positions for the implementation of the state's compliance and enforcement programs reviewed under the SRF:

- **CAA Resources:** In GEPD's Stationary Source Compliance Program (SSCP) there are 28 FTEs, which includes 5.0 FTEs located in the District offices.
- **NPDES Resources:** In the Watershed Protection Branch, the wastewater compliance monitoring and enforcement program has 11.0 FTEs plus an additional 2.5 FTEs under the Department of Agriculture contract for Combined Animal Feeding Operation (CAFO) compliance assistance. The stormwater and erosion control compliance monitoring and enforcement program has 10.0 FTEs. There are 39.4 FTEs supporting the NPDES program located in the district offices.
- **RCRA Resources:** In the Land Protection Branch, there are 41.5 FTEs for the implementation of RCRA compliance and enforcement activities. There are no RCRA FTE in the district offices.

Resource constraints that present major obstacles to program implementation are provided below:

- **CAA:** Future state budget reductions possible, unlikely to fill state funded vacancies in the near future.
- **NPDES:** With current resources, GEPD has struggled to meet the CWA Section 106 work plan obligations and has not had time to devote to improving the state filing system.
- **RCRA:** The GEPD Performance Partnership Grant (PPG) funding has remained flat as the costs for running the program have significantly increased. Consequently, the State has historically supported RCRA functions with funding from the State's Response Program. As State revenues have decreased, the State's Response Program funding has also, to the extent that it is no longer able to support the RCRA Program at previous funding levels. While State Response Program funding continues to provide some support for the Georgia RCRA Program, those dollars are expected to continue to be reduced and may become insufficient to provide any support to the RCRA Program.

Staffing / Training

- **CAA:** The SSCP has one vacancy, and the District Offices have a significant number of vacancies that will limit the amount of air enforcement work that can be done at the District level.
- **NPDES:** The wastewater program has been negatively impacted by eight vacancies and will be further impacted by upcoming retirements in the near future.
- **RCRA:** The program is not fully staffed; however, RCRA compliance and enforcement is performed by staff also working on other projects/funding sources. There are currently 12 vacant RCRA-related positions. The number of generator inspections will be reduced from prior year accomplishments due to vacant staff positions, but will still be more than minimum workplan commitments.

All GEPD positions are advertised and filled using Georgia DNR procedures for hiring. Vacant positions are posted on the DNR website and circulated internally via e-mail. Applications are screened by a panel of managers familiar with the requirements of the position(s), and candidates to be interviewed are notified. Interviews are conducted by the panel, and ranked using a scoring

matrix, based on responses to a writing test and interview questions. After references are checked, an offer is extended to the top ranking candidate.

Georgia provides significant on-the-job training, and takes advantage of web-based and class room training provided by EPA, professional associations, experienced State personnel, and EPA guidance.

Data Reporting Systems/Architecture

- **CAA** – The minimum data requirements (MDRs) are batch uploaded once every two weeks to the Air Facility Subsystem (AFS) national database via the State’s Integrated Air Information Platform.
- **CWA** –
 - Georgia reports wastewater MDRs to the EPA Integrated Compliance Information System (ICIS) through direct entry.
 - NPDES Storm Water General Permit information is maintained in three non-federal databases, and is available to EPA upon request.
 - CWA Section 401 Water Quality Certification information is maintained in a non-federal database, and is available to EPA upon request.
 - CWA Section 319(h) grant data is maintained in the Grant Reporting and Tracking System (GRTS) federal database. Use of this database is a mandatory condition for receiving these grants.
- **RCRA** - Georgia performs direct data entry into the EPA RCRAInfo database. There is no separate state system for this data. Within a few weeks of actions, staff send forms for data entry.

B. Major State Priorities and Accomplishments

The SRF is designed to evaluate specific compliance and enforcement elements, and there may be State priorities and accomplishments that are not captured in the SRF findings. EPA acknowledges the efforts by Georgia that contribute to the mutual goals of ensuring compliance and promoting environmental stewardship. The following Georgia priorities and accomplishments were provided by the State. However, the information has not been verified by EPA and may reflect activities that were not ongoing during the time period of the SRF review (FY2009):

- **CAA Priorities:** The SSCP follows EPA’s CAA Compliance Monitoring Strategy (CMS) Policy and Timely and Appropriate (T & A) Guidance, and uses local knowledge of problem areas, focusing on the largest emitters of pollutants and sources generating complaints from the public.
- **CWA Priorities:** Sanitary sewer overflow compliance and enforcement has been a focus of the GEPD National Pollution Discharge Elimination System (NPDES) program. This priority reflects not only EPA’s wet weather initiative but also a State initiative to raise the bar for sewer system assessment and rehabilitation.

- **RCRA Priorities:** (none provided by state)

- **CAA Accomplishments:**
 - Compliance Monitoring – 693 compliance inspections conducted, SSCP and the District Offices review all stack tests, semiannual reports and Annual Compliance Certifications submitted each year.
 - GEPD has developed a “Full Compliance Evaluation (FCE) report” which summarizes all compliance monitoring activities associated with an FCE in one document. This helps the state track all the required compliance monitoring tasks, memorializing their completion prior to the state coding an FCE in AFS. This practice could be considered by other state and local CAA programs.
 - Compliance Assistance/Outreach – The Small Business Unit provides help with air permit applications, area source Maximum Achievable Control Technology (MACT) rule summaries and source outreach, air fee assistance, and compliance assistance.
 - Pollution Prevention – Georgia DNR has a separate division for this activity.
 - Voluntary Programs – Fee audit program allows for no penalty if delinquent fees paid before a cut-off date, Supplement Environmental Projects suggested as part of penalty settlements.
 - Enforcement – for FY2009, there were 69 Notice of Violations (NOVs) issued (36 were HPVs), 38 Consent Orders executed, \$695,238 in penalties collected.

- **CWA Accomplishments:**
 - The City of Atlanta has completed over two billion dollars worth of sewer system improvements during the period from 2004 to 2009 in accordance with a joint EPA-State enforcement action.
 - Five municipalities have qualified to enter the State’s voluntary Capacity, Management, Operations, and Maintenance (CMOM) Program, under which they document the implementation of CMOM programs and in turn receive reduced fines and less stringent reporting requirements for smaller spills.
 - The state met NPDES stormwater inspection commitments for FY2010 Performance Partnership Agreement (PPA) during times of reduced staffing and travel budget.
 - Thirteen individual permits for medium-size Municipal Separate Storm Sewer Systems (MS4s) were reissued in FY2010. We have no expired individual or general NPDES permits for stormwater discharges (six general permits and 58 individual permits).
 - Reviewed and provided comments on the annual reports from all 145 MS4 permittees. Some of these reports are quite lengthy, and can consist of multiple notebooks and/or thousands of pages of supporting documents.
 - Conducted numerous training events on the construction general permit in order that owners, contractors, and engineering consultants can better understand the permit requirements.

- **RCRA Accomplishments:** Through compliance evaluation inspections, it became apparent that many facilities were unaware of the RCRA universal waste regulations or did not understand what was required under RCRA to properly manage this type of waste. A tri-fold brochure entitled “Managing Your Used Mercury-containing Lamps” was created to simplify the universal waste requirements for this specific type of waste.

Brochures were mailed to large and small quantity generators, transporters and used oil facilities, and distributed by compliance officers during compliance evaluation inspections. It is too early to evaluate the success of this effort, but it will continue to be tracked.

C. Process for SRF Review

The Georgia SRF Round 2 was initiated with an April 16, 2010, kick-off letter to the GEPD Director from the EPA Region 4 Regional Counsel and Director of the Office of Environmental Accountability (OEA). On June 23, 2010, the Preliminary Data Analysis (PDA) and File Selections for all three media were sent to the state. The onsite file reviews for each media took place during June and early July 2010, at the individual GEPD Branch offices in Atlanta, Georgia. The fiscal year of the GEPD SRF review was FY2009.

State and EPA Region 4 Contacts:

	Georgia	EPA Region 4
SRF Coordinators	Doralyn Kirkland - Policy Advisor, GEPD	Shannon Maher – OEA, SRF Coordinator Steve Hitte – Chief, Analysis Section, OEA
CAA	James A. (Jac) Capp - Chief, Air Protection Branch Lou Musgrove - Program Manager, Stationary, Source Compliance Program, Air Protection Branch	Mark Fite - OEA Ryan Brown and Wendell Reed - Air, Pesticides & Toxics Management Division
CWA	Bill Noell - Chief, Compliance & Enforcement Unit East, Watershed Protection Branch Marzieh Shahbazaz - Chief, Compliance & Enforcement Unit West, Watershed Protection Branch	Shelia Hollimon - OEA Ken Kwan - Water Protection Division
RCRA	Verona Barnes - Chief, Hazardous Waste Support Unit, Land Protection Branch	Connie Raines - OEA Parvez Mallick - RCRA Division

III. STATUS OF OUTSTANDING RECOMMENDATIONS FROM PREVIOUS REVIEWS

In Round 1 of the SRF, there were a total of 13 recommendations that were identified. From the Round 2 evaluation, it was verified that eight of the 13 recommendations had been implemented successfully. However, the Round 2 evaluation identified five Round 1 recommendations that still have some areas for state attention or improvement:

- CAA Element 3 - Timeliness of Data Entry
- CWA Element 11 - Penalty Calculation Method
- CWA Element 12 - Final Penalty Assessment and Collection
- RCRA Element 11 - Penalty Calculation Method
- RCRA Element 12 - Final Penalty Assessment and Collection

A comprehensive list of completed and outstanding actions is included in Appendix A for reference.

IV. FINDINGS

The findings for the GEPD Round 2 SRF evaluation are listed below, by media, for Elements 1 through 12. For each Element, a finding is made in one of the four following categories:

- “Meets SRF Program Requirements” – This indicates that no issues were identified for that element.
- “Area for State Attention” – The SRF data metrics and/or the file reviews indicate that activities, processes, or policies are being implemented with minor deficiencies that would benefit from state attention in order to strengthen its performance, but are not significant enough to require EPA to identify and track state actions to correct. This can describe a situation where a state is implementing either EPA or state policy in a manner that requires self-correction to resolve concerns identified during the review. These are single or infrequent instances that do not constitute a pattern of deficiencies or a significant problem. These are minor issues that the State should self-correct without additional EPA oversight. However, the State is expected to improve and maintain a high level of performance.
- “Area for State Improvement” – The SRF data metrics and/or the file reviews indicate that activities, processes, or policies that are being implemented by the state have problems that need to be addressed and that are significant enough to require follow-up EPA oversight. This can describe a situation where a state is implementing either EPA or state policy in a manner requiring EPA attention. For example, these would be areas where the metrics indicate that the State is not meeting its commitments, there is a pattern of incorrect implementation in updating compliance data in the data systems, there are incomplete or incorrect inspection reports, and/or there is ineffective enforcement response. These would be significant issues and not merely random occurrences. Recommendations are required for these problems, and should have well-defined timelines and milestones for completion. The recommendations will be monitored in the SRF Tracker.
- “Good Practice” – The SRF data metrics and/or the file reviews indicate that activities, processes, or policies are being implemented exceptionally well and the State is expected to maintain at a high level of performance. This may include specific innovative and noteworthy activities, processes, or policies that have the potential to be replicated by other states and that can be highlighted as a practice for other states to emulate. No further action is required by either EPA or the State.

