

State Review Framework

Puerto Rico Round 2 Report
for Federal Fiscal Year 2010

FINAL REPORT 12/22/2011

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I. EXECUTIVE SUMMARY

Major Issues

The SRF review of Puerto Rico identified the following major issues:

- CAA Element 11: PREQB lacks a formal penalty policy for the Clean Air Act program. This was also a significant issue identified in Round 1.
- CWA Element 2-1: Single Event Violations and Compliance/Permit Schedule Violations are not entered in ICIS-NPDES.
- RCRA Element 6-2: Both Puerto Rico Environmental Quality Board (EQB) and particularly EPA Region 2 are not completing inspection reports in a timely manner.*
- RCRA Element 7-2: For both Region 2 and EQB, violations identified in inspection reports are often not determined or reported to RCRAInfo in a timely manner.*
- RCRA Element 8-2: EQB is making too few SNC determinations in a timely manner.
- RCRA Element 10-1: The file review showed that Region 2 and EQB are encountering difficulty taking enforcement action in a timely manner.*

Summary of Programs Reviewed

I. Clean Air Act Stationary Source Program (Puerto Rico Environmental Quality Board)

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

- Element 2: Data accuracy with respect to Air Program, Pollutant, Compliance Status and other minor issues have not been accurately maintained and are incorrect. Both the file review and data metric support this finding.*
- Element 3: PREQB is, in general, not entering data into AFS in a timely manner. Compliance- and enforcement-related minimum data requirements (MDRs), as well as designated HPVs, are not being entered into AFS within the 60-day time limit. PREQB is below the national goal of 100% for the two data entry timeliness metrics.*
- Element 4: PREQB's did not meet all commitments under its Section 105 workplan and CMS plans, including the number of FCEs at SM-80s, updating data in AFS, and compliance monitoring.
- Element 7: Title V certifications were reviewed late, leading to inaccurate compliance determinations for six major facilities. Non-HPV violations were not entered into AFS.
- Element 8: Twenty-five percent of violations reviewed were not accurately determined to be HPVs.*
- Element 11: This issue continues from Round 1. During the period covered by the review, PREQB did not have a formal penalty policy for stationary sources. None of the formal actions reviewed indicated how penalties were determined. PREQB did not use EPA's penalty policy, and no gravity or economic benefit appeared to be included.

* A recommendation was made to resolve this issue in the Round 1 report and the action item was determined to be completed between 2007 and 2010.

However, PREQB has prepared a draft penalty policy, which has not yet been finalized. PREQB gave EPA a copy of the draft and anticipates the penalty policy will be finalized in August 2011.

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

Minor issues for correction:

- Element 1: Data Completeness
- Element 5: Inspection Coverage
- Element 6: Quality of Inspection or Compliance Evaluation Reports
- Element 10: Timely and Appropriate Action
- Element 12: Final Penalty Assessment and Collection

Meets SRF program requirements:

- Element 9: Enforcement Actions Promote Return to Compliance

II. Clean Water Act/National Pollutant Discharge Elimination System Program (Direct Implementation: EPA Region 2)

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

- Element 1-1: Enforcement action data is incomplete. Several data metrics indicate that Region 2 is not entering enforcement action data into the national system (ICIS-NPDES).
- Element 2-1: Single Event Violations and Compliance/Permit Schedule Violations are not entered in ICIS-NPDES. There are also some DMR non-receipt violations that should be manually corrected.

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

Minor issues for correction:

- Element 3-1: Timeliness of Data Entry: Not all data is being entered in a timely manner.

Meets SRF program requirements:

- Element 4-1: Completion of Commitments
- Element 5-1: Inspection Coverage
- Element 6-1: Quality of Inspection Reports
- Element 7-1: Identification of Alleged Violations
- Element 8-1: Identification of SNC and HPV
- Element 9-1: Enforcement Actions Promote Return to Compliance
- Element 10-1: Timely and Appropriate Action
- Element 11-1: Penalty Calculation Method
- Element 12-1: Final Penalty Assessment and Collection

III. Resource Conservation and Recovery Act Program (Direct Implementation: EPA Region 2 and Puerto Rico Environmental Quality Board)

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

- Element 6-2: Region 2 and EQB are not completing inspection reports in a timely manner. This issue is more acute in Region 2, where reports are sometimes taking 15 months or longer to complete. For both agencies the issue is contributing to other problems, such as inability to consistently take enforcement action in a timely manner.*
- Element 7-2: For both agencies, violations found during inspections are often not determined or reported to RCRAInfo in a timely manner. Because the inspection reports are often not completed within 150 days, this makes it impossible to promptly determine violations or report them to RCRAInfo.*
- Element 8-2: EQB is not making all its SNC determinations in a timely manner. Because many of its inspection reports are not completed in a timely manner, this often makes it difficult for EQB to determine SNC within 150 days.
- Element 10-1: The file review showed that Region 2 and EQB are encountering difficulty taking enforcement in a timely manner.*
- Element 11-1: Region 2's files included penalty calculations, while EQB's did not. EQB's penalties do not consider gravity or economic benefit.

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

Minor issues for correction:

- Element 2-1: Data Accuracy: Inspection and facility-type data are not always accurate in RCRAInfo.
- Element 4-1: Completion of Commitments: While Region 2 and EQB met or exceeded some of their inspection commitments in FY 2010, they did not meet others.
- Element 10-2: Timely and Appropriate Action: Region 2 enforcement not always appropriate.

Meets SRF program requirements:

- Element 1-1: Data Completeness
- Element 3-1: Timeliness of Data Entry
- Element 5-1: Inspection coverage
- Element 6-1: Quality of Inspection Reports: Region 2 and EQB inspection reports are generally complete and properly document observations.
- Element 7-1: Identification of Alleged Violations: Inspection reports generally led to accurate compliance determinations.
- Element 8-1: Identification of SNC and HPV: SNC determinations are accurate.
- Element 9-1: Enforcement Actions Promoting Return to Compliance
- Element 12-1: Final Penalty Assessment and Collection

* A recommendation was previously made to resolve this issue in the Round 1 report and the action item was completed between 2007 and 2010.

II. BACKGROUND INFORMATION **ON STATE PROGRAM AND REVIEW PROCESS**

The State Review Framework (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 twelve 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.

I. CAA Program: Puerto Rico Environmental Quality Board

A. GENERAL PROGRAM OVERVIEW

The 1990 State/EPA Enforcement Agreement defines each agency’s role in implementing the Clean Air Act (CAA) enforcement program in the Commonwealth. This agreement addresses areas such as inspections, enforcement, and the recording of compliance activity in the Aerometric Information Retrieval System (AIRS). The agreement states that the Puerto Rico Environmental Quality Board (PREQB) has the primary responsibility for enforcement of Puerto Rico’s Regulations for the Control of Atmospheric Pollution consistent with the program’s delegation to PREQB.

- **Agency structure:** The PREQB is presided over by a Governing Board, which consists of a Chairperson, Vice-Chairperson and an Associate Member. The Governing Board presides over all program offices (air, water, RCRA, superfund, etc.), five (5) regional offices, and the Legal Affairs Office (LAO), and has the authority to override any decision rendered by the program offices. The PREQB stationary source compliance and enforcement program is implemented by the Air Quality Area (AQA), which implements CAA enforcement activities at both major sources and minor sources. Additional responsibilities of the AQA include: EIS reviews, responding to citizens’ complaints, Title V and minor source permitting, orientation to all citizens, data validation, ambient monitoring and air quality modeling. The AQA Director’s office is located in the PREQB Central Office in San Juan. Each regional office also has a Director.

- **Compliance/enforcement program structure:** Implementing the CAA compliance monitoring program involves numerous divisions and regional offices within PREQB. The Inspection and Compliance Division (ICD) is responsible for establishing annual priorities and the annual inspection plan. In coordination with the regional offices, the ICD is also responsible for conducting compliance evaluations and referring cases to the LAO for enforcement follow-up. The AQA participates in the process if requested by the LAO or by the Regional Office.

In order to ensure that compliance evaluations are conducted in accordance with the EPA's Compliance Monitoring Strategy (CMS), the ICD conducts all of the inspections required by the CMS. The five regional offices only conduct inspections of minor sources. The Permit and Engineering Division (PED) is responsible for evaluating permit applications and ensuring sources are accurately classified in AIRS. The Air Toxics Division (ATD) evaluates sources for compliance with all Maximum Achievable Control Technology (MACT) regulations and refers violations to the LAO. Beginning in May 2006, each AQA inspector was made responsible for entering his or her own air compliance and enforcement data in AIRS due to a reorganization of PREQB.

- **Roles and responsibilities:** No other agency or organization is involved in the CAA compliance and enforcement program.
- **Local agencies included/excluded from review:** No other agency or organization is involved.
- **Resources:** The ICD is responsible for CMS activities. To achieve CMS goals the ICD has five full-time employees (FTEs). The ATD also participates in the compliance evaluation process for CMS facilities affected by MACT standards. The ATD has five FTEs that participate in CMS inspections, minor sources inspections and prepare permits for Title V and area sources affected by MACT standards.

Compliance evaluations of minor sources are conducted by several divisions and the regional offices. The ICD has three FTEs assigned for the inspection of NSPS, NESHAP and some MACT area sources. The ATD participates in the inspection of MACT area sources. The Minor Sources Division has two FTEs assigned to complete inspections of minor sources and some new MACT area sources. Also, except for the Humacao Regional Office, each regional office has one FTE assigned to conduct inspections of all minor sources in their region. Regional office employees also prepare the operating permits for minor sources in their region. The Main office provides backup and assistance to the regional offices in order to complete inspections and issue permits.

- **Staffing/training:** During FY 2010, a regional office had a vacancy for the engineer that works with AQA sources. Also, the Chief inspector and another inspector in the Minor Source Division retired due to a voluntary retirement plan in December 2010. AQA is also expecting vacancies at the inspector level and low-ranking specialist level, since the current inspectors and low-ranking specialists are aiming for higher level positions that are available in other program areas in PREQB.

Once a position becomes available, the AQA manager requests that the Human Resources Division (HRD) fill the position. The HRD verifies that the vacancy can be filled, then refers it to the Budget Division for budget review and approval. The Office of Human Resources of the Commonwealth of Puerto Rico (OHR COPR) also participates in the approval process. OHR COPR is an external agency that reviews the staffing process of state agencies. In order to begin the hiring process, the HRD, the Budget Division and the OHR COPR must agree to fill a vacancy.

Once a person is hired, they are trained according to the training guidance developed by the ICD. For inspectors, the guidance consists of training available in NETI and APTI on basic air pollution knowledge.

- **Data reporting systems/architecture:** After each full compliance evaluation, the inspectors must complete an AFS data sheet for the facility. The data sheet contains all of the facility's minimum data requirements (MDRs). The data sheet is reviewed by the supervisor as a quality check before the data is entered in AIRS by the inspector. Also, after a construction permit is issued to a source, the permits division completes an AFS data sheet with all MDRs for the source, and after supervisor approval the data is entered in AIRS as modified source information or as a new source. The AQA does not have a data system other than AIRS to track sources.