CAA Program

CAA Element 1 – Data Completeness			
Degree to which the Minimum Data Requirements are complete.			
Finding	In general, Georgia has ensured that all MDRs were entered into the AFS, with the exception of New Source Performance Standards (NSPS) and National Emission System for Hazardous Air Pollutants (NESHAP) subprogram designations.		
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice		
Explanation	<p>Element 1 of the SRF is designed to evaluate the degree to which the State enters MDRs into the national data system. In the PDA, GEPD was at or near the national goal of 100% for Data Metrics 1c6, 1h2, and 1h3 (98%, 100%, and 100%, respectively). These metrics measure the degree to which various MDRs for MACT sources and HPV actions are complete in AFS.</p> <p>However, for Data Metric 1c4, only 71.8% of the State’s NSPS sources (446 out of 621) had the applicable subpart coded into AFS. Further review indicates that each of these sources received a FCE after 10/1/05, triggering the requirement to report the NSPS subpart. Similarly, for Data Metric 1c5, only 39.7% of the State’s NESHAP sources (23 of 58) had the applicable subpart coded into AFS. For both of these metrics, Georgia’s value falls below both the national average and the national goal of 100%. Therefore, this is designated as an area for State improvement, and recommendations are outlined below.</p> <p>Data Metric 1h1 measures the percentage of HPVs with a discovery date entered into AFS. Although the frozen data indicates that only 52.8% of HPVs had a discovery date reported, GEPD advised that the data was in their State database, but since they were not properly linked to an action, this information did not upload into AFS. This problem has been corrected, and the production data in OTIS confirms that the discovery dates are now in AFS.</p>		
Metric(s) and Quantitative Value(s)	<u>Data Metric</u>	<u>Goal</u>	<u>State</u>
	1c4 - % NSPS Facilities with subprogram designation:	100%	71.8%
	1c5 -% NESHAP facilities with subprogram designation	100%	39.7%
	1c6 - % MACT facilities with subprogram designation	100%	98.0%
	1h1 - HPV Day Zero (DZ) Pathway Discovery date: Percent DZs reported after 10/1/05 with discovery	100%	52.8%

	1h2 - HPV DZ Pathway Violating Pollutants: 100% 100% Percent DZs reported after 10/1/05 1h3 - Percent DZs reported after 10/1/05 100% 100% with HPV Violation Type Code 1k - Major Sources Missing CMS Policy Applicability 0 1
State Response	The State percentages above for Data Metrics 1c4 and 1c5 include permanently shut down sources. For Data Metric 1c4, 26 of the 621 NSPS sources have the air program code marked as “permanently shut down” in AFS. For Data Metric 1c5, 30 of the 58 NESHAP sources have air program code marked as “permanently shut down” in AFS. GEPD will not enter subpart information into AFS for shut down sources. However, for the sources that are currently operating, GEPD has begun the process of verifying and entering any missing NSPS and NESHAP subpart information. GEPD enters NSPS, NESHAP and MACT subpart information into our database for upload to AFS for all newly permitted sources.
Recommendation(s)	By December 31, 2011, GEPD should enter the missing NSPS and NESHAP subpart data for operating sources into AFS. The EPA Region 4 Air and EPCRA Enforcement Branch (AEED) will verify that the corrections have been completed through the FY 2012 mid-year data quality review. Once this data is entered, this recommendation will be considered to have been addressed. In addition, GEPD should ensure that the appropriate subpart is entered when new NSPS and NESHAP sources are inspected.

CAA Element 2 – Data Accuracy	
Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).	
Finding	Although the majority of data reported into the national system appears to be accurately entered and maintained, several discrepancies between the files and AFS were identified during the file review.
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	<p>Because HPV facilities are only a subset of violating facilities, Data Metric 2a, which measures the percentage of noncompliant sources that are HPVs, provides a strong indication of whether the State is accurately reporting the compliance status of sources. The national goal for this metric is $\leq 50\%$, and GEPD’s value of 38.1% meets the national goal.</p> <p>Data Metric 2b1 measures the percentage of stack tests without a results code reported into AFS. GEPD’s value of 0% meets the national goal, which means that all stack tests entered into AFS also had a result</p>

	<p>reported (i.e. pass or fail).</p> <p>During the file review, 21 of the 35 files reviewed (60%) documented all MDRs being reported accurately into AFS. The remaining 14 files had one or more discrepancies identified. Minor differences such as Standard Industrial Classification code, facility name, attainment status, or pollutants were identified in ten files. More significantly, six files revealed an incorrect compliance status in AFS, two files showed a discrepancy in the NSPS or MACT applicability of the source, and one file revealed a formal enforcement action missing in AFS. The Round 1 SRF review also identified a concern with incorrect compliance status, but it was primarily related to HPVs. The state is in the process of addressing these discrepancies. Since these issues are primarily isolated, non-systemic occurrences that do not represent a pattern, this is designated as an area for state attention, and no formal recommendations are being tracked for this element.</p>																		
Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th>Data Metric</th> <th>National Goal</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>2a - # of HPVs / # of Noncompliance sources</td> <td>≤ 50%</td> <td>38.1%</td> </tr> <tr> <td>2b1 - % Stack Tests without Pass/Fail result</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>2b2 - Number of Stack Test Failures</td> <td>-</td> <td>18</td> </tr> <tr> <td colspan="2"><u>File Review Metric</u></td> <td><u>State</u></td> </tr> <tr> <td>2c - % files with MDR data accurate in AFS</td> <td>-</td> <td>60%</td> </tr> </tbody> </table>	Data Metric	National Goal	State	2a - # of HPVs / # of Noncompliance sources	≤ 50%	38.1%	2b1 - % Stack Tests without Pass/Fail result	0%	0%	2b2 - Number of Stack Test Failures	-	18	<u>File Review Metric</u>		<u>State</u>	2c - % files with MDR data accurate in AFS	-	60%
Data Metric	National Goal	State																	
2a - # of HPVs / # of Noncompliance sources	≤ 50%	38.1%																	
2b1 - % Stack Tests without Pass/Fail result	0%	0%																	
2b2 - Number of Stack Test Failures	-	18																	
<u>File Review Metric</u>		<u>State</u>																	
2c - % files with MDR data accurate in AFS	-	60%																	
State Response																			
Recommendation(s)	No formal recommendations are being tracked for this element.																		

CAA Element 3 - Timeliness of Data Entry	
Degree to which the Minimum Data Requirements are timely.	
Finding	The timeliness of data entry for enforcement, compliance monitoring, and HPV-related MDRs fell short of both the national goal and the national average.
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	Georgia’s performance in FY2009 for timely entry of enforcement, compliance monitoring, and HPV related MDRs fell short of the national goal of 100%. With respect to HPV data entry (Data Metric 3a), only one sixth of the HPVs (6 of 36) were entered within 60 days. Three fourths of the HPVs (27 of 36) were entered more than 100 days after discovery. In their response to the official data set, the State indicated that it is their practice to enter the HPV <u>after</u> the notice of violation (NOV) has been issued. Whereas this practice is not based on any formal policy, the rationale for it is to allow for management review of each violation to ensure that its designation as an HPV is

	<p>appropriate. Since the HPV guidance allows up to 90 days from discovery to designate Day Zero and another 60 days to issue the NOV, this practice is likely the cause of the late reporting. This issue is designated as an area for State improvement since the timeliness of HPV reporting was noted as a concern during the Round 1 SRF review, and timeliness has worsened from 52% timely in Round 1 to 16.7% timely in Round 2. However, the State has expressed a willingness to explore ways to streamline the process.</p> <p>Data Metric 3b1 indicates that only about half of the compliance monitoring MDRs (49.6%, or 1259 of 2538) were entered within 60 days. Georgia’s metric falls below both the national average of 52.6% and the national goal of 100%, so this is also an area for State improvement. An analysis of the data indicates that over 80% of these late actions were related to stack tests. In all, over 90% of the stack test actions entered into AFS in FY2009 (1009 of 1112) were entered late. The State explained that, because of the large number of tests performed each year, they do not enter a stack test into AFS until after the results have been reviewed, thereby avoiding “double” data entry. As a result, 100% of Georgia’s stack test results (Data Metric 2b1) have been properly populated in AFS, but this is at the expense of timely entry of the test date. However, the State has expressed a willingness to explore changes to the process to improve timeliness.</p> <p>Data Metric 3b2 indicates that less than half of the enforcement related MDRs (42.9% or 51 of 119) were entered within 60 days. About two-thirds of the late actions were NOVs, and the rest were formal enforcement actions. Since Georgia’s metric falls below the national average of 67.3% and the national goal of 100%, this is designated as an area for State improvement. GEPD advises that process modifications to improve the timeliness of data entry for enforcement-related MDRs are feasible.</p>																
<p>Metric(s) and Quantitative Value(s)</p>	<table border="1"> <thead> <tr> <th>Data Metric</th> <th>National Goal</th> <th>National Average</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>3a - % HPVs entered in ≤ 60 days</td> <td>100%</td> <td>32.0%</td> <td>16.7%</td> </tr> <tr> <td>3b1 - % Compliance Monitoring MDRs entered in ≤ 60 days</td> <td>100%</td> <td>52.6%</td> <td>49.6%</td> </tr> <tr> <td>3b2 - % Enforcement MDRs entered in ≤ 60 days</td> <td>100%</td> <td>67.3%</td> <td>42.9%</td> </tr> </tbody> </table>	Data Metric	National Goal	National Average	State	3a - % HPVs entered in ≤ 60 days	100%	32.0%	16.7%	3b1 - % Compliance Monitoring MDRs entered in ≤ 60 days	100%	52.6%	49.6%	3b2 - % Enforcement MDRs entered in ≤ 60 days	100%	67.3%	42.9%
Data Metric	National Goal	National Average	State														
3a - % HPVs entered in ≤ 60 days	100%	32.0%	16.7%														
3b1 - % Compliance Monitoring MDRs entered in ≤ 60 days	100%	52.6%	49.6%														
3b2 - % Enforcement MDRs entered in ≤ 60 days	100%	67.3%	42.9%														
<p>State Response</p>	<p>GEPD is exploring changes to our processes to improve the timeliness of data entry. For example, GEPD is investigating procedures for batch uploading stack test report information (date of the testing, date received and pollutant tested) to AFS prior to the stack test review. Also, batch uploads to AFS could be increased to weekly instead of twice monthly. A few simple test reports like filterable PM and VE do arrive in 30-45 days from the testing, with the majority arriving at 55-65 days from the</p>																

	test date(s). It will be challenging to get these test reports into AFS within 60 days of the test date, even if we move to a weekly batch upload to AFS. Also, entering stack test data into AFS prior to the stack test report review may increase the number of data errors in AFS. GEPD notes that other state agencies are also experiencing difficulties in entering stack test data into AFS within the time constraints set in the MDR.
Recommendation(s)	By December 31, 2011, GEPD should develop and implement revised procedures which ensure timely reporting of HPVs, stack tests, NOV's and enforcement actions into AFS. A draft of these revised procedures should be submitted to EPA (AEEB) for review by November 30, 2011. If the revised procedures are satisfactory, then the recommendation will be considered to have been addressed. However, these timeliness issues will continue to be monitored by AEEB through the existing HPV calls and other periodic data reviews conducted by EPA.

CAA Element 4 - Completion of Commitments.	
Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.	
Finding	Most enforcement and compliance commitments have been met, but the State failed to meet three grant commitments related to the asbestos NESHAP enforcement program.
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	Pursuant to a PPG between GEPD and EPA Region 4, the Air Protection Branch submitted a plan for completing FCEs on air sources in FY2009. This document also serves as GEPD's CMS plan. The State advised that maintaining a strong field presence through onsite inspections is crucial to an effective the stationary source compliance program. This commitment is reflected in the State's CMS plan, which contemplates more frequent inspections than the minimum frequencies of every two years at Major sources and every five years at Synthetic Minor 80% (SM80) sources outlined in EPA's CMS Guidance. In particular, the State committed to completing FCEs at 89% of its Major sources and 36% of its SM80 sources in FY2009. GEPD successfully completed all planned evaluations. Further discussion is also presented under Element 5. In addition, under the PPG, EPA tracked various compliance and enforcement commitments for FY2009 through the Air Planning Agreement (APA). GEPD met five of eight of their commitments under the APA. The remaining three commitments which were not met relate to Georgia's asbestos NESHAP program. EPA advised GEPD of these deficiencies in a letter dated May 21, 2010. In

	<p>March 2009, GEPD’s Land Protection Branch asked EPA to take back the asbestos NESHAP compliance and enforcement program in Georgia, citing insufficient resources to run the program. EPA agreed to run the program on a temporary basis until the State’s budget issues stabilized. EPA ran the program on Georgia’s behalf throughout FY2010, and anticipates continuing these operations into FY2011. Since the State retains both the official delegation and CAA Section 105 grant funding for the program, the obligation to run the program remains with the State as well. Therefore, this is designated as an area for State improvement.</p>						
Metric(s) and Quantitative Value(s)	<table border="1"> <tr> <td>File Review</td> <td>State</td> </tr> <tr> <td>4a - Planned evaluations completed for year of review pursuant to CMS plan</td> <td>100%</td> </tr> <tr> <td>4b - Planned commitments completed</td> <td>62.5%</td> </tr> </table>	File Review	State	4a - Planned evaluations completed for year of review pursuant to CMS plan	100%	4b - Planned commitments completed	62.5%
File Review	State						
4a - Planned evaluations completed for year of review pursuant to CMS plan	100%						
4b - Planned commitments completed	62.5%						
State Response	<p>State funding for the asbestos program has not been restored for FY2011 or FY 2012. Georgia still lacks the resources needed to comply with this commitment.</p>						
Recommendation(s)	<p>GEPD should resume implementation of the asbestos NESHAP compliance and enforcement program.</p>						

CAA Element 5 – Inspection Coverage				
Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).				
Finding	<p>Georgia met its annual inspection and compliance evaluation commitments.</p>			
This finding is a(n)	<p><input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice</p>			
Explanation	<p>Based on the PDA, GEPD completed FCEs at 99.7% of its Major and 99.4% of its SM80 sources during the relevant CMS timeframe. In addition, the State reviewed 100% of the Title V self-certifications submitted. Therefore, the State met all SRF program requirements for this element.</p>			
Metric(s) and Quantitative Value(s)	Data Metrics	National Goal	National Average	State
	5a1 - FCE coverage Majors (CMS cycle)	100%	87.5%	99.7%
	5a2 - FCE coverage All Majors (last 2 FY)	100%	83.2%	99.8%
	5b1 - FCE coverage SM80 (CMS cycle)	20-100%	83.0%	99.4%
	5b2 - FCE coverage CMS SM80 (last 5 FY)	100%	90.3%	99.1%
	5c - FCE/PCE coverage All SMs (last 5 FY)	NA	80.9%	60.7%

	5d - FCE/PCE coverage other minors (5 FY)	NA	29.7%	3.0%
	5e - Sources with unknown compliance status	NA	-	7
	5g - Review of Self Certifications completed	100%	93.9%	100%
State Response				
Recommendation(s)	No further action is needed.			