B. MAJOR STATE PRIORITIES AND ACCOMPLISHMENTS

- **Priorities:** AQA priorities are established annually in the work plan submitted to EPA. EPA reviews and approves the work plan. The legislature or the Governing Board could establish additional priorities, but these priorities are worked into the plan approved by EPA.
- **Accomplishments:** None.
- **Best practices:** The change of AFS management so that the ICD has control of the database has improved data management and provided ICD with more resources to improve inspections. Also, centralizing the CMS inspections in the Main office has improved the inspections rate and identification of HPVs.
- **Element 13:** None.

C. PROCESS FOR SRF REVIEW

- **Review period:** FY 2010
- **Key dates:**
 - Initial state notification: December 15, 2010
 - Official data pull sent to PREQB: March 14, 2011
 - PDA sent to PREQB: April 21, 2011

- On-site file review: May 9 – 13, 2011
- Draft report to PREQB: August 3, 2011
- **Communication with the state:** The PREQB SRF Round 2 was initiated with a December 15, 2010 kick-off letter to Luis R. Sierra Torres, Director, Air Quality Program, Puerto Rico Environmental Quality Board from EPA, Region 2. The kick-off letter was followed up with a teleconference call with PREQB and the Caribbean Environmental Protection Division (EPA) on February 15, 2011. During this teleconference, the expectations and procedures of the SRF were reviewed and a tentative schedule for the SRF process was discussed. The onsite file review took place at the PREQB office in San Juan, PR from May 9 – 13, 2011.

EPA began the on-site review with a discussion with Luis R. Sierra Torres, the Director of the PREQB AQA. The discussion included reviewing PDA metrics that were concerns, how the facility files for review were selected, and the purpose and process of the SRF. EPA prepared for the on-site file review using the SRF data metrics. During the on-site review, PREQB inspectors were available to provide assistance and answer questions. They were contacted if a facility file appeared to be or was missing a document(s).

After the on-site review, EPA also completed a document review of AQA's CAA 105 Workplan for FY 2010, Enforcement Guidance for Air Emission Sources, AIRS data acquisition and review guidance, and draft State Penalty Policy for Stationary Air Emission Sources. Based on the assessment of files during the on-site review and the subsequent document review, EPA compiled initial findings describing which aspects of PREQB's CAA stationary source program appeared to be in good condition and which appeared to be potential concerns. Results of the grant review were incorporated into the initial SRF findings as metric 4B.

EPA and EPA discussed the initial SRF findings with Luis R. Sierra Torres of PREQB in detail during the closing meeting, in San Juan, PR, on June 1, 2011. The closing meeting is an important step in the SRF review process; it gives the state an opportunity to respond to the EPA's initial findings and clarify or explain aspects of the CAA stationary source program that are or appear to be potential concerns. During the closing meeting with PREQB, the SRF initial findings were discussed metric by metric, and included the names of the facilities reviewed that led to each finding. The SRF initial findings were updated based on the information provided by PREQB during the closing meeting; the final SRF findings are described in Section IV.

The process for resolving significant issues will be discussed with PREQB and EPA following their review of this report and its recommendations.

- **List state and regional lead contacts for review.**
 - Luis R. Sierra Torres, Director, PREQB AQA
 - Patrick Durack, Deputy Director, EPA DECA

II. CWA and RCRA Direct Implementation Programs: EPA Region 2 and Puerto Rico Environmental Quality Board

A. GENERAL PROGRAM OVERVIEW

Agency Structure

Clean Water Act (CWA): This program is directly implemented by U.S. EPA's Region 2 office. Region 2's Caribbean Environmental Protection Division (CEPD) in San Juan is primarily responsible for program activities, with some backup assistance from the Water Compliance Branch of the Division of Enforcement and Compliance Assistance (DECA) in Region 2's headquarters in New York as needed.

The NPDES program in CEPD is managed by two branches. The NPDES Municipal Programs Branch is responsible for municipal water systems and wastewater treatment facilities. The Multi-Media Permits and Compliance Branch are responsible for NPDES industrial facilities. Data entry responsibilities for ICIS-NPDES are shared between the New York office and CEPD. Although more responsibility has been shifted to CEPD, the New York office is responsible for entry of permit and DMR data as well as their compliance data into the system of record. CEPD is responsible for entering inspection and enforcement-related data.

Resource Conservation and Recovery Act (RCRA): Region 2's Response and Remediation Branch in CEPD is responsible for the implementation of the RCRA compliance and enforcement program in Puerto Rico. However, Puerto Rico's Environmental Quality Board (EQB) shares the workload and actually performs a majority of the inspections and enforcement actions. DECA's RCRA Compliance Branch also provides additional support as needed.

Compliance/Enforcement Program Structure

CWA: The Municipal Water Programs Branch (MWPB) manages the implementation of the municipal sections of the CWA and the Safe Drinking Water Act (SDWA) in Puerto Rico and the U.S. Virgin Islands. The Multimedia Permits and Compliance Branch (MPCB) manages the implementation of the National Pollutant Discharge Elimination System (NPDES) program with respect to industrial sources, including major and minor permittees, animal feeding operations, municipal separate stormwater systems, and construction activities.

RCRA: DECA is the program manager for RCRA in Puerto Rico and CEPD has the lead for compliance monitoring and enforcement in Puerto Rico.

Roles and Responsibilities

CWA: The program is implemented by EPA Region 2. However, EQB assists Region 2 in performing compliance evaluation inspections of wastewater treatment plants. The SDWA program is delegated to the Puerto Rico Department of Health.

RCRA: See above.

Local Agencies Included/Excluded From Review

There were no local agencies reviewed in Puerto Rico. However, given the amount of work that EQB does in the RCRA program, EQB files were included in the on-site file review, which included a trip to EQB's San Juan office. The RCRA findings and recommendations consider CEPD's and EQB's performance separately.

Resources

- **CWA:**
 - MWPB:
 - Technical FTEs: 12 (all of which contribute to the three programs below)
 - Enforcement FTEs: 6
 - Permit Writer FTEs: 4
 - Grant Project Officer FTEs: 2
 - MPCB:
 - Enforcement FTEs: 3.5
 - Permit Writer FTEs: 1.5
- **RCRA:**
 - Total number of RCRA staff: 9 (three of which are RCRA-certified inspectors)

Staffing/training:

- **CWA:** The MWPB and the MPCB are fully staffed; no immediate vacancies expected.
- **RCRA:** CEPD-RRB is fully staffed; however, they are requesting training in RCRA air emissions, financial responsibility evaluations, the new definition of Solid Waste, and E-waste.

Data reporting systems/architecture:

- **RCRA:** CEPD, DECA and PREQB staff enter their own inspection and enforcement information into ICIS and RCRAInfo.
- **CWA:** Handled through a single-point-of-entry in DECA.

B. MAJOR STATE PRIORITIES FOR FY 2010

CWA — EPA Region 2

- **MWPB**
 - Inspections of 57 wastewater treatment plants are performed at least twice a year to verify compliance with the consent decree for a total of 114 inspections. Inspection reports for the most part are completed within 30 days and all inspections are entered into ICIS in a timely manner.
 - Inspections of 129 sludge treatment systems are performed at least once a year to verify compliance with the consent decree. However, some of the systems are

inspected twice a year for an approximate total of 175 inspections. Inspection reports for the most part are completed within 30 days and all inspections are entered into ICIS in a timely manner.

- **MPCB**
 - NPDES industrial inspections are conducted in compliance with the requirements of the Compliance Monitoring Strategy (CMS).
 - At a minimum, 20 Administrative Compliance Orders and 12 Administrative Penalty Orders are issued every year.
 - Through intensive compliance assistance efforts and enforcement actions, the percentage of municipalities which have submitted NOIs to obtain coverage under the MS4 General Permit increased from less than 25 percent in 2007 to 99 percent to date. SWMP submittal increased from less than 25 percent to 96 percent.

RCRA — EPA Region 2, CEPD Office

- Inspections: 40 total, including at least three TSDFs and seven LQGs.
 - Inspection reports completed 30-45 days after inspection.
 - Inspection data entered into RCRAInfo no later than five days after inspection.
- Enforcement
 - Seven “ongoing” enforcement cases
 - Issuance of notices of violation and information request letters as appropriate
- FY 2009 End of Year Review
 - CEPD reviewing EQB’s RCRA Assistance Agreement
 - Conducting quarterly meetings with EQB “in order to discuss significant enforcement issues”
 - Tracking “the implementation of recommendations provided in the End of Year Review reports”
 - Determining FY 2010 compliance/enforcement workplan commitments
- Other priorities
 - Preparing workplan by end of fiscal year
 - Maintaining communication with Region 2’s DECA office to avoid duplicate compliance evaluation inspections
 - Participation in regional multimedia initiatives and/or enforcement investigations “to support subsequent enforcement actions”
 - Responding to non-governmental organization inquiries about the status of RCRA facility compliance
 - Responding to FOIA and Congressional information requests for regulated facilities
 - Facilitating communication between DECA and EQB and DECA and regulated facilities
 - Quarterly conference calls with DECA to discuss “significant issues”

C. PROCESS FOR SRF REVIEW

Describe key steps in the reviews of each media program, including:

- **Review period:** Federal fiscal year 2010.
- **Key dates**
 - Kickoff letter sent to Region 2 on May 25, 2011
 - File selection and preliminary data analysis sent on May 26, 2011
 - On-site file review conducted June 20-22, 2011 in San Juan at CEPD and June 21, 2011 at EQB
 - Draft report sent to Region 2 on August 25, 2011
- **Communication with Region 2 and EQB**
 - A kickoff meeting was held with CEPD management and CWA and RCRA personnel on the afternoon of June 20. At this meeting the OECA review team discussed the parameters of the review with CEPD.
 - A kickoff meeting was held with EQB management and RCRA personnel on the morning of June 21. That afternoon OECA reviewers held an exit meeting with EQB in which they shared observations from the file review conducted that day.
 - An exit meeting was held with CEPD management and CWA and RCRA personnel on the afternoon of June 22. During this meeting OECA reviewers discussed their preliminary findings based on the CWA and RCRA file reviews as well as opportunities to improve program performance.
 - On June 28, OECA emailed its most significant preliminary findings to Region 2 staff and management in New York and San Juan.
- **Lead contacts for review**
 - OECA, EPA headquarters review team, Washington, D.C.
 - Chad Carbone; Performance, Measures, and Oversight Division; State and Tribal Performance Branch
 - Susan Gilbertson; Performance, Measures, and Oversight Division; State and Tribal Performance Branch
 - Rebecca Kane, Enforcement Targeting and Data Division
 - Allison Landsman, Enforcement Targeting and Data Division
 - Greg Siedschlag; Performance, Measures, and Oversight Division; State and Tribal Performance Branch
 - Region 2 headquarters, New York
 - Barbara McGarry, Compliance Assistance and Program Support Branch
 - Douglas McKenna
 - George Meyer
 - Leonard Voo
 - Region 2 CEPD, San Juan
 - Adalberto Bosque
 - Jose Font
 - Jaime Geliga
 - Teresita Rodriguez
 - EQB, San Juan
 - Maria V. Rodriguez

III. STATUS OF OUTSTANDING RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of Puerto Rico’s compliance and enforcement programs, EPA Headquarters, EPA Region 2, and Puerto Rico identified a number of actions to be taken to address issues found during the review. The table below shows the actions that have not been completed at the time of the current SRF review. (Appendix A contains a comprehensive list of completed and outstanding actions for reference.)

CAA Outstanding Recommendations

State	Status	Due Date	Media	Element	Title	Findings
PR –Round 1	Working	August 2011	CAA	Penalty Calculations	Develop penalty policy worksheet.	PREQB does not have a formal penalty policy for stationary sources.
PR- Round 1	Working	August 2011	CAA	Penalty Calculations	Develop penalty policy.	

All recommendations for CWA or RCRA from the previous review have been closed. The following is a list of Round 1 issues that reoccurred in Round 2.

Media	E#	Element	Status	Finding	Explanation	Due Date
RCRA	E3	Violations ID'ed Timely	Completed	Inspection reports are not timely.	Region 2 needs to build on its current process to ensure the timeliness of inspection reports. This should include continuing to use systems already in place, such as the “Facility Chronological Events Chart,” and should include the requirement that all reports are dated and signed by a manager, and that inspection data is entered into RCRA Info in a timely manner. A checklist is needed. There should be training in this system for Region 2 personnel. There should be a schedule for implementing this process. (As indicated for Metric #2, the region agrees that it needs to ensure that all inspection reports are signed and dated by the Supervisor/Team Leader and that the inspections are entered into RCRAInfo one week after.)	12/31/2007
RCRA	E10	Data Timely	Completed	Data entry is not timely.	Region 2 should ensure that RCRA data from inspection reports and enforcement actions are entered into RCRA Info in a timely manner. Region 2 has had an SOP in place since 2005 that defines the date when a SNC determination is made and the timeframe for entering the SNC data element in RCRA Info. The Region agreed that all inspections will be entered into RCRAInfo within one week of the date that the reports are signed by the Supervisor/Team Leader. Enforcement actions are normally entered into RCRA Info within a week of the action being taken.	12/31/2007

Media	E#	Element	Status	Finding	Explanation	Due Date
RCRA	E6	Timely & Appropriate Actions	Completed	Enforcement actions are not timely.	The Region needs to improve the timeliness of enforcement actions. They need to assess the time it takes to complete inspection reports and make determinations of violations and of SNC. They also need to assess the time it takes to issue an administrative order once it has been decided to proceed with an action. Region 2 in Puerto Rico (CEPD) should put in place a tracking system for inspection reports and enforcement documents development.	12/31/2007

IV. FINDINGS

Findings represent the region’s conclusions regarding the issue identified. Findings are based on the initial findings identified during the data or file review, as well as from follow-up conversations or additional information collected to determine the severity and root causes of the issue. There are four types of findings:

Finding	Description
Good Practices	This describes activities, processes, or policies that the SRF data metrics and/or the file reviews show are being implemented exceptionally well and which the state is expected to maintain at a high level of performance. Additionally, the report may single out specific innovative and noteworthy activities, processes, or policies that have the potential to be replicated by other states and can be highlighted as a practice for other states to emulate. No further action is required by either EPA or the state.
Meets SRF Program Requirements	This indicates that no issues were identified under this element.
Areas for State* Attention *Or, EPA Region’s attention where program is directly implemented.	<p>This describes activities, processes, or policies that the SRF data metrics and/or file reviews show are being implemented with minor deficiencies. The state needs to pay attention to these issues in order to strengthen performance, but they are not significant enough to require the region to identify and track state actions to correct.</p> <p>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.</p>
Areas for State * Improvement – Recommendations Required *Or, EPA Region’s attention where program is directly implemented.	This describes activities, processes, or policies that the metrics and/or the file reviews show are being implemented by the state that have significant problems that need to be addressed and that 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 they must have well-defined timelines and milestones for completion. Recommendations will be monitored in the SRF Tracker.

CAA Element 1 – Data Completeness	
Degree to which the Minimum Data Requirements (MDRs) are complete.	
Finding:	Data completeness is an area for state attention. The data metrics support this finding.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
Explanation:	<p>Of the 11 data metrics under Element 1, EPA identified metric 1E and 2 subparts of metric 1C as potential concerns: 1C4 - NSPS facilities with FCEs conducted after 10/1/05: PR metric 74% 1C6 - MACT facilities with FCEs conducted after 10/1/05: PR metric 77% 1E - Historical non-compliance counts: PR metric 371</p> <p>Metrics 1C4 and 1C6 are low in part because data in AFS is not up to date. In some cases, air programs (such as NSPS or MACT) are listed for facilities that are not currently subject to those air programs. As a result, AFS has an incorrect universe of NSPS and MACT facilities from which these metrics are being calculated.</p> <p>Metrics 1D1 and 1D2 present a data entry issue, where it appears that the number of FCEs is greater than the number of sources receiving FCEs. PREQB is sometimes entering FCEs into AFS incorrectly – instead of entering one FCE for a facility after it has been inspected for compliance with all of the air programs it is subject to, PREQB enters an FCE for each air program such that multiple FCEs are entered into AFS for a facility when only one FCE is being conducted. This is why there are more FCEs than sources. PREQB is not failing to conduct FCEs, and the FCE coverage was counted correctly, since the FCE coverage was based on the number of sources where an FCE was conducted, not the number of FCEs conducted per source. We discussed this data entry issue with PREQB during our on-site review. PREQB now understands how FCEs should be entered into AFS and will make corrections.</p> <p>Based on our observations during the on-site file review, the value of 1E is not accurate because of incorrect AFS data. Several facilities had air programs listed in AFS that they are not subject to. The air programs that facilities are not subject to are not updated in AFS, so their status is listed as “Out of Compliance.”</p> <p>EPA trained PREQB on AFS in 2008. PREQB has also developed AFS data entry guidance for its inspectors (“AIRS Data Acquisition and Review Version 1.2” dated April 27, 2011). At the time of the on-site review, PREQB had yet to fully implement this guidance.– EPA oversight is in place – the regional AFS coordinator holds biweekly calls with PREQB to discuss AFS data entry and upkeep issues, and to ensure data quality and</p>

	correctness. PREQB should update and/or verify the NSPS and MACT universes and the compliance status of noncompliant facilities in AFS (see recommendation for metric 2C) by March 31, 2012.
Metric(s) and Quantitative Value:	<p>1A1 - Title V Universe: AFS Operating Majors (Current): PR metric 45</p> <p>1A2 - Title V Universe: AFS Operating Majors with Air Program Code = V (Current): PR metric 45</p> <p>1B1 - Source Count: Synthetic Minors (Current): PR metric 15</p> <p>1B2 - Source Count: NESHAP Minors (Current): PR metric 5</p> <p>1B3 - Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current): PR metric 208</p> <p>1C1 - CAA Subprogram Designations: NSPS (Current): PR metric 39</p> <p>1C2 - CAA Subprogram Designations: NESHAP (Current): PR metric 12</p> <p>1C3 - CAA Subprogram Designations: MACT (Current): PR metric 31</p> <p>1C4 - CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005: PR metric 74%</p> <p>1C5 - CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005: PR metric 70%</p> <p>1C6 - CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005: PR metric 76.8%</p> <p>1D1 - Compliance Monitoring: Sources with FCEs (1 FY): PR metric 18</p> <p>1D2 - Compliance Monitoring: Number of FCEs (1 FY): PR metric 22</p> <p>1D3 - Compliance Monitoring: Number of PCEs (1 FY): PR metric 27</p> <p>1E0 - Historical Non-Compliance Counts (1 FY): PR metric 371</p> <p>1F1 - Informal Enforcement Actions: Number Issued (1 FY): PR metric 43</p> <p>1F2 - Informal Enforcement Actions: Number of Sources (1 FY): PR metric 41</p> <p>1G1 - HPV: Number of New Pathways (1 FY): PR metric 6</p> <p>1G2 - HPV: Number of New Sources (1 FY): PR metric 6</p> <p>1H1 - HPV Day Zero Pathway Discovery date: Percent DZs with discovery: PR metric 83.3%</p> <p>1H2 - HPV Day Zero Pathway Violating Pollutants: Percent DZs: PR metric 100%</p> <p>1H3 - HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s): PR metric 100%</p> <p>1I1 - Formal Action: Number Issued (1 FY): PR metric 7</p> <p>1I2 - Formal Action: Number of Sources (1 FY): PR metric 7</p> <p>1J0 - Assessed Penalties: Total Dollar Amount (1 FY): PR metric \$75,500</p> <p>1K0 - Major Sources Missing CMS Policy Applicability (Current): PR metric 0</p>
State Response:	PREQB agree with EPA's determination and will update the AFS database by March 31, 2012. In addition to the explanation above, PREQB staff sometimes enters an FCE instead of a PCE, or enters the data into AFS twice by mistake. Other FCEs that are entered in AFS are for minor sources. PREQB previously thought that all MACT and NSPS minor sources are federally reportable and therefore the compliance evaluations are flagged as an FCE or PCE to allow OTIS reports to capture them.

	However, during the on-site review we learned that not all MACT or NSPS sources are federally reportable. PREQB needs to correct its procedures to clearly indicate which sources need an FCE or PCE flag in AFS.
Action(s):	See action items for Elements 2 and 3.

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	Data Accuracy with respect to Air Program/ Pollutant/ Compliance Status and other minor issues have not been accurately maintained and are incorrect. Both the file review and data metric support this finding.
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Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
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Explanation:	<p>Data metric 2A indicates that PREQB is accurately identifying the non-compliant facilities that are HPVs. PREQB is below the national goal (<=50%) and the national average (45.5%) for this metric.</p> <p>Data metric 2B indicates that 1 of 4 (25%) stack tests were not given a pass/fail result in AFS, indicating the stack test result is still pending, or an incorrect code was used. PREQB is still reviewing stack tests results and has not entered them into AFS. PREQB is short-staffed, making it difficult to review stack test results in a timely manner. PREQB understands that stack test results must be entered/updated within 120 days and is working to meet this deadline. PREQB is below the national goal (0%) and the national average (1.30%) for this data metric.</p> <p>File metric 2C reveals that facility data is mostly complete in AFS, however, certain MDRs (Air Programs, Air Program Subpart(s), Operating Status (of air programs), Pollutants (regulated by air programs), and Compliance Status (of pollutants) in the file do not agree with AFS data. In many cases non-applicable pollutants and air programs have an incorrect compliance status in AFS (e.g. “in violation” or “shut down”). While critical MDRs (e.g. facility name, dates of enforcement and compliance activities) were consistently identified in the facility files, certain less important MDRs (CMS Source Category, CMS Frequency Indicator, Country Code Gov't Ownership, and pollutant classification and attainment status) were rarely identified. AFS checklists in the facility files were accurate, but not every file had one. PREQB now understands that each facility file must contain all of the MDRs and an AFS checklist.</p> <p>EPA trained PREQB on AFS in 2008. PREQB has also developed AFS data entry guidance for its inspectors (“AIRS Data Acquisition and Review</p>
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	Version 1.2” dated April 27, 2011). At the time of the on-site review, PREQB had yet to fully implement this guidance. PREQB is not yet accustomed with going back and updating data that had been previously entered. PREQB understands that they must periodically review and update facility data in AFS, and enter or update stack test results in AFS within 120 days. EPA oversight is in place – the regional AFS coordinator holds biweekly calls with PREQB to discuss AFS data entry and upkeep issues, and to ensure data quality and correctness.
Metric(s) and Quantitative Value:	2A0 - Number of HPVs/Number of NC Sources (1 FY): PR metric 14% 2B1 - Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY): PR metric 25% 2B2 - Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY): PR metric 0 2C - % of files reviewed where MDR data are accurately reflected in AFS: PR metric 20%
State Response:	PREQB will review all MDR’s and stack tests and update AFS by the date recommended by EPA.
Action(s):	EPA will provide AFS training for PREQB inspectors in December 2011. This training will include EPA recommends that PREQB have all of its facility data updated in AFS, and complete and up-to-date AFS checklists in each facility folder, by March 31, 2012. In addition, EPA and PREQB will meet and develop a plan to address the stack test review delay by January 1, 2012. EPA recommends that PREQB develop and implement a stack test review process SOP by April 1, 2012, and that PREQB will review and enter all stack tests and stack tests results in AFS by July 1, 2012.