CAA Element 6 – Quality of Inspection or Compliance Evaluation Reports									
Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include an accurate description of observations.									
Finding	In general, compliance monitoring reports (CMRs) properly document observations and include an accurate description of observations, although some CMRs lacked a compliance and enforcement history, and a number of inspection reports were not completed in a timely manner.								
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice								
Metric(s) and Quantitative Value(s)	<table border="0"> <tr> <td>File Review Metric</td> <td style="text-align: right;">State</td> </tr> <tr> <td>6a – Number of FCEs reviewed</td> <td style="text-align: right;">30</td> </tr> <tr> <td>6b – % FCEs that meet definition</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>6c – % CMRs sufficient for compliance determination</td> <td style="text-align: right;">70%</td> </tr> </table>	File Review Metric	State	6a – Number of FCEs reviewed	30	6b – % FCEs that meet definition	100%	6c – % CMRs sufficient for compliance determination	70%
File Review Metric	State								
6a – Number of FCEs reviewed	30								
6b – % FCEs that meet definition	100%								
6c – % CMRs sufficient for compliance determination	70%								
State Response									
Recommendation(s)	No formal recommendations are being tracked for this element.								

CAA Element 7 – Identification of Alleged Violations.	
Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g., facility-reported information).	
Finding	In general, compliance determinations are accurately made and promptly reported into AFS based on inspection reports and other compliance monitoring information, with a few exceptions.
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	<p>File Metric 7a indicates that all of the CMRs reviewed (100%) led to an accurate compliance determination.</p> <p>With respect to File Metric 7b, 72.7% of files reviewed with non-HPV</p>

	<p>violations (8 of 11) were reported timely into AFS. For the other three sources, the State issued an NOV, but the compliance status was never changed to indicate the violation. Therefore, this is designated as an area for state attention to ensure that the compliance status of sources is accurately reported in the future.</p> <p>Data Metrics 7c1 and 7c2 are designed to measure the compliance status reporting of the State program, and both metrics exceed the national goal.</p>																								
Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th><u>File Review Metrics</u></th> <th colspan="3"><u>State</u></th> </tr> </thead> <tbody> <tr> <td>7a - % CMRs leading to accurate compliance determination</td> <td></td> <td></td> <td>100%</td> </tr> <tr> <td>7b - % non-HPVs with timely compliance determination in AFS</td> <td></td> <td></td> <td>72.7%</td> </tr> <tr> <th><u>Data Metrics</u></th> <th><u>National Goal</u></th> <th><u>National Average</u></th> <th><u>State</u></th> </tr> <tr> <td>7c1 - % facilities in noncompliance with FCE, stack test, or enforcement (1 FY)</td> <td>>11.0%</td> <td>21.9%</td> <td>18.7%</td> </tr> <tr> <td>7c2 - % facilities with failed stack test and have noncompliance status (1 FY)</td> <td>>22.7%</td> <td>45.4%</td> <td>36.4%</td> </tr> </tbody> </table>	<u>File Review Metrics</u>	<u>State</u>			7a - % CMRs leading to accurate compliance determination			100%	7b - % non-HPVs with timely compliance determination in AFS			72.7%	<u>Data Metrics</u>	<u>National Goal</u>	<u>National Average</u>	<u>State</u>	7c1 - % facilities in noncompliance with FCE, stack test, or enforcement (1 FY)	>11.0%	21.9%	18.7%	7c2 - % facilities with failed stack test and have noncompliance status (1 FY)	>22.7%	45.4%	36.4%
<u>File Review Metrics</u>	<u>State</u>																								
7a - % CMRs leading to accurate compliance determination			100%																						
7b - % non-HPVs with timely compliance determination in AFS			72.7%																						
<u>Data Metrics</u>	<u>National Goal</u>	<u>National Average</u>	<u>State</u>																						
7c1 - % facilities in noncompliance with FCE, stack test, or enforcement (1 FY)	>11.0%	21.9%	18.7%																						
7c2 - % facilities with failed stack test and have noncompliance status (1 FY)	>22.7%	45.4%	36.4%																						
State Response																									
Recommendation(s)	No formal recommendations are being tracked for this element.																								

CAA Element 8 - Identification of SNC and HPV													
Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.													
Finding	In general, High Priority Violations (HPVs) are accurately identified.												
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice												
Explanation	GEPD exceeded the national goal for all of the data metrics in this element. In addition, files were also reviewed to further verify the accuracy of HPV identification. Based on File Metric 8f, all but one file (18 of 19 or 94.7%) indicated the State had accurately identified HPVs and entered the information into AFS.												
Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th><u>Data Metrics</u></th> <th><u>National Goal</u></th> <th><u>State</u></th> </tr> </thead> <tbody> <tr> <td>8a - HPV discovery rate - Majors sources</td> <td>>3.9%</td> <td>5.9%</td> </tr> <tr> <td>8b - HPV discovery rate - SM sources</td> <td>>0.6%</td> <td>0.3%</td> </tr> <tr> <td>8c - % formal actions with prior HPV - Majors (1 yr)</td> <td>>37.3%</td> <td>77.8%</td> </tr> </tbody> </table>	<u>Data Metrics</u>	<u>National Goal</u>	<u>State</u>	8a - HPV discovery rate - Majors sources	>3.9%	5.9%	8b - HPV discovery rate - SM sources	>0.6%	0.3%	8c - % formal actions with prior HPV - Majors (1 yr)	>37.3%	77.8%
<u>Data Metrics</u>	<u>National Goal</u>	<u>State</u>											
8a - HPV discovery rate - Majors sources	>3.9%	5.9%											
8b - HPV discovery rate - SM sources	>0.6%	0.3%											
8c - % formal actions with prior HPV - Majors (1 yr)	>37.3%	77.8%											

	8e - % sources with failed stack test actions that received HPV listing - Majors and Synthetic Minors	>21.4%	56.0%
	<u>File Review Metrics</u>		<u>State</u>
	8f - % accurate HPV determinations		94.7%
State Response			
Recommendation(s)	No further action is needed.		

CAA Element 9 - Enforcement Actions Promote Return to Compliance			
Degree to which state enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.			
Finding	Enforcement actions include corrective actions that return facilities to compliance in a specific time frame, or facilities are brought back into compliance prior to issuance of a final enforcement order.		
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice		
Explanation	All enforcement action files reviewed (19 of 19) returned the source to compliance. For enforcement actions that were penalty only actions, the order itself or the files documented the actions taken by the facility to return to compliance prior to issuance of the order.		
Metric(s) and Quantitative Value(s)	<u>File Review</u>		<u>State</u>
	9a – number of enforcement actions reviewed		19
	9b - % enforcement actions returning source to compliance		100%
State Response			
Recommendation(s)	No further action is needed.		

CAA Element 10 - Timely and Appropriate Action			
Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.			
Finding	GEPD takes appropriate enforcement action in accordance with EPA policy to address HPVs through the issuance of formal enforcement actions. However, more than one-third of these actions took longer than 270 days to address.		
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice		
Explanation	Based on the file review, the state took appropriate enforcement action to resolve 100% of its HPVs through formal consent orders (Metric 1c).		

	<p>However, both the PDA and the file review indicated that Georgia is not addressing HPVs in a timely manner. Data Metric 10a indicates that in the last two years, 39.3% of Georgia’s HPV actions (24 of 61) have taken longer than 270 days to address, which is slightly higher than the national average of 34.8%. About one-fourth of the late actions (14 of 61) have taken a year or more to address, with timeframes ranging from 398 days to 846 days. In addition, File Metric 10b indicates that only four of 13 HPVs reviewed (30.8%) were addressed within the 270 days specified in EPA’s HPV policy. Therefore, this is designated as an area for State improvement.</p> <p>The State cites “resistant companies,” complex cases, and protracted negotiations as the reasons many of these administrative settlements take longer than 270 days to address. The HPV Policy states that in some complex cases, more than 270 days may be required. In those cases, “the State should discuss with the Region that a case’s complexity will require additional time as soon as those factors are determined.” GEPD has the option to refer cases involving resistant companies to the State Attorney General, but the program indicates that available legal resources at the AG’s office have been tied up with numerous challenges to proposed permits for coal-fired power plants in the state, so this option has not often been utilized.</p>															
<p>Metric(s) and Quantitative Value(s)</p>	<table border="1"> <thead> <tr> <th data-bbox="477 1031 964 1066">Data Metrics</th> <th data-bbox="964 1031 1321 1066">National Average</th> <th data-bbox="1321 1031 1425 1066">State</th> </tr> </thead> <tbody> <tr> <td data-bbox="477 1066 964 1102">10a - % HPVs not timely (2 FY)</td> <td data-bbox="964 1066 1321 1102">34.8%</td> <td data-bbox="1321 1066 1425 1102">39.3%</td> </tr> <tr> <td colspan="2" data-bbox="477 1142 1321 1178"><u>File Review Metrics</u></td> <td data-bbox="1321 1142 1425 1178"><u>State</u></td> </tr> <tr> <td data-bbox="477 1178 964 1213">10b - % timely HPV enforcement actions</td> <td data-bbox="964 1178 1321 1213"></td> <td data-bbox="1321 1178 1425 1213">30.8%</td> </tr> <tr> <td data-bbox="477 1213 964 1249">10c - % HPVs appropriately addressed</td> <td data-bbox="964 1213 1321 1249"></td> <td data-bbox="1321 1213 1425 1249">100%</td> </tr> </tbody> </table>	Data Metrics	National Average	State	10a - % HPVs not timely (2 FY)	34.8%	39.3%	<u>File Review Metrics</u>		<u>State</u>	10b - % timely HPV enforcement actions		30.8%	10c - % HPVs appropriately addressed		100%
Data Metrics	National Average	State														
10a - % HPVs not timely (2 FY)	34.8%	39.3%														
<u>File Review Metrics</u>		<u>State</u>														
10b - % timely HPV enforcement actions		30.8%														
10c - % HPVs appropriately addressed		100%														
<p>State Response</p>	<p>GEPD is exploring changes to our processes to improve the timeliness in addressing HPVs. GEPD notes that the national average for Data Metric 10a is below than the GEPD average. Clearly, other states are also challenged by this MDR as well.</p>															
<p>Recommendation(s)</p>	<p>By December 31, 2011, GEPD should develop and implement revised procedures to improve the timeliness of HPV addressing actions. These procedures should include notification to EPA when the complexity of a case may warrant additional time and identify other enforcement mechanisms available when negotiations become protracted. A draft of these procedures should be submitted to EPA (AEEB) for review by November 30, 2011. If the revised procedures are satisfactory, then the recommendation will be considered to have been addressed. However, the timeliness of HPV addressing actions will continue to be monitored by AEEB through the existing monthly HPV calls between GEPD and EPA and through a formal consultation on or around day 150.</p>															

CAA Element 11 - Penalty Calculation Method

Degree to which State documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.

Finding	Georgia documents initial penalty calculations that include both gravity and economic benefit.				
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice				
Explanation	<p>Based on File Metric 11a, 100% of enforcement actions reviewed (19 of 19) provided sufficient documentation of the appropriate gravity and economic benefit components of the penalty. The State has developed penalty calculation procedures and penalty worksheets which standardize the gravity portion of the penalty and adjustment factors which may be applied. All 19 of the files reviewed provided sufficient documentation of the gravity portion of the penalty.</p> <p>With respect to economic benefit calculations, the State has developed a simplified economic benefit formula which takes into account avoided or delayed costs, the duration of the delay, and an appropriate interest rate.</p>				
Metric(s) and Quantitative Value(s)	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">File Review</td> <td style="width: 30%; text-align: right;">State</td> </tr> <tr> <td>11a - % penalty calculations that consider & include gravity and economic benefit</td> <td style="text-align: right;">100%</td> </tr> </table>	File Review	State	11a - % penalty calculations that consider & include gravity and economic benefit	100%
File Review	State				
11a - % penalty calculations that consider & include gravity and economic benefit	100%				
State Response					
Recommendation(s)	No further action needed.				

CAA Element 12 - Final Penalty Assessment and Collection

Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.