CAA Element 3 - Timeliness of Data Entry	
Degree to which the Minimum Data Requirements are timely.	
Finding:	PREQB is below the national goal of 100% for the two data entry timeliness metrics; it is an area for state improvement.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
Explanation:	<p>PREQB is, in general, not entering data into AFS in a timely manner. PREQB is below the national goal (100%) and the national average (34.7%) for metric 3A, timely entry of designated HPVs. PREQB is below the national goal (100%) for metrics 3B1 and 3B2 (timely entry of designated compliance monitoring related MDR actions and enforcement related MDRs, respectively). PREQB is above the national average (59%) for metric 3B1, but not for 3B2 (the national average is 70.3%).</p> <p>PREQB has guidance/instructions for timely data entry in place (“AIRS Data Acquisition and Review Version 1.2” dated April 27, 2011). PREQB is in the</p>

	process of fully implementing this guidance. EPA oversight is in place – the regional AFS coordinator holds biweekly calls with PREQB and will verify that data is being entered into AFS on time and correctly.
Metric(s) and Quantitative Value:	3A0 - Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY): PR metric 0% 3B1 - Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY): PR metric 63.6% 3B2 - Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY): PR metric 55.6%
State Response:	PREQB agrees with EPA’s recommendations.
Action(s):	EPA recommends that PREQB train its inspectors on the AIRS Data Acquisition and Review Version 1.2 guidance so that it is fully implemented by January 1, 2012. EPA’s regional AFS coordinator will oversee the training to provide support as needed. Training should be repeated by PREQB twice annually.

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:	PREQB’s completion of commitments is an area for state improvement.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
Explanation:	<p>PREQB’s file review metric for 4A, “Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan were completed”, was 91% for majors and 75% for SM80s. PREQB nearly met its traditional CMS plan commitments, and is above the national average for majors (89.2%); however, PREQB is below the national average for SM80s (92%), though the number of FCEs conducted at SM80s may change. According to PREQB, some SM80s were inspected and entered into AFS as minors and some minors were inspected and entered into AFS as SM80s. Some minors may be reclassified as SM80s and vice versa, including the three SM80s that were not done as part of the CMS cycle. PREQB, unlike other states, is still processing initial Title V permits applications, which is slowing down the overall classification of sources. As a result, the universes of major, minor and SM80 facilities have not been finalized. EPA discussed this with PREQB during our on-site review.</p> <p>For metric 4B, PREQB completed 6 of their 12 FY 2010 CAA 105 Workplan commitments, with 3 more commitments nearly complete. The</p>

	remaining 3 commitments, (“To continue enforcing relevant regulations in conformance with the EPA/PREQB enforcement agreement and to continue to update the PREQB air compliance data in AFS with all MDR;” “To continue to monitor compliance with all relevant regulations applicable to major sources and those sources subject to NESHAPs, MACT, and NSPS;” and “To continue certification of initial continues compliance of other SIP sources (minor and area sources) including necessary enforcement actions to secure source compliance”) were not met.
Metric(s) and Quantitative Value:	4A - Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan were completed: PR metric 91% (majors) / 75% (SM80s) 4B - Confirm the CAA Section 105 grant air compliance and enforcement commitments for the FY under review. The commitments listed are listed in the FY 2010 CAA 105 Grant Workplan: PR metric 71% (average)
State Response:	PREQB agrees with EPA’s recommendations. PREQB needs clarification regarding the “To continue to monitor compliance with all relevant regulations applicable to major sources and those sources subject to NESHAPs, MACT, and NSPS.” Which sources must be included in the AFS database according to the ICR?
Action(s):	EPA recommends that PREQB permit writers review permit applications to determine source size. The correct SM80 universe will be defined in AFS by April 1, 2012. ICR requirements will be covered when EPA trains PREQB inspectors on AFS (see action items for Element 2).

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:	Inspection coverage is an area for state attention.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
Explanation:	<p>PREQB’s traditional CMS plan requires FCEs every 2 years at major facilities, every 5 years at SM80s, and every 3 years at mega sites. The preliminary SRF data indicated that PREQB was below the national goal (100%) and the national average for meeting CMS plan requirements (metrics 5A, 5B and 5G).</p> <p>According to PREQB, data metric 5A is actually 90% (SRF data says 83.7%), indicating that they are above the national average (89.2%) in conducting FCEs at major facilities. PREQB did not count sources that were inspected by the EPA in FY 2010. The actual FCE coverage numbers in Puerto Rico are actually much better including work-sharing with EPA.</p>

	<p>Counting the four FCEs conducted by EPA at major sources improves PREQB's metric to 100%.</p> <p>For FCEs conducted at SM80s, the PREQB data metric (5B1) may be higher (or lower) than what is shown in the SRF data (66.7%), since PREQB is reclassifying its SM80 sources. According to PREQB, they completed 9 of the 12 sources (75%) currently classified as SM80s. PREQB did not count sources that were inspected by the EPA in FY 2010. The actual FCE coverage numbers in Puerto Rico are better including work-sharing with EPA. Counting the one FCE conducted by EPA at an SM80 source improves PREQB's metric to 83%. As noted under metric 4A, the correct number of SM80 FCEs conducted in FY 2010 is subject to change. For metric 5B2, PREQB stated that all but one of the sources were completed (92.9%), which is above the national average (92.4%).</p> <p>PREQB metrics 5C and 5D, SM and minor FCE and PCE coverage, respectively, are above the national average, and metric 5E (number of sources with unknown compliance status) achieved the metric goal of 0. Metric 5F, number of investigations, is not applicable.</p> <p>For metric 5G, PREQB is below the national goal (100%) and national average (94.3%) for completing self-certification reviews. PREQB's metric is 55.6%. Only Title V certifications of major sources that were not inspected as part of the CMS cycle were not reviewed in a timely manner. PREQB reviews Title V certifications for facilities where they conduct FCEs, and they are correctly reporting the FCEs in AFS (with the exception of PREQB sometimes entering FCEs for each air program a facility is subject to, as discussed for metrics 1D1 and 1D2). PREQB was typically waiting to review a facility's Title V certification until they conducted an FCE at the facility. EPA discussed the issue with PREQB during the on-site review that all Title V certifications must be reviewed within the same fiscal year they are submitted, as required by PREQB's CAA 105 Workplan, and that Title V certification reviews at facilities that are not inspected as part of the CMS cycle can be entered into AFS as PCEs. PREQB now understands the Title V certification review requirements, and have agreed to review all Title V certifications annually. This issue is addressed further under Element 7.</p>
<p>Metric(s) and Quantitative Value:</p>	<p>5A1 - CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle): PR metric 83.7%</p> <p>5A2 - CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY): PR metric 80.8%</p> <p>5B1 - CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle): PR metric 66.7%</p> <p>5B2 - CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY): PR metric 78.6%</p> <p>5C0 - CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY):</p>

	PR metric 88.9% 5D0 - CAA Minor FCE and Reported PCE Coverage (last 5 FY): PR metric 42.3% 5E0 - Number of Sources with Unknown Compliance Status (Current): PR metric 0 5F0 - CAA Stationary Source Investigations (last 5 FY): PR metric 0 5G0 - Review of Self-Certifications Completed (1 FY): PR metric 55.6%
State Response:	PREQB agrees with EPA's recommendations. We expect to finish the reclassification of SM80 sources by April 1, 2012. All annual compliance certifications will be reviewed by September 30, 2012.
Action(s):	See action items for Element 4 and Element 7.

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 accurate description of observations.	
Finding:	Accurate documentation of compliance evaluations is an area for state attention.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
Explanation:	<p>Metric 6A - Of the 20 files reviewed on-site, FCEs were conducted at 10 facilities. 3 of these facilities incorrectly had more than one FCE entered for the same date and year in AFS. This is the same AFS data entry issue that was discussed under metrics 1D1 and 1D2. PREQB is aware of the AFS data requirements as discussed under Elements 1, 2 and 3, and were recently trained by EPA in AFS (2008). PREQB has also developed AFS data entry guidance for its inspectors (“AIRS Data Acquisition and Review Version 1.2” dated April 27, 2011). At the time of the on-site review, PREQB had yet to fully implement this guidance, but is in the process of updating AFS data for their facilities.</p> <p>Metric 6B - 6 of the 10 FCEs were incomplete, missing 1 aspect of a complete compliance evaluation. The missing requirement was primarily visible emissions observations.</p> <p>Metric 6C - 8 of the 10 FCES were missing the complete information requirements for compliance monitoring reports (CMRs). Typically compliance and enforcement history or observations and supporting documentation were not included in the CMRs.</p> <p>For metrics 6B and 6C, FCEs and CMRs were identified as “incomplete” if one or more of the applicable requirements were missing (7 requirements</p>

	<p>are listed, but not all 7 are applicable to each facility). The missing requirements identified in metrics 6B and 6C are either not applicable or not a major concern. For example, observations and supporting documentation, such as pictures, are typically taken during an FCE to record noncompliance issues. If a facility is in compliance, no such supporting documentation is likely to be included in the CMR. Visible emissions observations may not apply to the facility that was inspected, or no visible emissions were observed so they were not included in the FCE. The lack of recorded visible emissions observations does not imply that visible emissions observations were not made. PREQB has its own smoke generator to certify its inspectors. The smoke generator was broken when we conducted our on-site review and will be repaired by December 2011. PREQB will send its inspectors to Eastern Technical Associates or some other appropriate external site to maintain their visible emission certification if/when their smoke generator is not working.</p> <p>PREQB included information critical to complete FCEs and CMRs; their FCEs and CMRs are thorough. PREQB has guidance for CMRs in place (“Enforcement Guidance for Air Emissions Sources” dated May 11, 2010), which includes an FCE checklist and CMR template that was developed from the Round 1 SRF review. At the time of the on-site review, PREQB had yet to fully implement this guidance, but is nearly done. We discussed the missing information with PREQB during the on-site review; PREQB understands what needs to be done in regards to implementing the CMS policy and CMR guidance and has agreed to include all required information in the future.</p>
Metric(s) and Quantitative Value:	<p>6A - # of files reviewed with FCEs: PR metric 10</p> <p>6B - % of FCEs that meet definition of an FCE per the CMS policy: PR metric 40%</p> <p>6C - % of facility files reviewed that provide sufficient documentation to determine compliance at the facility: PR metric 20%</p>
State Response:	<p>PREQB agrees with EPA’s recommendations. The smoke generator was sent for additional repairs in order to resume certification. We will also provide additional training to the personnel in order to solve missing information issues. Additional compliance training will be coordinated from NETI, CARB and APTI resources.</p>
Action(s):	<p>No further action required.</p>

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:	Identification of violations is an area for state improvement.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
Explanation:	<p>Metric 7A - Of 20 files reviewed, 5 minor sources and 9 major sources had accurate compliance determinations in the file (70%). FCEs were conducted at 8 of these 9 major sources. 6 major sources, where FCEs were not conducted, did not have accurate compliance determinations for FY 2010 because their Title V annual certifications were reviewed late (FY 2011). As discussed under metric 5G, PREQB does not typically review Title V certifications at facilities where FCEs are not conducted. PREQB is required to review all Title V certifications within the same fiscal year they are submitted by PREQB's CAA 105 Workplan.</p> <p>Metric 7B - In general, PREQB is entering non-HPV violations into AFS on-time.</p> <p>For Metric 7C, violations reported to AFS, PREQB is above the national goal and the national average for subpart 7C1, percent of noncompliant facilities that had an FCE, stack test or enforcement. The metric is greater than 100% because of a counting error. Instead of counting the number of facilities with an FCE, stack test, or enforcement, PREQB is counting the number of actions (FCEs, stack tests and/or enforcement). The PREQB universe for subpart 7C2, facilities with a failed stack test and noncompliant status, is 0.</p>
Metric(s) and Quantitative Value:	7A– % of facility files reviewed that led to accurate compliance determinations: PR metric 70% 7B - % of non-HPVs reviewed where the compliance determination was timely reported to AFS: PR metric 91% 7C1 - % of NC facilities that have had an FCE, stack test, or enforcement: PR metric 160.6% 7C2 - % of facilities with failed stack test and NC status: PR metric 0%
State Response:	PREQB agrees with EPA's recommendations. To solve issues the AQA will train its staff in order to properly document Title V certification reviews, document deviations and AFS timely data entry.
Action(s):	EPA recommends that PREQB review the Title V certifications for all of its major facilities within the same fiscal year (by September 30, 2012) the certifications are submitted, as required by PREQB's CAA 105 Workplan. EPA's regional AFS coordinator will monitor PREQB's progress on Title V certifications review and data entry of results into AFS during their

	biweekly calls. The data entry results include five AFS data elements. EPA will review PREQB's completion of the Workplan commitments at the end of the fiscal year (September 30, 2012) to ensure it is fully implemented.
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CAA Element 8 - Identification of SNC and HPV	
Degree to which the state accurately identifies significant non-compliance/high priority violations and enters information into the national system in a timely manner.	
Finding:	Identification of HPVs is an area for state improvement.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
Explanation:	<p>Metric 8A indicates that PREQB identified 4 new HPVs of 45 major sources (8.9%) during the review year, putting them above the national goal and the national average of 6.4%. No synthetic minor sources were identified as HPVs (metric 8B), but the national average is only 0.4%.</p> <p>PREQB is meeting the national goal for metric 8C, percent of formal actions with prior HPV, but not for metric 8D. The PREQB universe for metric 8D, percent of informal actions without a prior HPV, is small however, and since the last review PREQB has greatly improved in identifying HPVs. The PREQB universe for subpart 8E, percent of sources with failed stack tests that are listed as HPVs, is 0.</p> <p>Metric 8F - PREQB has guidance for identifying HPVs in place (“Enforcement Guidance for Air Emissions Sources” dated May 11, 2010 and “AIRS Data Acquisition and Review Version 1.2” dated April 27, 2011), which include an HPV identification checklist. At the time of the on-site review, PREQB had yet to fully implement this guidance. During the on-site review, 3 of the 20 facilities whose files were reviewed should have been classified as HPVs under Criteria #7: Testing, Monitoring, Recordkeeping, or Reporting Violation. The definition of Criteria #7 is violations that involve testing, monitoring, recordkeeping, or reporting that substantially interfere with enforcement or determining the source's compliance with applicable emission limits.</p>
Metric(s) and Quantitative Value:	8A - HPV discovery rate, per major source: PR metric 8.9% 8B - HPV discovery rate, per SM: PR metric 0% 8C - % formal actions with prior HPV: PR metric 50% 8D - % informal actions without prior HPV: PR metric 42.9% 8E - % of sources with failed stack test that received HPV listing: PR metric 0% 8F - % of violations in files reviewed that were accurately determined to be HPV: PR metric 75%
State Response:	PREQB agrees with EPA's recommendations. Also, we will provide HPV

	policy training at least once a year to compliance personnel.
Action(s):	EPA will provide HPV identification and enforcement training for PREQB inspectors in December 2011. PREQB must appropriately implement the HPV Policy. To ensure HPV's are appropriately addressed, PREQB will identify to EPA facilities that are identified as HPVs under Criteria #7. Facilities that are identified as HPVs under Criteria #7 will be addressed by or given to EPA, who will take enforcement responsibility. EPA and PREQB will discuss HPVs during quarterly SNAP meetings.

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:	The state is issuing enforcement actions that return facilities to compliance.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
Explanation:	Of the 20 files reviewed, PREQB issued 4 formal enforcement responses (metric 9A). All 4 of the formal enforcement responses reviewed included the required corrective action to bring the facility back into compliance (metric 9B). One case that was referred to the legal department in May 2010 has not been issued a formal enforcement response yet; however, EPA learned from PREQB that this untimely formal action is a unique situation. The formal action was delayed as a result of a separate case (regarding construction permit violations) against the facility that the legal department is trying to resolve before addressing the delayed enforcement action (for MACT and Title V deviations). Formal enforcement responses will be discussed during quarterly SNAP meetings to ensure they continue to be issued in a timely manner. PREQB is meeting the SRF program requirements for this metric.
Metric(s) and Quantitative Value:	9A - # of formal enforcement responses reviewed: PR metric 4 9B - % of formal enforcement actions that include required corrective action to return the facility to compliance: PR metric 100%
State Response:	PREQB will continue the communication with the Legal Affairs Office (LAO) in order complete enforcement actions timely. Training related to enforcement policy will be provided at least once a year.
Action(s):	No further action required.

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:	Timeliness of taking enforcement is an area for state attention.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
Explanation:	<p>PREQB is above the national average (36.4%) for metric 10A, indicating that PREQB is not meeting HPV timeliness goals. PREQB's SOP/guidance for identifying/addressing HPVs is in place but not yet fully implemented. The review took place in May of 2010; the guidance documents, "Enforcement Guidance for Air Emissions Sources" and "AIRS Data Acquisition and Review Version 1.2" were only issued May 11, 2010 and April 27, 2011 respectively. PREQB is aware that HPVs must be addressed within 270 days, and is working to meet this timeliness goal. EPA oversight of HPVs is also in place and will monitor PREQB's progress during quarterly calls.</p> <p>One of the 4 formal enforcement responses reviewed onsite was an HPV. The formal enforcement response for the HPV reviewed was not addressed within 270 days of Day Zero (metric 10B), though it was addressed appropriately (metric 10C).</p>
Metric(s) and Quantitative Value:	10A- % HPVs <u>not</u> meeting timeliness goals: PR metric 85.7% 10B - % of formal enforcement responses for HPVs reviewed that are addressed in a timely manner: PR metric 0% 10C - % of enforcement responses for HPVs appropriately addressed: PR metric 100%
State Response:	PREQB will continue the communication with the LAO in order to complete enforcement actions timely. Training on the HPV policy will be provided to the LAO and compliance personnel at least once a year.
Action(s):	No further action required.

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:	Documentation of economic benefit calculations and consideration is an area for state improvement.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
Explanation:	During the period covered by the review, PREQB did not have a formal

	<p>penalty policy for stationary sources. A penalty was assessed for 3 of the 4 formal enforcement cases reviewed. None of the formal actions indicated how penalties were determined. PREQB did not use EPA's penalty policy, and no gravity or economic benefit appeared to be included.</p> <p>PREQB has prepared a draft penalty policy, but it has not been finalized.</p>
Metric(s) and Quantitative Value:	11A - % of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit: PR metric 0%
State Response:	PREQB agrees with EPA's recommendations. Once the Penalty Policy is approved, AQA will provide annual refresher training on the penalty calculations and economic benefit calculations.
Action(s):	EPA recommends that PREQB finalize and implement their penalty policy by January 1, 2012. All enforcement cases where a penalty is assessed must have a penalty calculation worksheet in the file. The first calculation needs to be a computation of the potential maximum as allowed by their penalty policy for all provable violations. Also, the worksheet needs to include the justification for how a penalty was calculated and what factor(s) was/were considered in mitigating the penalty.

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:	Final penalty assessment and collection is an area for state improvement.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
Explanation:	<p>PREQB is above the national goal ($\geq 80\%$) and the national average (89%) for metric 12B, percent of actions at HPV with a penalty. Note that the PREQB universe for this metric is 2 sources.</p> <p>PREQB issued penalties in 3 of the 4 formal enforcement cases. One of the penalties in these 3 cases differed in initial and final amounts; however, no explanation for the difference in initial and final penalty amounts was included in the facility's file (metric 12C). 2 of the 3 cases included documentation in the facility file that payment had been received (metric 12D). See Element 11 in regard to PREQB's penalty policy/penalty calculation method.</p>
Metric(s) and Quantitative Value:	<p>Metric 12A - No activity indicator – Actions with penalties: PR metric 7</p> <p>Metric 12B - % actions at HPVs with penalty: PR metric 100%</p> <p>Metric 12C - % of penalties that document the difference and rationale between the initial and final assessed penalty: PR metric 0%</p>

	Metric 12D - % of files that document collection of penalty: PR metric 67%
State Response:	See response to Element 11.
Action(s):	See action item for Element 11. All enforcement cases where a penalty is assessed must delineate how the initial and final penalties were determined (if the initial penalty changes), an explanation for the difference, and documentation that the penalty was received.