Finding	Georgia documented the difference between initial and final penalty, assessed penalties for all HPVs actions, and maintained documentation that the final penalty was collected.
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	<p>The State exceeded the national goal for Data Metric 12b by assessing penalties for 100% of its HPVs during the review period, which exceeds the national goal of 80%.</p> <p>Based on the file review, File Metric 12c indicates that all but one file (94.7% or 18 of 19) provided documentation of the difference between</p>

	the initial penalty assessed and the final penalty paid. In addition, File Metric 12d indicates that 100% of the files reviewed (19 of 19) documented collection of the assessed penalty. Therefore, this element meets SRF program requirements.																		
Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th>Data Metrics</th> <th>National Goal</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>12a - Actions with penalties</td> <td>NA</td> <td>45</td> </tr> <tr> <td>12b - % HPV actions with penalty</td> <td>≥ 80%</td> <td>100%</td> </tr> <tr> <th colspan="2">File Review Metrics</th> <th>State</th> </tr> <tr> <td colspan="2">12c - % actions documenting difference between initial & final penalties</td> <td>94.7%</td> </tr> <tr> <td colspan="2">12d - % files that document collection of penalty</td> <td>100%</td> </tr> </tbody> </table>	Data Metrics	National Goal	State	12a - Actions with penalties	NA	45	12b - % HPV actions with penalty	≥ 80%	100%	File Review Metrics		State	12c - % actions documenting difference between initial & final penalties		94.7%	12d - % files that document collection of penalty		100%
Data Metrics	National Goal	State																	
12a - Actions with penalties	NA	45																	
12b - % HPV actions with penalty	≥ 80%	100%																	
File Review Metrics		State																	
12c - % actions documenting difference between initial & final penalties		94.7%																	
12d - % files that document collection of penalty		100%																	
State Response																			
Recommendation(s)	No further action needed.																		

CWA Program

CWA Element 1 – Data Completeness	
Degree to which the Minimum Data Requirements (MDRs) are complete.	
Finding	The MDRs in ICIS-NPDES for Georgia were not complete.
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	<p>CWA Element 1 evaluates the completeness of 40 data metrics. Three of the 40 metrics have national performance goals:</p> <p><u>Data Metric 1b1</u>: % of NPDES major facilities with individual permits that have permit limits in ICIS-NPDES. The performance goal for this metric is >=95%.</p> <p><u>Data Metric 1b2</u>: % of outfalls for which Discharge Monitoring Report (DMR) data is entered in the national database. The national performance goal for this metric is >=95%.</p> <p><u>Data Metric 1b3</u>: % of NPDES major facilities with individual permits that have DMR data in ICIS-NPDES. The national performance goal for this metric is >=95%.</p> <p>According to the data metrics, Georgia met each of the national goals. For the remaining 37 data metrics, Georgia noted five metrics where the State did not determine or could not verify the information in ICIS-NPDES and nine metrics where they disagreed with the data in ICIS-NPDES. Georgia could not verify four informal enforcement action data metrics because there is no division-wide procedure for the data entry of informal enforcement actions, and different offices/programs kept data in different manual and electronic formats. Per the CWA Data Metric Plain Language Guidance, these four metrics, two for major facilities</p>

	<p>and two for non-major facilities, are MDRs. Georgia's CWA Section 106 Annual Work Plan/PPG provides flexibility for non-major facilities and does not require the State to enter and maintain enforcement and penalty data in ICIS-NPDES. As a result of this flexibility, the two data metrics for non-major facilities meet program requirements. For the fifth metric, Georgia did not expend the resources to determine or confirm the facility universe. As to the nine discrepancies noted between the State's data system and ICIS-NPDES, most differences related to violations not being linked to enforcement actions. The PPG requires this linkage and requires data for inspections, enforcement actions and penalties to be entered into ICIS-NPDES for major sources. Notwithstanding that Georgia is experiencing resource challenges, ensuring complete information in ICIS-NPDES is required for the PPG and is an area for state improvement.</p>		
<p>Metric(s) and Quantitative Value(s)</p>	<p>Data Metrics</p>	<p>National Goal</p>	<p>State</p>
	<p>1b1 – Facilities with permit limits</p>	<p>95%</p>	<p>100 %</p>
	<p>1b2 - DMR Entry Rate</p>	<p>95%</p>	<p>96.8%</p>
	<p>1b3 - DMR with permit limits</p>	<p>95%</p>	<p>97.8%</p>
<p>State Response</p>	<p>Georgia's CWA Section 106 Annual Work Plan/PPG does not require the State to enter and maintain enforcement and penalty data in ICIS-NPDES for non-major facilities. Nor is the State required to enter informal enforcement actions into ICIS. We maintain that it is inappropriate for this process to evaluate a program based on information that is not required. Further, although this report states that the PPG requires linkage of enforcement actions, the PPG has no specific reference to linkage. If it had, EPD personnel would have been aware of the need to link those actions.</p> <p>The data under review is from 2009. During that time, appropriate staff were trained based on PCS data requirements, but not on ICIS. There appears to have been a failure in communicating the new ICIS-NPDES data requirements to the State ICIS-NPDES staff. Adequate guidance from EPA would have been invaluable. The data issues were later recognized by Georgia and steps were taken to correct this situation. A new data group, the Data Assessment and Management Unit, was developed in August 2010 and measures are being taken to improve data quality and the linkages necessary to accurately reflect Georgia's information in ICIS. Such measures include but not limited to:</p> <ol style="list-style-type: none"> 1. Open communication with USEPA Region 4: As frequently as daily communications are taking place between the Data Assessment and Management Unit and USEPA Region 4 ICIS-NPDES representatives to discuss and seek guidance on best management practices regarding ICIS-NPDES data. 		

<p>State Response</p>	<p>2. Requesting Sensitive Access permission from USEPA HQ: Upon reviewing the process of properly linking formal enforcement actions to violations, it was discovered that sensitive access permission was needed in order to view Georgia’s enforcement actions. The request was sent to USEPA Headquarters March 2010 and once access in granted further communication with USEPA Region 4 will begin to ensure that all information related to formal enforcement actions are accurately reflected within ICIS-NPDES.</p> <p>3. Communication within the Watershed Protection Branch; The Data Assessment and Management Unit, GEPD’s District offices and the Wastewater Regulatory Program are working together to ensure that data requirements are being met. A Data Advisory and Coordination workgroup has been formed, with representatives from each respective group, to discuss data requirements. An outcome from these workgroup meetings has been that more communication and new data entry forms are necessary to accurately reflect the data requirements in ICIS.</p> <p>4. Training: Data Assessment and Management Unit, supervisor and one staff member, attended a week long ICIS- NPDES training in Florida in February 2011.</p>
<p>Recommendation(s)</p>	<p>Georgia should ensure that enforcement actions are linked to violations and that all data required by the State’s PPG are thoroughly and completely entered into ICIS-NPDES. EPA Region 4’s Clean Water Enforcement Branch (CWEB) in partnership with the Office of Environmental Accountability (OEA) will monitor the State's data entry during the EOY FY 2011 data quality review, which will include an on-site file review. Specific focus will be on ensuring the national goal of >80% of enforcement actions issued in FY 2011 and beyond are linked to violations. If, by March 31, 2012, a pattern of accurate data entry is observed, especially linking of enforcement actions to violations, this issue will be considered concluded.</p>

<p>CWA Element 2 – Data Accuracy</p>	
<p>Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).</p>	
<p>Finding</p>	<p>Data reported into ICIS-NPDES is not accurately entered and maintained.</p>
<p>This finding is a(n)</p>	<p> <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice </p>
<p>Explanation</p>	<p>Data Metric 2a reports the percent of enforcement actions linked to violations for major facilities. EPA has set a national goal of >=80%. Georgia’s data metrics indicate 29% of enforcement actions were linked to violations for major facilities.</p> <p>Files were reviewed to further examine the accuracy of data between the information in the file and ICIS-NPDES. Data accuracy is vital because</p>

	<p>the data is used by EPA and the public to judge state-wide and facility-specific performance. A facility is considered accurate when all data points in ICIS-NPDES are the same as the information found in one or more inspection and/or enforcement files. Of the 28 facilities randomly selected for this review, 11 (39%) showed data being accurately reported.</p> <p>Of the 17 facilities that had missing or inaccurate data between the files and ICIS-NPDES, seven dealt with non-major sources. As noted in Element 1, Georgia’s Work Plan/PPG does not require the state to enter data for non-majors into ICIS-NPDES. There were five wet weather facilities where enforcement and/or inspection information entered into ICIS-NPDES did not match the information in the files. There were also five major facilities where there were inaccuracies between inspection and enforcement data in the files compared to the data in ICIS-NPDES. The need to ensure all WENDB requirements are accurately entered and maintained in ICIS-NPDES, especially the need to link enforcement actions to violations, is an issue to be addressed and is covered in the recommendation for Element 1. This is an area for state attention.</p>				
Metric(s) and Quantitative Value(s)	<table border="0"> <tr> <td><u>File Metric</u></td> <td style="text-align: right;"><u>State</u></td> </tr> <tr> <td>2b - % files reviewed where data is accurately reflected in the data system (11 of 28)</td> <td style="text-align: right;">39 %</td> </tr> </table>	<u>File Metric</u>	<u>State</u>	2b - % files reviewed where data is accurately reflected in the data system (11 of 28)	39 %
<u>File Metric</u>	<u>State</u>				
2b - % files reviewed where data is accurately reflected in the data system (11 of 28)	39 %				
State Response	Data Assessment and Management Unit, GEPD’s District offices and the Wastewater Regulatory Program are working together to ensure that data requirements are being met. A Data Advisory and Coordination workgroup has been formed, with representatives from each perspective group, to discuss data requirements. An outcome from these workgroup meetings has been that more communication and new data entry forms are necessary to accurately reflect the data requirements in ICIS.				
Recommendation(s)	No formal recommendations are being tracked for this element.				

CWA Element 3 - Timeliness of Data Entry	
Degree to which the Minimum Data Requirements are timely.	
Finding	The minimum data requirements are generally timely.
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	<p>Timely entry of data into federal data systems is important to EPA’s mission. The Agency must ensure that the most up-to-date and reliable information is available to regulators and to the public.</p> <p>Timeliness of data is determined by comparing frozen data (i.e. data which is “frozen” in ICIS-NPDES after the end of each fiscal year) with current “production” data that is pulled at the beginning of the SRF evaluation. Both sets of data, called the Official Data Set (ODS), are</p>

	<p>sent to the State in a SRF kick-off letter. Georgia’s data for FY2009 was “frozen” in February 2010 and the ODS was sent in April 2010.</p> <p>For Georgia, the differences between the two data sets were insignificant; thus, Georgia does a good job in entering data timely into ICIS-NPDES.</p>
Metric(s) and Quantitative Value(s)	Differences between the frozen data and the data pull were insignificant.
State Response	
Recommendation(s)	No further action needed.

CWA Element 4 - Completion of Commitments.	
Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.	
Finding	Georgia met most compliance and enforcement commitments in their FY2009 CWA Section 106 Performance Partnership Grant (PPG) Work Plan. However, three pretreatment program tasks were not met.
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	<p>Georgia’s Work Plan contains 18 compliance and enforcement tasks. Task 1 of the Work Plan includes inspection commitments, which were all met. For the other tasks, 15 of 18 (83%) were met. The three tasks not met were all related to pretreatment:</p> <p><u>Task 12</u></p> <ul style="list-style-type: none"> State provided a list of all programs to be inspected or audited, but did not provide a breakout by quarters. The State provided the quarterly breakout in third quarter FY 10. <p><u>Task 13</u></p> <ul style="list-style-type: none"> The work plan required the State to perform pretreatment inspections (PPI) at 25% of approved programs during the fiscal year per the schedule submitted to EPA. The State performed 22% of the approved programs. Because the pretreatment audit and inspection schedule was modified in the third quarter at the request of EPA Region 4 pretreatment coordinator, and because State resources were deployed at the end of the last quarter, the State could not meet the 25% inspection requirement. The State inaccurately characterized pretreatment inspections into ICIS-NPDES as base NPDES inspections. This caused the State to show in data pulls that not all PPIs were entered into

	<p>ICIS-NDPES within 90 days. The State is currently updating these records to reflect the accurate inspection type.</p> <p><u>Task 15</u></p> <ul style="list-style-type: none"> The Work Plan requires the State to submit quarterly pretreatment reports by the specified due dates. The State submitted the reports after the specified due dates. <p>Georgia subsequently resolved and/or completed the above requirements during FY2010. Timely completion of annual Work Plan commitments is an area for state improvement.</p>
Metric(s) and Quantitative Value(s)	<p><u>Metric</u></p> <p>4a – Planned inspections completed: 100%</p> <p>4b – Planned commitments complete: 83% (15 of 18)</p>
State Response	<p>The minor lapse in timeliness was due to a late change in the audit and inspection schedule that was requested by EPA and to the deployment of resources to deal with public safety and health issues related to the September 2009 flood. Georgia completed the requirements in FY2010. It seems unreasonable to impose a recommendation under these circumstances.</p>
Recommendation(s)	<p>Georgia needs to ensure timely completion of annual work plan commitments, including pretreatment commitments. Region 4’s CWEB will monitor progress of this recommendation through the existing Work Plan/PPG review process. If by March 31, 2012, CWEB observes that all FY 2011 work plan commitments were met on time, this action will be considered concluded.</p>

CWA Element 5 – Inspection Coverage	
Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements).	
Finding	Georgia met the core inspection requirements in their FY2009 CWA Section 106 PPG Workplan.
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	<p>Element 5 measures the degree that core inspection coverage is completed. In the OECA FY2009 National Program Managers (NPM) Guidance, there is a national goal of 100% annual inspection coverage of all major NPDES facilities, or equivalent coverage of a combination of major and priority minor facilities (known as an alternative inspection plan). In their FY2009 Work Plan, Georgia committed to an alternative plan whereby the State agreed to inspect 50% of their NPDES majors (92 major facility inspections) and 20% of their NPDES</p>

	<p>minor facilities (78 non-major individual permit inspections).</p> <p>Per the data metrics (shown below) and the end-of-year Work Plan review, Georgia exceeded their FY2009 core inspection commitments.</p>		
Metric(s) and Quantitative Value(s)	PPG Commitment		
	<u>Data Metrics</u>	<u>Goal</u>	<u>State</u>
	5a - Inspection Coverage - Majors	50% (92 majors)	69.0% (126 majors)
	5b1- Inspection Coverage - Non-major individual permits	20% (78 non-majors)	27.0% (196 non-majors)
	5b2- Inspection Coverage - non-major general permits	29	29
State Response			
Recommendation(s)	No further action needed.		

CWA Element 6 – Quality of Inspection or Compliance Evaluation Reports	
Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.	
Finding	Georgia’s inspection reports were not complete although the reports did contain the necessary documentation so proper compliance determinations could be drawn. Generally, inspection reports were completed in a timely manner.
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	<p>Element 6 file metrics evaluate inspection report completeness, determine if compliance determination could be drawn from documentation found in the inspection files, and evaluate timeliness of the inspection reports. Twenty-four inspection reports were requested for review for this element. Two inspection reports were not found in the files from the District offices.</p> <p>Missing inspection reports was a problem identified in the Round 1 SRF Report. During the Round 1 review, 14 inspection reports were originally not found in the files, but subsequently the inspection reports were provided to EPA. Georgia was requested to implement file management practices to facilitate retrieval of documents for oversight and citizen interest.</p> <p>Of the inspection reports reviewed for completeness, File Metric 6b, 73 % (16 of 22) of the reports contained the critical information found on the SRF inspection checklist that was used in the review. The</p>

	<p>remaining six reports were missing certain pieces of information in one or more of the following categories:</p> <ul style="list-style-type: none">• Inspector Observations and Documentation Incomplete and/or Insufficient (narrative notes did not include sufficient description of field activities, complete descriptions of deficiencies, accurate sampling information, and/or complete documentation of corrective action taken by facility) – three reports;• Checklist (document was not found in files or was not complete) – two reports;• Final Inspection Report (the dated and signed inspection report was not found in files) – one report. <p>The observations above are not always equal to the number of inspection reports reviewed since inspection reports could have multiple areas with missing and/or incomplete information. Georgia provided a copy of the inspection checklists used by the different NPDES programs (conventional, municipal, industrial, wet weather, etc.) and the checklist varied among district offices for similar types of inspections. Some checklists guided the inspector to obtain critical information, respond to detailed questions, provide supporting documentation, etc. Other inspection checklists did not require such detailed narrative information. For these facilities, the critical information was often not found in the files or in the inspection report. This is an area for state improvement.</p> <p>The reports incompleteness did not impact the State’s ability to draw proper compliance determinations and for 86 % (19 of 22) of inspection reports, Georgia is thorough in the documentation of inspection observations (see Metric 6c). The remaining three reports (14%) did not have sufficient documentation such that proper compliance determination could be drawn because they lacked narratives or supporting evidence. This is an area of state attention.</p> <p>As to the timeliness of completing inspection reports, the SRF CWA File Review Plain Language Guide (PLG) states that the timeline for completing inspection reports should be the timeline in the state-specific Enforcement Management System (EMS). Since the State does not have a timeframe in the EMS, then the PLG default rate of 30 days is used.</p> <p>The results of comparing the 22 inspection reports reviewed to this timeframe showed:</p> <ul style="list-style-type: none">• Seventeen of 22 inspection reports reviewed (77%) were completed within 30 days. Three of the five late reports were likely impacted by the need to wait on sampling analysis.• Four inspection reports were completed within three months.• One inspection report date could not be confirmed. <p>Timeliness for inspection reports is an area for state attention.</p>
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<p>Metric(s) and Quantitative Value(s)</p>	<table border="1"> <thead> <tr> <th data-bbox="475 186 1295 226">File Metric</th> <th data-bbox="1295 186 1429 226">State</th> </tr> </thead> <tbody> <tr> <td data-bbox="475 226 1295 266">6a - Inspection reports reviewed</td> <td data-bbox="1295 226 1429 266">24</td> </tr> <tr> <td data-bbox="475 266 1295 306">6b - % of inspection reports that were complete (16 of 22)</td> <td data-bbox="1295 266 1429 306">73%</td> </tr> <tr> <td data-bbox="475 306 1295 378">6c - % reports reviewed with sufficient documentation for an accurate compliance determination (19 of 22)</td> <td data-bbox="1295 306 1429 378">86%</td> </tr> <tr> <td data-bbox="475 378 1295 411">6d - % inspection reports reviewed that were timely (17 of 22)</td> <td data-bbox="1295 378 1429 411">77%</td> </tr> </tbody> </table>	File Metric	State	6a - Inspection reports reviewed	24	6b - % of inspection reports that were complete (16 of 22)	73%	6c - % reports reviewed with sufficient documentation for an accurate compliance determination (19 of 22)	86%	6d - % inspection reports reviewed that were timely (17 of 22)	77%
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<p>State Response</p>	<p>The finding is Georgia’s inspection reports were not complete although the reports did contain the necessary documentation so proper compliance determinations could be drawn. This appears to be somewhat contradictory. Missing inspection reports may be the result of two district offices recently closing and files being boxed up and moved to another office. Apparently, the SRF inspection checklists do include more detailed information (sub-categories of a category) for certain areas evaluated; however, this does serve mainly as a guide for the inspector, and the lack of the more detailed information on an inspection report does not mean that compliance, or noncompliance, is not documented for a particular area evaluated. As to thoroughness, different inspection types have different degree of detail, and it is unclear if this accounts for the assertion that there is a lack of thoroughness in three of the inspection reports. Although not specifically mentioned in Georgia’s EMS, the policy is to complete inspection reports within 30 days from the date of the inspection. As noted in the SRF report, awaiting sampling data may cause delays in completing the report. Whereas, 19 of 22 reports were found to be thorough in the documentation of inspection observations so proper compliance determinations could be drawn, this may be an area for State attention, but not subject to recommendations by EPA.</p>										
<p>Recommendation(s)</p>	<p>By December 31, 2011, Georgia should develop and implement a plan to ensure inspection reports are (1) complete, (2) include critical information such as sufficient documentation of inspector observations, and (3) consistent across all district offices. This plan should be submitted to EPA Region 4's CWEB.</p>										

<p>CWA Element 7 – Identification of Alleged Violations.</p>	
<p>Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g., facility-reported information).</p>	
<p>Finding</p>	<p>Georgia accurately makes compliance determinations as well as identifies and reports single event violations (SEVs) for those reports found in the files and reviewed by EPA.</p>
<p>This finding is a(n)</p>	<p> <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice </p>
<p>Explanation</p>	<p>Data Metrics 7a1 and 7a2 tracks SEVs for active majors and non-majors, respectively, which are reported in ICIS-NPDES. SEVs are</p>

	<p>one-time or long-term violations discovered by the State, typically during inspections and not through automated reviews of Discharge Monitoring Reports. In FY2009, Georgia entered 33 SEVs for majors and 38 SEVs for non-majors. This is a significant improvement over Round 1 SRF Findings.</p> <p>Data Metrics 7b and 7c report, respectively, the percent of facilities with unresolved compliance schedule violations at the end FY2009, and the percent of facilities with unresolved permit schedule violations at the end of the FY2009. For Data Metric 7b, Georgia’s data shows no facilities with unresolved compliance schedule violations. Data Metric 7c also shows no facilities with unresolved permit schedule violations. Georgia is to be commended for entering all the resolved compliance and permit schedule information into ICIS-NPDES.</p> <p>Data Metric 7d reports the percent of major facilities with DMR violations in ICIS-NPDES. For Georgia, 107 of 186 major facilities (57.5%) have DMR violations reported to the national database. Data Metric 7d is slightly above the national average of 53.0%. To further analyze this data metric, five major facility files were examined to see if violations that appear on DMRs are correctly recorded in ICIS-NPDES. For four facilities, all violations were coded correctly. For the fifth facility, the monthly DMR was recorded into the data system, but the DMR report was not found in the files. Therefore, the DMR violation was not confirmed.</p> <p>File Review Metric 7e measures the percent of inspection reports reviewed that led to accurate compliance determinations. Twenty-one of 22 (95.5%) inspection reports included evidence that accurate compliance determinations were made and were signed by appropriate official.</p>																
<p>Metric(s) and Quantitative Value(s)</p>	<table border="1"> <thead> <tr> <th data-bbox="475 1318 1344 1352"><u>Data Metrics</u></th> <th data-bbox="1344 1318 1430 1352"><u>State</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="475 1352 1344 1386">7a1 - # SEVs at active majors</td> <td data-bbox="1344 1352 1430 1386">33</td> </tr> <tr> <td data-bbox="475 1386 1344 1419">7a2 - # SEVs at non-majors</td> <td data-bbox="1344 1386 1430 1419">36</td> </tr> <tr> <td data-bbox="475 1419 1344 1453">7b - % facilities with unresolved compliance schedule violations</td> <td data-bbox="1344 1419 1430 1453">0%</td> </tr> <tr> <td data-bbox="475 1453 1344 1486">7c - % facilities with unresolved permit schedule violations</td> <td data-bbox="1344 1453 1430 1486">0%</td> </tr> <tr> <td data-bbox="475 1486 1344 1570">7d - Major facilities with DMR violations 57.5%</td> <td data-bbox="1344 1486 1430 1570"></td> </tr> <tr> <th data-bbox="475 1570 1344 1604"><u>File metric</u></th> <th data-bbox="1344 1570 1430 1604"><u>State</u></th> </tr> <tr> <td data-bbox="475 1604 1344 1719">7e - % inspection reports reviewed that led to an accurate compliance determination (21 of 22)</td> <td data-bbox="1344 1604 1430 1719">95.5%</td> </tr> </tbody> </table>	<u>Data Metrics</u>	<u>State</u>	7a1 - # SEVs at active majors	33	7a2 - # SEVs at non-majors	36	7b - % facilities with unresolved compliance schedule violations	0%	7c - % facilities with unresolved permit schedule violations	0%	7d - Major facilities with DMR violations 57.5%		<u>File metric</u>	<u>State</u>	7e - % inspection reports reviewed that led to an accurate compliance determination (21 of 22)	95.5%
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<p>Recommendation(s)</p>	<p>No further action needed.</p>																

CWA Element 8 – Identification of SNC and HPV																
Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.																
Finding	Georgia identifies and reports SNCs into ICIS-NPDES.															
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice															
Explanation	<p>Element 8 addresses the accurate identification of SNCs and the timely entry of SEVs that are SNCs into ICIS-NPDES.</p> <p>(1) <u>Accurate identification of SNCs</u>: Data Metric 8a1, the active major facilities in SNC during the reporting year, lists 26 facilities as SNC during FY2009. For Data Metric 8a2, percent of active major facilities in SNC during the reporting year, the metric shows 14.0% (18/186). The national average is 23.2%. Though Georgia’s SNC percentage is below the national average at 14%, there is no cause for concern.</p> <p>To verify the accuracy of SNC data in ICIS-NPDES, six SNC facilities were evaluated during the SRF file review process to see if the SNC designations were supported by the files. Of the SNCs reviewed, three facilities were confirmed as SNCs and three facilities had DMR data found in files, notwithstanding that ICIS-NPDES showed them as DMR non-receipt. The number of SNCs in the national data system is likely overstated, since three facilities reviewed did not support the SNC designations in ICIS-NPDES. Although the overstatement of SNCs in the data system is not ideal, the State spends time researching and resolving the inaccurate SNCs and Georgia’s SNC rate is below average, so there is no cause for concern.</p> <p>(2) <u>Accurate identification of SEVs as SNC & Timely entry of SEVs that are SNCs into ICIS-NPDES</u>: Georgia reports SEVs into ICIS-NPDES. Of the four SEVs reviewed, none of the SEVs met the criteria for SNCs. As a result, the SEVs were not evaluated for timely data entry.</p>															
Metric(s) and Quantitative Value(s)	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Data Metric</th> <th style="text-align: center; border-bottom: 1px solid black;">National Average</th> <th style="text-align: center; border-bottom: 1px solid black;">State</th> </tr> </thead> <tbody> <tr> <td>8a1 - Number of major facilities in SNC</td> <td></td> <td style="text-align: center;">26</td> </tr> <tr> <td>8a2 - % active major facilities in SNC</td> <td style="text-align: center;">23.2%</td> <td style="text-align: center;">14.0%</td> </tr> </tbody> </table> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">File Metric</th> <th style="text-align: center; border-bottom: 1px solid black;">State</th> </tr> </thead> <tbody> <tr> <td>8b - % SEVs that are accurately reported as SNCs or non-SNCs</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>8c - % SEVs that are SNCs timely reported in ICIS-NPDES</td> <td style="text-align: center;">n/a</td> </tr> </tbody> </table>	Data Metric	National Average	State	8a1 - Number of major facilities in SNC		26	8a2 - % active major facilities in SNC	23.2%	14.0%	File Metric	State	8b - % SEVs that are accurately reported as SNCs or non-SNCs	100%	8c - % SEVs that are SNCs timely reported in ICIS-NPDES	n/a
Data Metric	National Average	State														
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File Metric	State															
8b - % SEVs that are accurately reported as SNCs or non-SNCs	100%															
8c - % SEVs that are SNCs timely reported in ICIS-NPDES	n/a															
State Response																
Recommendation(s)	No further action needed.															