Clean Water Act Program

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.		
1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Enforcement action data is incomplete.
	Explanation	<p>Several data metrics indicate that Region 2 is not entering enforcement action data into the national system (ICIS-NPDES). This issue is especially acute for informal actions, none of which were entered into ICIS. Region 2 did enter some formal actions into ICIS. However, for both majors and non-majors, the number of facilities with formal actions is greater than the number of actions taken, further indicating incomplete and inaccurate data. This could be due to the volume of permit modifications required by the consent decree between Region 2 and Puerto Rico.</p> <p>Element 10 (see below) also provides evidence of incomplete data. Because the file review showed that Region 2 was taking timely and appropriate action, data metric 10a indicates that many enforcement actions were not entered into ICIS.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 1e1: Informal actions: number of major facilities (1 FY) = 0 • 1e2: Informal actions: number of actions at major facilities (1 FY) = 0 • 1e3: Informal actions: number of non-major facilities (1 FY) = 0 • 1e4: Informal actions: number of actions at non-major facilities (1 FY) = 0 • 1f1: Formal actions: number of major facilities (1 FY) = 13 • 1f2: Formal actions: number of actions at major facilities (1 FY) = 8 • 1f3: Formal actions: number of non-major facilities (1 FY) = 127 • 1f4: Formal actions: number of actions at non-major facilities (1 FY) = 31 • 2a: Actions linked to violations: Major facilities = 0% (0/13) • 10a: Major facilities without timely action = 92.4% <ul style="list-style-type: none"> ○ National Goal < 2% ○ National Average = 18.3%
	Regional Response	

	Recommendation(s)	By March 31, 2012, Region 2 should assess its CWA data entry workflow and SOPs with regard to enforcement actions. OECA will work with Region 2 to provide training and technical support as requested to facilitate improved data entry, accuracy and transparency.
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Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.		
2-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Single Event Violations and Compliance/Permit Schedule Violations are not being entered in ICIS-NPDES. There are also some DMR non-receipt violations that should be manually corrected.
	Explanation	<p>The review found that Region 2 CWA inspection reports uniformly identified a range of violations across a complex, varied universe in an accurate and timely fashion. Region 2 also regularly and promptly tracks facility responses to the findings of the inspection reports, resulting in continued improvements in CWA compliance.</p> <p>However, violations were not uniformly entered in ICIS-NPDES. In addition, Region 2 is not resolving long-standing issues with non-receipt of facility DMRs.</p> <p>Finally, Region 2 is not regularly updating facility-specific information regarding terms and conditions of the 2006 Consent Decree with PRASA in ICIS-NPDES. As a consequence, PRASA facilities appear as having long-term, continuous noncompliance when this is not the case. As in Element 1, this could be due to some degree to the volume of permit modifications required by the consent decree between Region 2 and Puerto Rico.</p> <p>Therefore, relying on data from ICIS-NPDES gives an inaccurate picture of Region 2 performance as well as facility compliance.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 2a: Actions linked to violations: Major facilities = 0% (0/13) • 2b: % of files reviewed where data is accurately reflected in the national data system = 66.7%
	Regional Response	

	Recommendation(s)	By March 31, 2012, Region 2 should assess its CWA data entry workflow and SOPs with regard to single-event violations, compliance schedule violations, and DMR non-receipt. OECA will work with Region 2 to provide training and technical support as requested to facilitate improved data entry, accuracy and transparency.
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Element 3 — Timeliness of Data Entry: Degree to which the Minimum Data Requirements are timely.

3-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Not all data is being entered in a timely manner.
	Explanation	A review of the production versus frozen data showed that of the 62 individual metrics, 18 had discrepancies. This indicates that some of the data is not being entered on time. However, the discrepancies were minor.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> 3a: Comparison of data sets = 71% of metrics were unchanged between production and frozen data (44/62)
	Regional Response	
	Recommendation(s)	

Element 4 — Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements are met and any products or projects are completed.

4-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Region 2 met or exceeded most of its program commitments.

	Explanation	<p>This finding is based on a review of Region 2’s Workplan for NPDES Compliance and Enforcement Activities and its NPDES Industrial Inspection Lists for major and minor facilities.</p> <p>Region 2 met or exceeded its commitments for inspections and enforcement actions. Region 2 inspected 71.2 percent of majors and 77.6 percent of minors in FY 2010. EPA’s Compliance Monitoring Strategy establishes a goal of 100 percent coverage of majors in two years, which Region 2 is well on pace to exceed. Region 2’s inspection coverage of the non-major universe is also well above average. Additionally, Region 2 inspected all major PRASA facilities. Finally, Region 2 committed to complete inspection reports within 30 days, and did so in 87 percent, or 20 of 23, of the cases reviewed.</p> <p>Regarding enforcement, Region 2 committed to a minimum of 20 administrative compliance orders or formal enforcement actions. It issued a total of 39 formal actions: 8 for majors and 31 for non-majors. It also committed to a minimum of 12 penalty orders and issued 18.</p> <p>Region 2 also made commitments to inspect individual facilities in its FY 2010 NPDES Industrial Inspection List. For majors, Region 2 inspected 10 of the 15 it committed to inspect. Four of the five it did not inspect in FY 2010 were inspected one month later in October 2010. It also committed to inspect 16 non-majors, and completed 14.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 1f2: Formal actions: number of actions at major facilities (1 FY) = 8 • 1f4: Formal actions: number of actions at non-major facilities (1 FY) = 31 • 1g1: Total number of penalties = 18 • 4a: Completion of inspection commitments: See 5a and 5b1 • 4b: Planned commitments completed <ul style="list-style-type: none"> ○ Formal enforcement action commitment: 20 ○ Formal enforcement actions issued: 39 ○ Penalty commitment: 12 ○ Penalties issued: 18 ○ Inspection reports completed within 30 days: 87% • 5a: Inspection coverage: NPDES majors (1 FY) = 71.2% (47/66) <ul style="list-style-type: none"> ○ National Goal (2 FY) = 100% ○ National Average (1 FY) = 63.5% • 5b1: Inspection coverage: NPDES non-major individual permits (1 FY) = 77.6% (121/156) • 6d: % of inspection reports that are timely = 87% (20/23)
	Regional Response	
	Recommendation(s)	

Element 5 — Inspection Coverage: Degree to which state completed the universe of planned inspections/compliance evaluations.

		<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
5-1	This finding is a(n)	
	Finding	Region 2 is conducting an adequate number of inspections at major facilities.
	Explanation	<p>The national goal for inspection coverage at major facilities is 100 percent for two years. In FY 2010, Region 2 inspected 71.2 percent of these facilities. This also exceeds the national average of 63.5 percent.</p> <p>Region 2 focused its efforts on its highest-priority facilities, conducting as many as four inspections at these facilities in FY 2010.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 5a: Inspection coverage: NPDES majors (1 FY) = 71.2% (47/66) <ul style="list-style-type: none"> ○ National Goal = 100% (2 years) ○ National Average = 63.5% • 5b1: Inspection coverage: NPDES non-major individual permits (1 FY) = 77.6% (121/156)
	Regional Response	
	Recommendation(s)	

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.

		<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
6-1	This finding is a(n)	
	Finding	Region 2's CWA inspection reports are complete and provide necessary information to accurately determine compliance.

	Explanation	Region 2 conducts a large number of annual inspections. In many instances three inspections reports were completed in the review period. The reports are well organized, accurate and thorough, and include documentation leading to accurate compliance determinations. They are completed and transmitted in a timely manner.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 6b: % of inspection reports that are complete = 100% (23/23) • 6c: % of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination = 100% (23/23) • 6d: % of inspection reports that are timely = 87% (20/23)
	Regional Response	
	Recommendation(s)	

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.

7-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Region 2 inspection reports lead to accurate compliance determinations.
	Explanation	In 23 out of 23 cases, Region 2's inspections led to accurate compliance determinations.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 7e: % of inspection reports or facility files reviewed that led to accurate compliance determinations = 100% (23/23)
	Regional Response	
	Recommendation(s)	

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.

8-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Region 2 is accurately determining whether or not single-event violations represent significant non-compliance and is doing so in a timely manner.
	Explanation	Inspection reports include accurate and thorough information sufficient to correctly indentify SEVs in a timely manner.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 8b: % of single event violation(s) that are accurately identified as SNC or non-SNC = 100% (21/21) • 8c: % of single event violation(s) identified as SNC that are reported timely = 100% (7/7)
	Regional Response	
	Recommendation(s)	

Element 9 — Enforcement Actions Promote Return to Compliance: Degree to which 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.

9-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Region 2 enforcement actions promote return to compliance.
	Explanation	There is every indication that the facilities impacted by major consent decrees will return to compliance by the milestones identified in the compliance schedules.
	Metric(s) and	<ul style="list-style-type: none"> • 9b: % of enforcement responses that have returned or will return a

	Quantitative Value(s)	<p>source in noncompliance to compliance = 100% (3/3)</p> <ul style="list-style-type: none"> • 9c: % of enforcement responses that have returned or will returned a source with non-SNC violations to compliance = 100% (19/19)
	Regional Response	
	Recommendation(s)	

Element 10 — Timely and Appropriate Action: Degree to which state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.		
10-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Region 2 enforcement is both timely and appropriate on the basis of file reviews. See Element 1 above.
	Explanation	The file review showed that, in all cases, Region 2 took timely and appropriate enforcement against violators. While data metric 10a shows that a vast majority of major facilities did not have timely action, this appears to result from the data issues discussed in Element 1 above.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 10a: Major facilities without timely action = 92.4% <ul style="list-style-type: none"> ○ National Goal < 2% ○ National Average = 18.3% • 10b: % of reviewed enforcement responses to address SNC that are taken in a timely manner = 100% (3/3) • 10c: % of enforcement responses reviewed that appropriately address violations = 100% (3/3) • 10d: % of enforcement responses reviewed that appropriately address non-SNC violations = 100% (19/19) • 10e: % enforcement responses for non-SNC violations where a response was taken in a timely manner = 100% (19/19)
	Regional Response	
	Recommendation(s)	

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.

		<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
11-1	This finding is a(n)	
	Finding	The file review indicates that Region 2 is consistently documenting gravity and economic benefit in its files.
	Explanation	There is documentation in the files to confirm that all penalties reviewed considered gravity, economic benefit, and the rationale between initial and final assessed penalties.
	Metric(s) and Quantitative Value(s)	11a: % of penalty calculations that consider and include where appropriate gravity and economic benefit = 100% (19/19)
	Regional Response	
	Recommendation(s)	

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.

		<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
12-1	This finding is a(n)	
	Finding	Region 2 is consistently documenting changes in penalty amounts and collections.
	Explanation	In all cases reviewed, Region 2 had evidence in its files of both information on differences between initial and final penalty amounts and collection of the final penalty.
	Metric(s) and	<ul style="list-style-type: none"> • 12a: % of penalties reviewed that document the difference and

	Quantitative Value(s)	<p>rationale between the initial and final assessed penalty = 100% (19/19)</p> <ul style="list-style-type: none"> • 12b: % of enforcement actions with penalties that document collection of penalty = 100% (19/19)
	Regional Response	
	Recommendation(s)	

Resource Conservation and Recovery Act Program

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.		
1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Most data in RCRAInfo appears to be complete.
	Explanation	Region 2's comments and corrections to the Preliminary Data Analysis showed the data to be generally complete, with the two minor exceptions noted below. The metrics did not reveal any other issues with data completeness.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 1a5: Number of LQGs per latest official biennial report: 90 (RCRAInfo count), 87 (Region 2 count) • 1c1: Number of sites with violations determined at any time (during review year): 36 (RCRAInfo count), less than 35 (Region 2 count)
	Regional Response	
	Recommendation(s)	

Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.		
2-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Inspection and facility type data are not always accurate in RCRAInfo.
	Explanation	A few facility status characterizations (LQG, SQG) need to be corrected in RCRAInfo. EQB also needs to enter multi-day compliance inspection evaluations (CEIs) as one CEI, not more than one. Region 2 should help EQB correct this data.
	Metric(s) and Quantitative	<ul style="list-style-type: none"> • 2c: % of files reviewed where mandatory data are accurately reflected in the national data system = 72% (18/25)

	Value(s)	
	Regional Response	
	Recommendation(s)	

Element 3 — Timeliness of Data Entry: Degree to which the Minimum Data Requirements are timely.		
3-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Data entry is generally timely, with some very minor exceptions.
	Explanation	A comparison of the production versus frozen data revealed that most of the SRF data metric values were unchanged. Nineteen percent had discrepancies but all of them were very minor.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> 3a: Comparison of data sets = 81% of data metric values were unchanged between production and frozen data (51/63)
	Regional Response	
	Recommendation(s)	

Element 4 — Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements are met and any products or projects are completed.		
4-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	While Region 2 and EQB met or exceeded some of their inspection commitments in FY 2010, they did not meet others.