CWA Element 9 - Enforcement Actions Promote Return to Compliance	
Degree to which state enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.	
Finding	Georgia's enforcement actions generally include complying or corrective action that will return facilities to compliance in a specified time frame.
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	<p>As referenced in the 1989 National EMS, formal enforcement “requires actions to achieve compliance, specifies a timetable, contains consequences for noncompliance that are independently enforceable without having to prove the original violation, and subjects the person to adverse legal consequences for noncompliance.”</p> <p>For File Metric 9a, EPA reviewed a total of three SNC and 20 non-SNC facility enforcement files, which total 52 enforcement actions, 35 informal actions and 17 formal actions. This number exceeds the number of enforcement files reviewed since it was necessary to review multiple formal and informal enforcement actions for the same facility.</p> <p>File Metric 9b is the percentage of enforcement responses reviewed that have returned or will return a SNC to compliance. Of the five enforcement actions reviewed at three SNC facilities, each had a formal action that contained requirements that have returned or will return the source to compliance.</p> <p>File Metric 9c is the percentage of enforcement responses reviewed that have returned or will return a non-SNC to compliance. Of the 47 enforcement actions at non-SNC facilities, 41 (87%) had compliance schedules that have or will return the non-SNC violations to compliance. The other six enforcement actions taken at non-SNC facilities did not have compliance schedules. It is expected that enforcement actions should result in a facility’s return to compliance.</p> <p>Important to note and reflected in above findings is Georgia’s leadership of implementing a Zero Tolerance Policy that requires corrective actions and the return to compliance for all violations that occur in sensitive areas. Georgia’s Zero Tolerance Policy applies to all facilities located within the Chattahoochee River Basin from headwaters through Troup County, the Coosa River Basin, the Tallapoosa River Basin, and the</p>

	<p>metropolitan Atlanta Counties as well as the City of Atlanta. At a minimum, all violations in sensitive areas are addressed using the Expedited Enforcement Compliance Order and Settlement Agreement (EECO). An EECO directs the violator to correct the problems that caused the violations and requires penalty payment. Another enforcement tool used by Georgia includes the issuance of Consent Orders. Orders include a monetary settlement and a requirement to implement corrective actions to prevent future violation. Georgia also uses several informal tools – the Noncompliance Documentation Letter (NDL) and the NOV. The NDL details the violation and sets a deadline for correction, if appropriate, but does not require a response. The NOV details the violations, but requests a written response detailing the corrective action.</p> <p>Since most of Georgia’s enforcement actions reviewed showed a return to compliance, this is not a cause for concern.</p>								
Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th>File Metric</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>Metric 9a – # of Enforcement Actions Reviewed</td> <td>52</td> </tr> <tr> <td>Metric 9b - % of Enforcement Responses that have or will return SNC to compliance (3/3)</td> <td>100%</td> </tr> <tr> <td>Metric 9c - % of Enforcement Responses that have or will return non-SNC to compliance (41 /47)</td> <td>87.2%</td> </tr> </tbody> </table>	File Metric	Results	Metric 9a – # of Enforcement Actions Reviewed	52	Metric 9b - % of Enforcement Responses that have or will return SNC to compliance (3/3)	100%	Metric 9c - % of Enforcement Responses that have or will return non-SNC to compliance (41 /47)	87.2%
File Metric	Results								
Metric 9a – # of Enforcement Actions Reviewed	52								
Metric 9b - % of Enforcement Responses that have or will return SNC to compliance (3/3)	100%								
Metric 9c - % of Enforcement Responses that have or will return non-SNC to compliance (41 /47)	87.2%								
State Response									
Recommendation(s)	No further action needed.								

CWA Element 10 - Timely and Appropriate Action	
Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.	
Finding	Georgia generally does not take timely enforcement action for SNCs in accordance with the NPDES EMS, but takes appropriate enforcement action for their SNCs and non-SNC violations. The State takes timely enforcement action for non-SNCs in accordance with the State’s EMS.
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	<p>The 1989 National EMS and the May 29, 2008, memo <i>Clarification of NPDES EMS Guidance on Timely and Appropriate Response to Significant Noncompliance</i> defines timely and appropriate enforcement response for SNC violations at major facilities. These documents state that timely action is where a formal enforcement action is taken within 60 days of the SNC violation appearing on a second quarterly non-compliance report (QNCR).</p> <p>Data Metric 10a shows 9.7 % (18 of 186) major facilities without timely</p>

	<p>action. The national goal for this data metric is less than 2%. A file review was conducted to assess the accuracy of Data Metric 10a. Four SNC enforcement files on the 10a list were selected for review. Two SNCs facilities with effluent violations were addressed by previously executed orders that were in place prior to FY2009. As a result, both facilities were confirmed as timely. The third facility was also confirmed as timely because effluent violations that occurred in March 2009 were addressed by a formal action executed in July 2009. The fourth facility was erroneously designated as a SNC. The facility was under construction and had never discharged. The SNC designation error occurred because the ICIS compliance tracking code was in the “on” position. Thus, the fourth facility was erroneously included on the 10a list.</p> <p>Georgia submitted additional information on the remaining 14 major facilities on the 10a list and EPA agreed that 13 of 14 are considered timely. Most facilities were either addressed by an order or previously executed order (eight facilities) or were not needed because the facility returned to compliance prior to the need for formal action or violations were never SNCs (five facilities). Although the official ODS shows 9.7% for Data Metric 10a, the revised data metric is now less than 1%. This is an area for state attention and recommendations are not required because there are no systemic issues to address.</p> <p>File Metric 10b is used to assess the accuracy of data metric 10a. Three files were reviewed and all major SNC facilities had timely enforcement actions.</p> <p>File Metric 10c assesses whether the enforcement action taken for a SNC is appropriate, meaning was a formal enforcement action taken or the source is returned to compliance generally no later than the time the same SNC violation appears on the second official QNCR. All of the files reviewed contained a formal enforcement action for major SNCs. This meets SRF requirements.</p> <p>File Metric 10d assesses whether the enforcement action taken for a non-SNC is appropriate. Georgia’s EMS discusses the full range of appropriate enforcement responses from informal actions (NDL and NOV) to formal actions for noncompliance. Forty-one (83 %) of enforcement responses reviewed appropriately addressed non-SNCs.</p> <p>File Metric 10e examines the timeliness of enforcement for non-SNCs. In the State’s EMS, dated on June 6, 2008, Georgia has established only one timeline for enforcement. The EMS requires that an NOV should be transmitted within 30 days of the violation for failure to meet a schedule for complying with final effluent limits (including Whole</p>
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	Effluent Toxicity).			
Metric(s) and Quantitative Value(s)	<u>Data Metric</u>	<u>National Goal</u>	<u>State (From PCS)</u>	<u>State</u>
	<u>Information</u>			
	10a - Major facilities without timely action	<2%	9.7 %	<1%
	<u>File Metric</u>			
	10b - % timely SNC enforcement responses (3 of 3)			100%
	10c - % of enforcement responses that appropriately address SNC violations (3 of 3)			100%
	10d - % of enforcement responses that appropriately address non-SNC violations (41 of 47)			87.2%
	10e - % timely non-SNC enforcement responses (29 of 29)			100%
Recommendation(s)	No formal recommendations are being tracked for this commitment			

CWA Element 11 - Penalty Calculation Method	
Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.	
Finding	Most Georgia files do not contain any documentation of the penalties assessed, so EPA could not evaluate how economic benefit or gravity components of a penalty are addressed.
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	<p>Element 11 examines the state documentation of its penalty calculations. Specifically, the metric is determining if the state penalty includes a gravity component of the penalty, and where appropriate, economic benefit. Subsequent to the file review, Georgia’s June 6, 2008 NPDES Enforcement Management System (EMS) was reviewed by EPA. Attachment A of the EMS is Georgia’s <i>Penalty Assessment Guidance</i>. For six of the seven files reviewed, there was no documentation of how this guidance was used. The one penalty rationale sheet that was found did not show a calculation for economic benefit. EPA’s July 1993 policy entitled <i>Oversight of State and Local Penalty Assessments: Revision to the Policy Framework for State/EPA Enforcement Agreements</i> states that “state and local recordkeeping should include documentation of the penalty sought, including the calculation of economic benefit where appropriate.”</p> <p>Failure to appropriately document penalty calculations is a continuing issue from Round 1 of the SRF and is an area for state improvement.</p>

Metric(s) and Quantitative Value(s)	File Metric 11a - % of penalty calculations reviewed that consider and include where appropriate gravity and economic benefit, consistent with national policy (0 of 7)	State 0%
State Response	Georgia's <i>Penalty Assessment Guidance</i> , which has twice been submitted to EPA without receiving comment, includes a penalty rationale that incorporates gravity and economic benefit. Georgia has conducted economic benefit analysis as part of penalty calculations for violations where it was clear an economic benefit may have been gained and where that benefit can be appropriately calculated. Penalty calculations, including the economic benefit analyses, are transient records and it is EPD policy that they are not maintained by Georgia's CWA program after negotiation of a final settlement agreement.	
Recommendation(s)	Georgia should immediately take steps to routinely document their penalty calculations, reflecting both gravity and economic benefit calculations, appropriately using the BEN model or other methods that produces results consistent with national policy. EPA Region 4 CWEB, in partnership with OEA, will monitor Georgia's penalty documentation, including an on-site file review. If, by June 30, 2012, appropriate penalty calculations are being observed, this recommendation will be consider concluded.	

CWA Element 12 - Final Penalty Assessment and Collection	
Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.	
Finding	Georgia does not document the rationale between their initial and assessed penalty. Files reviewed generally had documentation that the penalty was collected.
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	File Metric 12a evaluates the percentage of files with penalties where the state documented the difference between the initial and final penalty. As discussed under Element 11, Georgia does not generally include penalty calculation documentation in the state's files. With one exception, no assessment could be made on any differences between an initial or assessed penalty. The one file with this documentation was found to be adequate. EPA's July 1993 policy entitled <i>Oversight of State and Local Penalty Assessments: Revision to the Policy Framework for State/EPA Enforcement Agreements</i> states, that "state and local recordkeeping should include documentation of the penalty sought" and "in cases in which penalties have been adjusted downward due to an inability of the violator to pay, documentation is especially important and should reflect the preliminary penalty assessment in relation to the reduction in penalty and include a notation that the reduction occurred

	<p>due to an inability of the violator to pay.” This is a continuing issue from Round 1 of the SRF and is an area for state improvement.</p> <p>For File Metric 12b, 86% (6 of 7) of the enforcement actions with penalties documented collection of penalty. Copies of the checks or check stubs were found in the enforcement files.</p>						
Metric(s) and Quantitative Value(s)	<table border="0"> <tr> <td><u>File Metric</u></td> <td style="text-align: right;"><u>State</u></td> </tr> <tr> <td>12a - % of formal enforcement actions that document the difference and rational between initial and final assessed penalty (1 of 7)</td> <td style="text-align: right;">14%</td> </tr> <tr> <td>12b - % of final enforcement actions that document collection of final penalty (6 of 7)</td> <td style="text-align: right;">86%</td> </tr> </table>	<u>File Metric</u>	<u>State</u>	12a - % of formal enforcement actions that document the difference and rational between initial and final assessed penalty (1 of 7)	14%	12b - % of final enforcement actions that document collection of final penalty (6 of 7)	86%
<u>File Metric</u>	<u>State</u>						
12a - % of formal enforcement actions that document the difference and rational between initial and final assessed penalty (1 of 7)	14%						
12b - % of final enforcement actions that document collection of final penalty (6 of 7)	86%						
State Response	As stated in CWA Element 11 above, it is Georgia EPD policy to not retain penalty calculations, as they are considered transient and enforcement confidential. The final negotiated settlement and penalty collection information is fully documented.						
Recommendation(s)	Georgia should immediately take steps to routinely document penalty adjustments. EPA Region 4 CWEB, in partnership with OEA, will monitor Georgia’s penalty adjustments, including an on-site file review. If, by June 30, 2012, the calculations of differences between the initial and final penalty are being documented, the recommendation will be considered concluded.						

RCRA Program:

RCRA Element 1 – Data Completeness	
Degree to which the Minimum Data Requirements are complete.	
Finding	Georgia has entered the MDRs into RCRAInfo for regulated universes, compliance monitoring and enforcement information.
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	Element 1 is supported by SRF Data Metrics 1a through 1g, and measures the completeness of the data in RCRAInfo. EPA provided the SRF data metrics to the State for comment on April 16, 2010. In their response, Georgia highlighted minor (< 5%) data differences in the RCRA universe for operating TSDFs, the number of sites in violation for greater than 240 days, the inspection coverage for operating TSDFs, and the percent of SNC determinations made within 150 days. Since no data inaccuracies of significance were noted, the RCRAInfo data is considered complete.

Metric(s) and Quantitative Value(s)	Data Metrics	Frozen State Data
	1a1 - # of operating TSDFs in RCRAInfo	21
	1a2 - # of active LQGs in RCRAInfo	320
	1a3 - # of active SQGs in RCRAInfo	1,344
	1a5 - # of LQGs per latest official biennial report	293
	1b1 - # of inspections	993
	1c1 - # of sites with violations	340
	1d2 - Informal Actions: number of actions	301
	1e1 - SNC: number of sites with new SNC	19
	1e2 - SNC: number of sites in SNC	30
	1f2 - Formal action: number taken	49
	1g - Total amount of assessed penalties	\$200,150
State Response		
Recommendation(s)	No further action is needed.	

RCRA Element 2 – Data Accuracy	
Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).	
Finding	There were no concerns identified for the reporting and maintaining of accurate data in RCRAInfo in Georgia. Relevant information was included in the file or accurately reported in RCRAInfo.
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	<p>RCRA Element 2 is supported by data metrics 2a, 2b, and file review metric 2c and measures the accuracy of data in RCRAInfo.</p> <p>Data metrics 2a1 and 2a2 measure the closeness of the SNC determination to date of the formal action. This is a potential indicator of enforcement cases where the SNC entry was withheld until the enforcement action was taken. Georgia had 49 formal actions in FY2009 and all actions were taken after the SNC determination. Therefore, delayed SNC entry into RCRAInfo is not a concern.</p> <p>Data metric 2b measures the longstanding RCRA secondary violators (non-SNCs). According to the RCRA Enforcement Response Policy (ERP), all secondary violators should be returned to compliance within 240 days, or elevated to SNC status and addressed through formal enforcement. For data metric 2b, Georgia had six facilities in SV greater than 240 days in FY2009. Since the time of the SRF review, the six facilities have been evaluated and resolved by either designating the facility as a SNC, taking appropriate enforcement, and/or by returning the facility to compliance.</p>

	<p>File review metric 2c measures the percentage of files where corresponding data was reported accurately in RCRAInfo. If any relevant information in the inspection reports, enforcement actions, or civil and administrative enforcement responses is missing or reported inaccurately in RCRAInfo, the data for that file is considered inaccurate. A total of 32 files were reviewed. Of the 32 files reviewed, 29 (91%) had complete and accurate data reported in RCRAInfo. Only three files had inaccurate elements either in the file or RCRAInfo.</p> <ul style="list-style-type: none"> • In one file, the notice of violation date did not match the date entered in RCRAInfo. • In second file, the date of the inspection report did not match the date entered in RCRAInfo. • In the third file, the return to compliance (RTC) date did not match the date entered in RCRAInfo. <p>Since less than 10% of the files reviewed had inaccurate data, this does not constitute a serious problem. Therefore, data accuracy is not an area of concern.</p>												
Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th>Data Metrics</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>2a1 - # of sites SNC determinations made on day of formal action</td> <td>0</td> </tr> <tr> <td>2a2 - # of sites SNC determinations made within one week of formal action</td> <td>0</td> </tr> <tr> <td>2b - # of sites in violation greater than 240 days</td> <td>6</td> </tr> <tr> <th>File Review Metric</th> <th>State</th> </tr> <tr> <td>2c - % files with accurate data elements in RCRAInfo</td> <td>91%</td> </tr> </tbody> </table>	Data Metrics	State	2a1 - # of sites SNC determinations made on day of formal action	0	2a2 - # of sites SNC determinations made within one week of formal action	0	2b - # of sites in violation greater than 240 days	6	File Review Metric	State	2c - % files with accurate data elements in RCRAInfo	91%
Data Metrics	State												
2a1 - # of sites SNC determinations made on day of formal action	0												
2a2 - # of sites SNC determinations made within one week of formal action	0												
2b - # of sites in violation greater than 240 days	6												
File Review Metric	State												
2c - % files with accurate data elements in RCRAInfo	91%												
State Response													
Recommendation(s)	No further action is needed.												

RCRA Element 3 - Timeliness of Data Entry	
Degree to which the Minimum Data Requirements are timely.	
Finding	The majority of SNCs were entered timely into RCRAInfo, but there were a few SNCs that were entered more than two months after the SNC determination date.
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	RCRA Element 3 is supported by SRF Data Metrics 3a, which measures the percentage of SNCs that are entered into RCRAInfo more than 60 days after the SNC determination date. It is used as an indicator of late

	<p>data entry. According to the RCRA ERP, SNCs should be entered into RCRAInfo upon SNC determination, and not withheld to enter at a later time.</p> <p>In FY2009, data metrics 3a indicates that 19 of 23 SNCs were entered into RCRAInfo within 60 days. The remaining four SNCs were entered more than 60 days after the date that the state recorded as the SNC determination date in RCRAInfo. This is an area for state attention, and GEPD should examine procedures for entering SNC data into RCRAInfo to ensure timely data entry.</p>				
Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th>Data Metrics</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>3a – % of SNCs that were entered < or = 60 days</td> <td>82.6%</td> </tr> </tbody> </table>	Data Metrics	State	3a – % of SNCs that were entered < or = 60 days	82.6%
Data Metrics	State				
3a – % of SNCs that were entered < or = 60 days	82.6%				
State Response	The Georgia EPD has examined its procedures for entering SNC data into RCRAInfo and will work diligently towards having this data inputted in a more timely manner – no more than 60 days after the SNC determination date.				
Recommendation(s)	No formal recommendation is being tracked for this element.				

RCRA Element 4 - Completion of Commitments.							
Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.							
Finding	For FY2009, Georgia met all of the compliance monitoring commitments from their RCRA grant workplan.						
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice						
Explanation	In the Georgia RCRA grant workplan for FY2009, the State included specific <i>commitments</i> and <i>projections</i> for inspection and enforcement activity. There are only grant workplan <i>commitments</i> for compliance monitoring activities, which include core program inspections for TSDs, LQGs, and SQGs. Workplan <i>projections</i> are included for record reviews, compliance assistance visits, workshops, enforcement actions, etc. These projection activities are not always within the control of the State and are therefore not actual workplan commitments. All of the planned compliance monitoring commitments were completed, and the majority of the workplan projections were met in FY2009.						
Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th>File Metric</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>4a – Planned inspections complete</td> <td>100%</td> </tr> <tr> <td>4b – Planned commitments complete</td> <td>100%</td> </tr> </tbody> </table>	File Metric	State	4a – Planned inspections complete	100%	4b – Planned commitments complete	100%
File Metric	State						
4a – Planned inspections complete	100%						
4b – Planned commitments complete	100%						
State Response							
Recommendation(s)	No further action is needed.						

RCRA Element 5 – Inspection Coverage			
Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).			
Finding	Georgia completed core inspection coverage for RCRA TSDs (two-year coverage) and LQGs (one-year and five-year coverage).		
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice		
Explanation	<p>Element 5 is supported by data metrics 5a, 5b, and 5c. The OECA NPM Guidance provides the core program inspection coverage for TSDs and LQGs. Georgia met the two-year TSD inspection requirement (Metric 5a) and exceeded the annual requirement for LQG inspections (Metric 5b).</p> <p>The OECA NPM Guidance also provides that 100% of the RCRA LQGs must receive a Compliance Evaluation Inspection (CEI) every five years. SRF Data Metric 5c shows that 95.2% (279 of 293) of the LQGs received a CEI between FY2004-FY2009. This metric uses the LQG universe from the RCRA Biennial Reporting System (BRS), and includes LQGs that reported in the 2005 and/or 2007 BRS reporting cycles. There were approximately 12 facilities that were not LQGs for the entire five-year period (as recorded in the Biennial Reporting system). If these 12 facilities are removed from the metric calculation, the inspection coverage increases to 99.3%. This is not a cause for concern.</p>		
Metric(s) and Quantitative Value(s)	Data Metrics	National Goal	State
	5a - TSD inspection coverage (2 years)	100%	100%
	5b - LQG inspection coverage (1 year)	20%	24.6%
	5c - LQG inspection coverage (5 years)	100%	95.2% (279 of 293)
	Revised		99.3% (279 of 281)
State Response			
Recommendation(s)	No further action is needed.		

RCRA Element 6 – Quality of Inspection or Compliance Evaluation Reports	
Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.	
Finding	The Georgia RCRA inspection reports were of very good quality, found complete, and provided documentation to appropriately determine compliance. The State is timely in the completion of the majority of their inspection reports.

This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice								
Explanation	<p>Element 6 is supported by SRF file review metrics 6a, 6b, and 6c. Twenty-three inspection reports were reviewed under Metric 6a.</p> <p>File Metric 6b assesses the completeness of inspection reports and whether they provide sufficient documentation to determine compliance at the facility. Of the inspection reports reviewed, 100% (32 of 32) had sufficient documentation to determine compliance at the facility. In addition, 97% (31 of 32) of the inspection reports were considered complete.</p> <p>File review metric 6c measures the timely completion of inspection reports. Absent a state-defined deadline for the completion of inspection reports, the EPA Region 4 guideline of 45 days was used in the file review metric, and 97% (31 of 32) of the inspection reports were completed in this timeframe.</p>								
Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th data-bbox="477 888 1201 926">File Review Metrics</th> <th data-bbox="1201 888 1429 926">State</th> </tr> </thead> <tbody> <tr> <td data-bbox="477 926 1201 963">6a - # of inspection reports reviewed</td> <td data-bbox="1201 926 1429 963">32</td> </tr> <tr> <td data-bbox="477 963 1201 1001">6b - % of inspection reports that are complete</td> <td data-bbox="1201 963 1429 1001">100%</td> </tr> <tr> <td data-bbox="477 1001 1201 1039">6c - % of inspection reports that are timely</td> <td data-bbox="1201 1001 1429 1039">97% (45 days)</td> </tr> </tbody> </table>	File Review Metrics	State	6a - # of inspection reports reviewed	32	6b - % of inspection reports that are complete	100%	6c - % of inspection reports that are timely	97% (45 days)
File Review Metrics	State								
6a - # of inspection reports reviewed	32								
6b - % of inspection reports that are complete	100%								
6c - % of inspection reports that are timely	97% (45 days)								
State Response									
Recommendation(s)	No further action is needed.								

RCRA Element 7 - Identification of Alleged Violations.	
Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g., facility-reported information).	
Finding	For Georgia, all of the inspection reports reviewed included correct compliance determinations, and the inspection findings were promptly entered into RCRAInfo.
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation	<p>File metric 7a assesses whether accurate compliance determinations were made based on inspection reports. Of the 32 inspection reports reviewed, 100% had accurate compliance determinations (i.e., proper identification of SNCs or SVs).</p> <p>In File Review Metric 7b, the files were also reviewed to assess if violations were determined within 150 days and entered into</p>

	RCRAInfo. There were 20 facility inspections where violations were found, and all facilities (100%) were issued formal or informal enforcement actions within 150 days after the inspection and violations were entered into RCRAInfo by day 150.						
Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th>File Review Metrics</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>7a - % of inspection reports reviewed that led to accurate compliance determinations</td> <td>100%</td> </tr> <tr> <td>7b - % of violation determinations in the files that are reported within 150 days</td> <td>100%</td> </tr> </tbody> </table>	File Review Metrics	State	7a - % of inspection reports reviewed that led to accurate compliance determinations	100%	7b - % of violation determinations in the files that are reported within 150 days	100%
File Review Metrics	State						
7a - % of inspection reports reviewed that led to accurate compliance determinations	100%						
7b - % of violation determinations in the files that are reported within 150 days	100%						
State Response							
Recommendation(s)	No further action is needed.						