	Explanation	<p>EQB inspected all eight TSDFs in Puerto Rico in the previous two fiscal years, thereby meeting the 100 percent national goal. Through their combined efforts, EQB and Region 2 exceeded the 20 percent national goal for LQG inspections in FY 2010. While the five-year LQG inspection coverage of 91.1 percent fell slightly short of the national goal of 100 percent, it was well above the national average of 66.5 percent. Changes in the LQG universe over this period may have precluded 100 percent coverage.</p> <p>Region 2 and EQB also exceeded all of their ACS commitments:</p> <table border="1" data-bbox="526 569 1443 869"> <thead> <tr> <th>ACS Measure</th> <th>Commitment</th> <th>ACS Report</th> </tr> </thead> <tbody> <tr> <td>RCRA01 – TSDFs to be inspected by Region</td> <td>2</td> <td>3</td> </tr> <tr> <td>RCRA01.s – TSDFs to be inspected by State</td> <td>2</td> <td>8</td> </tr> <tr> <td>RCRA02 – Number of LQGs to be inspected by Region</td> <td>6</td> <td>11</td> </tr> <tr> <td>RCRA02.s – Number of LQGs to be inspected by State</td> <td>20</td> <td>50</td> </tr> </tbody> </table> <p>However, EQB committed to conduct six CEIs at LDFs and conducted two, and also committed to 50 non-notifier inspections in 2010 and conducted only six in the last five fiscal years.</p> <p>Region 2 also committed to inspect specific facilities:</p> <ul style="list-style-type: none"> • TSDFs: 3 targeted, 1 inspected. • Other facilities: 29 targeted, 17 inspected (EQB inspected an additional 4 of the targeted facilities). <p>In addition, Region 2 also committed to completing inspection reports within 30-45 days, but the file review showed that this target was not met (see Finding 6-2). Region 2 should clarify the date by which inspection reports should be completed (either 30 or 45 days).</p> <p>In terms of other commitments that were met, EQB exceeded its targets for issuing notices of violation, administrative orders, and resolution of administrative orders.</p>	ACS Measure	Commitment	ACS Report	RCRA01 – TSDFs to be inspected by Region	2	3	RCRA01.s – TSDFs to be inspected by State	2	8	RCRA02 – Number of LQGs to be inspected by Region	6	11	RCRA02.s – Number of LQGs to be inspected by State	20	50
ACS Measure	Commitment	ACS Report															
RCRA01 – TSDFs to be inspected by Region	2	3															
RCRA01.s – TSDFs to be inspected by State	2	8															
RCRA02 – Number of LQGs to be inspected by Region	6	11															
RCRA02.s – Number of LQGs to be inspected by State	20	50															
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 4a: Inspection commitments completed • 4b: Compliance and enforcement commitments completed <p>All values shown are for combined Region 2 and EQB inspection coverage:</p> <ul style="list-style-type: none"> • 5a: Inspection coverage for operating TSDFs (2 FYs) = 100% (8/8) <ul style="list-style-type: none"> ○ National Goal = 100% ○ National Average = 92.7% • 5b: Inspection coverage for LQGs (1 FY) = 60% (54/90) <ul style="list-style-type: none"> ○ National Goal = 20% ○ National Average = 25.8% • 5c: Inspection coverage for LQGs (5 FYs) = 91.1% (82/90) 															

		<ul style="list-style-type: none"> ○ National Goal = 100% ○ National Average = 66.5% ● 5d: Inspection coverage for active SQGs (5 FYs) = 45.8% (60/131) ● 5e1: Inspections at active CESQGs (5 FYs) = 367 ● 5e2: Inspections at active transporters (5 FYs) = 15 ● 5e3: Inspections at non-notifiers (5 FYs) = 11 ● 5e4: Inspections at active sites other than those listed in 5a-d and 5e1-3 = 31
	Regional Response	
	Recommendation(s)	

Element 5 — Inspection Coverage: Degree to which state completed the universe of planned inspections/compliance evaluations.		
5-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Region 2 and EQB inspection coverage meets requirements. Additionally, the agencies conducted some inspections at the same facilities in the same fiscal year. In several instances this duplication was a result of the work sharing agreement between Region 2 and EQB. Region 2 and EQB are working together to eliminate duplication where necessary.
	Explanation	<p>EQB inspected all eight TSDFs in Puerto Rico in the previous two fiscal years, thereby meeting the 100 percent national goal. Through their combined efforts, EQB and Region 2 exceeded the 20 percent national goal for LQG inspections in FY 2010. While the five-year LQG inspection coverage of 91.1 percent fell slightly short of the national goal of 100 percent, it was well above the national average of 66.5 percent. Changes in the LQG universe over this period may have precluded 100 percent coverage.</p> <p>In two of the files reviewed (Tapi Puerto Rico and Safety Kleen), Region 2 and EQB had conducted compliance evaluation inspections (CEIs) at the same facility in FY 2010. Three other files reviewed (Akzonobel Paints, Caribbean Petroleum Refining, and Safety Kleen) had CEIs by both Region 2 and EQB in the same fiscal year at some other point in the previous five years.</p> <p>According to Region 2, “there are some instances where both agencies need to inspect the same facility since EQB only covers core RCRA areas that are</p>

		adopted by the Commonwealth of Puerto Rico, and EPA covers the other regulatory areas (i.e., air emissions, incinerators, permit modifications, corrective actions).” However, to the degree that duplicate inspections are unintentional and unnecessary, EPA and EQB are working to eliminate them through work planning and improved coordination.
	Metric(s) and Quantitative Value(s)	<p>All values shown are for combined Region 2 and EQB inspection coverage:</p> <ul style="list-style-type: none"> • 5a: Inspection coverage for operating TSDFs (2 FYs) = 100% (8/8) <ul style="list-style-type: none"> ○ National Goal = 100% ○ National Average = 92.7% • 5b: Inspection coverage for LQGs (1 FY) = 60% (54/90) <ul style="list-style-type: none"> ○ National Goal = 20% ○ National Average = 25.8% • 5c: Inspection coverage for LQGs (5 FYs) = 91.1% (82/90) <ul style="list-style-type: none"> ○ National Goal = 100% ○ National Average = 66.5% • 5d: Inspection coverage for active SQGs (5 FYs) = 45.8% (60/131) • 5e1: Inspections at active CESQGs (5 FYs) = 367 • 5e2: Inspections at active transporters (5 FYs) = 15 • 5e3: Inspections at non-notifiers (5 FYs) = 11 • 5e4: Inspections at active sites other than those listed in 5a-d and 5e1-3 = 31
	Regional Response	
	Recommendation(s)	

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.

6-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Region 2 and EQB inspection reports are generally complete and properly document observations.
	Explanation	<p>Both agencies cited regulation provisions, describing how they apply to the circumstances of the individual facilities and what action the facilities took to comply.</p> <p>However, by better describing and/or illustrating facility layout and better documenting return to compliance, EQB could further improve the quality of its reports.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> 6b: % of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility = 92% (23/25)
	Regional Response	
	Recommendation(s)	

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.

6-2	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Inspection reports are often not being completed in a timely manner.

	Explanation	<p>Only 44 percent of the inspection reports reviewed were completed in a timely manner. While both EQB and Region 2 need to improve in this area, the problem was especially acute on the Region 2 side, where only one out of eight (12.5 percent) were completed in a timely manner. Several Region 2 reports took nine months or longer to complete. One of these reports (Metropolitan Bus Authority) took 15 months to complete and another (Toa Baja Municipality) was incomplete at the time of the file review even though the on-site inspection was performed 15 months prior.</p> <p>This problem is contributing to other problems, particularly the inability to identify violations and take enforcement action in a timely manner. Therefore, it is of the utmost importance that both agencies consistently complete inspection reports within an appropriate timeframe.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 6c: % of timely inspection reports reviewed = 44% (11/25)
	Regional Response	
	Recommendation(s)	<p>By March 31, 2012, EQB should develop an SOP for completing inspection reports within a timeframe that is in accordance with national guidance. By March 31, 2011, Region 2 should develop an SOP that will enable it to meet its timeliness policy.</p>

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.

		<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
7-1	This finding is a(n)	
	Finding	Inspection reports generally led to accurate compliance determinations.
	Explanation	The quality of the inspection reports, noted in Finding 6-1, has enabled Region 2 and EQB to consistently make accurate compliance determinations from them.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 7a: % of accurate compliance determinations based on inspection reports = 95.2% (20/21)
	Regional Response	

	Recommendation(s)	
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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.

7-2	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Violations identified in inspection reports are often not determined or reported to RCRAInfo in a timely manner.
	Explanation	This is directly related to the issue of late completion of inspection reports (see Finding 6-2). Because the inspection reports are often not completed within 150 days, this makes it impossible to promptly determine violations or report them to RCRAInfo.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> 7b: % of violation determinations in the files reviewed that are reported timely to the national database (within 150 days) = 64.7% (11/17)
	Regional Response	
	Recommendation(s)	Region 2 and EQB should complete the recommendation in Finding 6-2 regarding the on-time completion of inspection reports. Then, by March 31, 2012, Region 2 and EQB should develop an SOP to make compliance determinations and report them to RCRAInfo in a timely manner.

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.

8-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required

	Finding	SNC determinations are generally accurate.
	Explanation	<p>Both Region 2 and EQB appear to be accurately determining SNC.</p> <p>As noted above, inspection reports are generally complete, which enables the agencies to make accurate determinations. The file review showed that in 12 of 13 cases, the agencies made correct determinations based on their inspection reports.</p> <p>However, in one case, a Region 2 inspection report clearly should have resulted in an SNC determination. The inspection report, which took 11 months to complete, documents several significant violations that rise to the level of SNC. However, at the time of the file review, no violation determination had been made.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> 8d: % of violations in files reviewed that were accurately determined to be SNC = 12/13 (92.3%)
	Regional Response	
	Recommendation(s)	

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.