RCRA Element 8 - Identification of SNC and HPV			
Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.			
Finding	In the files reviewed, Georgia correctly identified SNC and SV violation determinations.		
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice		
Explanation	<p>Data metric 8a identifies the percent of the facilities evaluated by the State during FY2009 that received a state SNC designation. Georgia’s SNC identification rate is 2.1%, which means that 19 of the 887 inspections conducted were identified as SNCs. The 2.1% SNC identification rate is slightly above the national goal of 1.55%.</p> <p>Data metric 8b measures the number of SNCs determinations that were made within 150 days of the first day of inspection, which is the requirement in the RCRA ERP. In FY2009, Georgia entered 100% (19 of 19) of their SNCs into RCRAInfo in a timely manner. The national goal is 100%.</p> <p>File Metric 8d measures the percentage of violations in the files that were accurately determined to be in SNC. It serves as a verification measure for data metric 8a. In the 32 inspection reports reviewed, 12 were identified as SNCs. All 12 (100%) contained violations that were accurately determined to be SNCs. Thus, Georgia accurately identifies SNCs.</p>		
Metric(s) and Quantitative Value(s)	<u>Data Metrics</u>	<u>State</u>	<u>Revised</u>
	8a - SNC identification rate	2.1%	
	8b - % of SNC determinations made within 150 days	89.5%	100%

	<u>File Review Metric</u> 8d - % of violations in files reviewed that were accurately determined to be SNC 100% (12 of 12)
State Response	
Recommendation(s)	No further action is needed.

RCRA Element 9 - Enforcement Actions Promote Return to Compliance									
Degree to which state enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.									
Finding	In the files reviewed, 100% of SNCs and 100% of SVs were issued enforcement responses that included corrective action to return the facilities to compliance.								
This finding is a(n)	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice								
Explanation	<p>EPA reviewed a total of 20 enforcement responses: 12 SNCs and 8 SV under file review metric 9a.</p> <p>File review metric 9b is the percentage of the SNC enforcement responses reviewed that returned or will return the facility to compliance. From a review of the files, all 12 had documentation in the files showing the source returned to compliance or that the enforcement action required them to return to compliance in a specified timeframe.</p> <p>File review metric 9c is the percentage of SV enforcement responses reviewed that returned or will return the facility to compliance. From a review of the files, all 8 had documentation in the files showing the source returned to compliance or that the enforcement action required them to return to compliance in a specified timeframe.</p>								
Metric(s) and Quantitative Value(s)	<table border="0"> <tr> <td><u>File Review Metrics</u></td> <td><u>State</u></td> </tr> <tr> <td>9a - # of enforcement responses reviewed</td> <td>12 SNCs 8 SVs</td> </tr> <tr> <td>9b - % of enforcement responses that returned SNCs to compliance</td> <td>100% (12 of 12)</td> </tr> <tr> <td>9c - % of enforcement responses that returned SVs to compliance</td> <td>100% (8 of 8)</td> </tr> </table>	<u>File Review Metrics</u>	<u>State</u>	9a - # of enforcement responses reviewed	12 SNCs 8 SVs	9b - % of enforcement responses that returned SNCs to compliance	100% (12 of 12)	9c - % of enforcement responses that returned SVs to compliance	100% (8 of 8)
<u>File Review Metrics</u>	<u>State</u>								
9a - # of enforcement responses reviewed	12 SNCs 8 SVs								
9b - % of enforcement responses that returned SNCs to compliance	100% (12 of 12)								
9c - % of enforcement responses that returned SVs to compliance	100% (8 of 8)								
State Response									
Recommendation(s)	No further action is needed.								

RCRA Element 10 - Timely and Appropriate Action	
Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.	
Finding	Georgia takes appropriate and timely enforcement actions.

<p>This finding is a(n)</p>	<p><input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice</p>						
<p>Explanation</p>	<p>Element 10 is supported by Data Metrics 10a, and File Review Metrics 10c and 10d.</p> <p>For Georgia, 100% of the SNC enforcement responses addressed the violations appropriately, as measured in file review metric 10d. However, some of the enforcement actions were not taken in a timely manner. The RCRA ERP criteria states that SNC facilities should be addressed through a final enforcement action within 360 days or the facility should be referred to the state attorney general. The RCRA ERP also recognizes that 20 percent of the cases may exceed this timeline, in situations like the following:</p> <ul style="list-style-type: none"> - Cases involving violations of two or more media; - Potential criminal conduct which is under investigation; - Site abandonment; or - Additional sampling or information requests are required to confirm the violation(s). <p>Therefore the national goal for the percentage of timely SNC enforcement cases is 80%. In FY2009, data metric 10a indicated that 84.2% (16 of 19) of the Georgia SNC enforcement actions met the ERP timelines. All SNCs and corresponding enforcement actions should be linked in RCRAInfo to show the violations as being resolved. File review metric 10c measures the combined percentage of enforcement responses reviewed that are taken in a timely manner (for both SV and SNC facilities). It serves as a verification measure for the above data metrics. There is no specific goal for the combined metric. Twenty of 20 facilities, or 100%, of the enforcement actions reviewed were addressed within the ERP timeframes, as outlined below:</p> <ul style="list-style-type: none"> • <u>SV timeliness:</u> There were eight SV enforcement responses reviewed. Informal enforcement was taken in a timely manner (i.e., within 240 days) for all eight responses. • <u>SNC timeliness:</u> There were 12 SNC enforcement responses reviewed where final formal enforcement was taken. All 12 enforcement responses, or 100%, were taken within the 360-day timeframe. This exceeds the 80% national goal set for SNCs; therefore, SNC timeliness is not an area of concern. 						
<p>Metric(s) and Quantitative Value(s)</p>	<table border="1"> <thead> <tr> <th data-bbox="488 1734 954 1766"><u>Data Metric</u></th> <th data-bbox="954 1734 1182 1766"><u>National Goal</u></th> <th data-bbox="1182 1734 1417 1766"><u>State</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="488 1766 954 1797">10a - % timely SNC actions</td> <td data-bbox="954 1766 1182 1797">80%</td> <td data-bbox="1182 1766 1417 1797">84.2% (16/19)</td> </tr> </tbody> </table>	<u>Data Metric</u>	<u>National Goal</u>	<u>State</u>	10a - % timely SNC actions	80%	84.2% (16/19)
<u>Data Metric</u>	<u>National Goal</u>	<u>State</u>					
10a - % timely SNC actions	80%	84.2% (16/19)					

	<table border="0"> <tr> <td><u>File Review Metrics</u></td> <td style="text-align: right;"><u>State</u></td> </tr> <tr> <td>10c - % of enforcement actions taken in a timely manner</td> <td style="text-align: right;">SV 100% (12/12) SNC 100% (8/8) Combined 100% (20/20)</td> </tr> <tr> <td>10d - % of enforcement actions that are appropriate to the violations</td> <td style="text-align: right;">100% (20/20)</td> </tr> </table>	<u>File Review Metrics</u>	<u>State</u>	10c - % of enforcement actions taken in a timely manner	SV 100% (12/12) SNC 100% (8/8) Combined 100% (20/20)	10d - % of enforcement actions that are appropriate to the violations	100% (20/20)
<u>File Review Metrics</u>	<u>State</u>						
10c - % of enforcement actions taken in a timely manner	SV 100% (12/12) SNC 100% (8/8) Combined 100% (20/20)						
10d - % of enforcement actions that are appropriate to the violations	100% (20/20)						
State Response							
Recommendation(s)	No further action is needed.						

RCRA Element 11 – Penalty Calculation Method

Degree to which state documents in its files that the initial penalty calculation includes both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.

Finding	Georgia does not maintain penalty documentation in their enforcement files, and no penalty calculations were provided to EPA upon request. Thus the adequacy of the gravity and economic benefit components of EPA’s penalty policy could not be examined.				
This finding is a(n)	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice				
Explanation	<p>Element 11 examines the state documentation of its penalty calculations. Specifically, the metric determines if the state penalty includes a gravity component of the penalty, and, where appropriate, economic benefit. EPA’s July 1993 policy entitled <i>Oversight of State and Local Penalty Assessments: Revision to the Policy Framework for State/EPA Enforcement Agreements</i> states that “state and local recordkeeping should include documentation of the penalty sought, including the calculation of economic benefit where appropriate.” During the SRF review, there were no penalty calculations in the files, and no penalty calculations were provided to EPA for review. Therefore, EPA cannot determine if the economic benefit and gravity portion of the penalties are assessed and recovered or that the BEN model or equivalent is used appropriately.</p> <p>Failure to appropriately document penalty calculations is a continuing issue from Round 1 of the SRF and is an area for state improvement.</p>				
Metric(s) and Quantitative Value(s)	<table border="0"> <tr> <td><u>File Review Metric</u></td> <td style="text-align: right;"><u>State</u></td> </tr> <tr> <td>11a - % of penalty calculations reviewed that consider and include where appropriate gravity and economic benefit consistent with national policy</td> <td style="text-align: right;">0%</td> </tr> </table>	<u>File Review Metric</u>	<u>State</u>	11a - % of penalty calculations reviewed that consider and include where appropriate gravity and economic benefit consistent with national policy	0%
<u>File Review Metric</u>	<u>State</u>				
11a - % of penalty calculations reviewed that consider and include where appropriate gravity and economic benefit consistent with national policy	0%				
State Response	Georgia utilizes the RCRA Civil Penalty Policy in determining penalties, making use of the BEN model and latest penalty matrices supplied by EPA. Since Round 1, Georgia has conducted economic benefit analysis as part of penalty calculations for violations where it				

	<p>was clear an economic benefit may have been gained. This primarily occurred at sites in the 2020 universe where delays in implementing corrective action resulted in a significant cost avoidance for a facility. Economic benefits of non-compliance are not occurring at generator facilities where the costs of returning to compliance are as high or higher than the costs would have been to comply initially. The gravity portion is utilized at these generator facilities. Penalty calculations, including the economic benefit analyses, are transient records and it is EPD policy that they are not maintained by Georgia's RCRA Subtitle C program after negotiation of a final settlement agreement.</p>
Recommendation(s)	<p>Georgia should immediately take steps to routinely document their penalty calculations, reflecting both gravity and economic benefit calculations, appropriately using the BEN model or other methods that produces results consistent with national policy. EPA Region 4 RCRA and OPA Enforcement and Compliance Branch (ROECB), in partnership with OEA, will monitor Georgia's penalty documentation, including an on-site file review. If, by June 30, 2012, appropriate penalty calculations are being observed, this recommendation will be consider concluded.</p>

RCRA Element 12 - Final Penalty Assessment and Collection	
Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.	
Finding	<p>Georgia did not provide EPA with documentation of the rationale between their initial and final penalty. All enforcement orders reviewed had documentation that the penalty was collected.</p>
This finding is a(n)	<p> <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice </p>
Explanation	<p>It is important that documentation of any differences and rationale between initial and final penalty calculations are maintained to determine if appropriate penalties have been recovered for the violations cited in the enforcement actions. A downward adjustment of the penalty in the final enforcement action may be appropriate due to new information provided in settlement negotiations, or a facility's inability to pay a penalty. File review metric 12a could not be evaluated since Georgia does not maintain initial and final RCRA penalty calculations in their records. EPA's July 1993 policy entitled <i>Oversight of State and Local Penalty Assessments: Revision to the Policy Framework for State/EPA Enforcement Agreements</i> states that "state and local recordkeeping should include documentation of the penalty sought" and "in cases in which penalties have been adjusted downward due to an inability of the violator to pay, documentation is especially important and should reflect the preliminary penalty assessment in relation to the reduction in penalty and include a notation that the reduction occurred</p>

	<p>due to an inability of the violator to pay.”</p> <p>Georgia maintains records of all penalty collections both in the file and through a central financial database, as reported in file metric 12b. Of the 10 enforcement orders reviewed as part of the SRF, all had documentation that penalties were collected. This meets the SRF program requirements for this metric.</p>						
Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th>File Review Metrics</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>12a - % of formal enforcement actions that document the difference and rationale between initial and final assessed penalty</td> <td>0%</td> </tr> <tr> <td>12b - % of final formal actions that document the collection of the final penalty</td> <td>100% (10 of 10)</td> </tr> </tbody> </table>	File Review Metrics	State	12a - % of formal enforcement actions that document the difference and rationale between initial and final assessed penalty	0%	12b - % of final formal actions that document the collection of the final penalty	100% (10 of 10)
File Review Metrics	State						
12a - % of formal enforcement actions that document the difference and rationale between initial and final assessed penalty	0%						
12b - % of final formal actions that document the collection of the final penalty	100% (10 of 10)						
State Response	As stated in RCRA Element 11 above, it is Georgia EPD policy to not retain penalty calculations, as they are considered transient and enforcement confidential. The final negotiated settlement and penalty collection information is fully documented.						
Recommendation(s)	Georgia should immediately take steps to routinely document penalty adjustments. EPA Region 4 RCRA and OPA Enforcement and Compliance Branch (ROECB), in partnership with OEA, will monitor Georgia’s penalty documentation, including an on-site file review. If, by June 30, 2012, the calculations of differences between the initial and final penalty are being documented, the recommendation will be considered concluded.						

V. ELEMENT 13

GEPD elected not to submit information under Element 13.

VI. APPENDICES

- a. Status of Recommendations from Previous Reviews
- b. Official Data Pull
- c. Preliminary Data Analysis & File Selection
- d. File Review Analysis
- e. Correspondence