		<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement – Recommendations Required
8-2	This finding is a(n)	
	Finding	Too few SNC determinations are made in a timely manner.
	Explanation	<p>This finding is related to Finding 6-2 regarding late inspection reports and Finding 7-2 regarding late determination of violations. Because inspection reports are not always completed in a timely manner, this can make it impossible for EQB to determine SNC within 150 days.</p> <p>While Region 2 measured zero out of zero for this data metric, Element 8-1 discusses a case in which the region failed to make a timely SNC determination.</p>

	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 8b (EQB only): Percent of SNC determinations made within 150 days (1 FY) = 66.7% (20/30) <ul style="list-style-type: none"> ○ National Goal = 100% ○ National Average = 83.2%
	Regional Response	
	Recommendation(s)	EQB should complete the recommendation in Finding 6-2 regarding on-time completion of inspection reports. Then, by September 30, 2012, Region 2 and EQB should develop an SOP to make SNC determinations and report them to RCRAInfo in a timely manner.

Element 9 — Enforcement Actions Promote Return to Compliance: Degree to which 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.

		<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
9-1	This finding is a(n)	
	Finding	Region 2 and EQB enforcement responses are fairly successful at returning facilities to compliance.
	Explanation	The file review showed that a majority of enforcement actions either have or will return the facilities to compliance.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 9b: % of enforcement responses that have returned or will return a source in SNC to compliance = 70% (7/10) • 9c: % of enforcement responses that have or will return Secondary Violators (SVs) to compliance = 63.7% (7/11)
	Regional Response	
	Recommendation(s)	

Element 10 — Timely and Appropriate Action: Degree to which state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.

10-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Neither Region 2 nor EQB are consistently issuing enforcement actions in a timely manner.
	Explanation	The file review showed that Region 2 and EQB are encountering difficulty issuing enforcement in a timely manner. Again, the lengthy timeframe for completing inspection reports is contributing to this issue.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 10a: Percent of SNCs with formal action/referral taken within 360 days (1 FY) = 71.4% (20/28) <ul style="list-style-type: none"> ○ National Goal = 80% ○ National Average = 42.3% • 10c: % of enforcement responses reviewed that are taken in a timely manner = 50% (8/16)
	Regional Response	
	Recommendation(s)	By June 30, 2012, Region 2 and EQB should develop SOPs to issue enforcement actions in a timely manner.

Element 10 — Timely and Appropriate Action: Degree to which state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.

10-2	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Region 2 enforcement was not always appropriate.
	Explanation	In two of the four Region 2 cases reviewed, the agency did not take appropriate action in response to violations. In one instance (Tapi Puerto Rico), a facility that should have been SNC as a result of an inspection was left undetermined due to failure to complete the inspection report, and no enforcement action was taken. In the other case (Toa Baja Municipality), Region 2 waited more than a year to issue an informal action against an SV,

		<p>but once the facility was re-designated as SNC roughly two years after the initial violation, Region 2 took formal action within a few months.</p> <p>In these cases it is difficult to separate appropriateness from timeliness. If Region 2 addresses the recommendation in Finding 10-1 it should resolve this issue.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 10d: % of enforcement responses reviewed that are appropriate to the violations = 85.7% (12/14)
	Regional Response	
	Recommendation(s)	

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.

		<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement – Recommendations Required
11-1	This finding is a(n)	
	Finding	Region 2's files included penalty calculations, while EQB's did not.
	Explanation	Three out of three of Region 2's penalties reviewed included gravity and economic benefit calculations. None of the EQB files included these calculations. EQB's penalties do not consider or document gravity and economic benefit.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 11a: % of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit = 42.9% (3/7)
	Regional Response	
	Recommendation(s)	By June 30, 2012, Region 2 should provide EQB with training on its method for calculating and documenting gravity and economic benefit. EQB should follow and document this method going forward.

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.

12-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	The Region 2 and EQB files reviewed contained documentation on the differences between the initial and final penalty as well as confirmation that the check had been paid.
	Explanation	Of the files reviewed that included penalties, each contained detailed descriptions of how the final penalty was determined, and how the difference between the initial penalty came to be. The two files with paid penalties both included copies of the check.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 12a: % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty = 100% (3/3) • 12b: % of files that document collection of penalty = 100% (2/2)
	Regional Response	
	Recommendation(s)	

V. ELEMENT 13 SUBMISSION

No Element 13 submission for Puerto Rico.

APPENDIX A: STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of Puerto Rico's compliance and enforcement programs, EPA Headquarters, EPA Region 2, and Puerto Rico identified a number of actions to be taken to address issues found during the review. The table below shows the status of progress toward completing those actions.

Media	E#	Status	Element	Finding	Explanation	Due Date
CAA	E1	Completed	Insp Universe	Based on facilities' associated CMS Codes, EQB conducted an FCE at 53% of the major sources between FY 2004 and 2005 and an FCE at 69% of the SM-80s. 100% of major sources should have received an FCE and 80% of SM-80s.	Submit modifications to the CMS plan on an annual basis beginning in FY 2008.	11/1/2007
CAA	E1	Completed	Insp Universe	The CMS Codes are inaccurate in EPA-AFS.	Based on EQB's CMS Plan, revised the CMS Codes and Frequency Indicators in EPA-AFS.	9/30/2009
CAA	E1	Completed	Insp Universe	Three CMS mega-sites have been identified in PR. An FCE has not been completed for two of them, Abbott Laboratories and Merck Sharpe & Dohme.	Complete FCEs at the two mega-sites that have never had an FCE completed (Air 4).	9/30/2009
CAA	E1	Completed	Insp Universe	The MDRs that pertain to title V annual compliance certifications are not accurately entered in EPA-AFS. These MDRs include: the Due Date, Date Received, Date Reviewed and if Deviations were reported. It was made clear that neither CEPD nor EQB was aware of their responsibilities for entering the data. In addition, during file reviews it was evident that not all annual compliance certifications received are reviewed.	Modify the PPG work plan, beginning with FY 2008, to further delineate the review and reporting requirements for title V annual compliance certifications.	9/30/2009
CAA	E1	Completed	Insp Universe	EPA, Region 2 does not receive all the required title V annual compliance certifications.	On a semi-annual basis, PREQB shall provide to Region 2, CEPD all of the annual compliance certifications received, including the date received and deviations reported.	9/30/2009
CAA	E1	Completed	Insp Universe	PREQB does not meet their CMS commitments with regards to completing FCEs at majors and SM-80s. They do not have access to EPA Online Tracking Information System, which would help them monitor their progress toward meeting their commitments.	The PREQB Air Quality Program shall work with PREQB's Office of Information Systems to obtain access to the EPA Online Tracking Information System (OTIS). EPA will facilitate obtaining access.	9/30/2009
CAA	E5	Completed	Return to Compliance	A significant percentage of the compliance evaluation files EPA reviewed were deemed incomplete. Files did not provide evidence that all emission units were evaluated, records reviewed, operating parameters verified, etc.	PREQB shall develop templates for documenting compliance evaluations/inspections based on facility's permits, state registrations, and/or other records that are indicative of the processes and emission points at a facility, as well as, all the applicable regulations. The inspection report template shall include the basis elements established in the CMS policy.	2/28/2010

Media	E#	Status	Element	Finding	Explanation	Due Date
CAA	E1	Completed	Insp Universe	There is a lack of documentation regarding completion of FCEs. EPA could not verify that all components of an FCE are completed.	Develop FCE Checklist.	9/28/2007
CAA	E1	Completed	Insp Universe	There is a lack of documentation regarding completion of FCEs. EPA could not verify that all components of an FCE are completed.	Implement program-wide use of an FCE Checklist	9/30/2008
CAA	E1	Completed	Insp Universe	There is a lack of documentation regarding completion of FCEs. EPA could not verify that all components of an FCE are completed.	Ensure the FCE checklist for title V sources includes the review of the annual compliance certification.	9/30/2009
CAA	E2	Completed	Violations ID'ed Appropriately	EPA identified 15 facilities for which there was not adequate documentation in PREQB's compliance file that an FCE was completed. An FCE has been conducted since the review at 10 of these facilities.	Conduct an FCE in FY 2008 at the 5 facilities (Cerveceria India, El Coqui Landfill, Serralles Distillery, Esso Standard, and Shell Chemical) whose compliance files did not have adequate documentation of the completion of an FCE and have not had an FCE completed since the review.	9/30/2009
CAA	E2	Completed	Violations ID'ed Appropriately	Neither technical staff nor inspectors are required to undergo formal training on how to conduct inspections or make compliance determinations.	Establish a formal training protocol for all new inspectors and/or technical staff similar to the federal protocol (Executive Order 3500.1).	9/30/2009
CAA	E4	Completed	SNC Accuracy	HPV discovery rates based on FCEs completed at major sources and the universe of major sources were below the national average. During the file review, EPA found violations that should have been identified and reported to EPA as HPVs.	Provide additional training, as needed, on implementing the HPV policy tailored to spanish speaking inspectors.	9/30/2009
CAA	E4	Completed	SNC Accuracy	HPV discovery rates based on FCEs completed at major sources and the universe of major sources were below the national average. During the file review, EPA found violations that should have been identified and reported to EPA as HPVs.	Translate relevant HPV policy documents from English to Spanish.	12/30/2008
CAA	E7	Completed	Penalty Calculations	EPA could not determine based on the documentation in the enforcement files reviewed if the appropriate gravity and economic benefit was included in penalty calculations.	Provide economic benefit training.	9/30/2009
CAA	E5 , E6	Completed	Return to Compliance, Timely & Appropriate Actions	Most often the only enforcement action taken is the issuance of a NOV. According to OTIS, in FY 2004 and 2005, 201 NOVs were issued at all sources. During that same time period only 2 formal enforcement actions were issued. In addition, PREQB does not pursue all violations discovered.	Submit enforcement reports to EPA monthly and participate in conferences, at least quarterly, to discuss enforcement cases.	9/30/2009

Media	E#	Status	Element	Finding	Explanation	Due Date
CAA	E6	Completed	Timely & Appropriate Actions	Most often the only enforcement action taken is the issuance of a NOV. According to OTIS, in FY 2004 and 2005, 201 NOVs were issued at all sources. During that same time period only 2 formal enforcement actions were issued. In addition, PREQB does not pursue all violations discovered.	Modify the PPG work plan beginning with FY 2008 to include more frequent communication (i.e., monthly) between EPA and PREQB for the purpose of discussing violations and their possible identification as HPVs, resulting in HPVs being reported to EPA within 30 days of discovery. Meetings shall occur no less than quarterly.	9/30/2009
CAA	E13	Not Completed in Round 1 - Identified in Round 2	Other	Most often the only enforcement action taken is the issuance of a NOV. According to OTIS, in FY 2004 and 2005, 201 NOVs were issued at all sources. During that same time period only 2 formal enforcement actions were issued. In addition, PREQB does not pursue all violations discovered. PREQB does not have a formal SOP for enforcement response.	Develop a SOP and/or an enforcement response policy that prescribes actions to ensure that sources return to compliance and to document final resolution of all cases when a NOV is issued. The guidance document needs to include timelines, communication between PREQB offices and EPA, reporting and entering the requisite data elements in EPA-AFS in accordance with the current ICR.	8/1/2010
CAA	E5 , E6	Completed	Return to Compliance, Timely & Appropriate Actions	Most often the only enforcement action taken is the issuance of a NOV. According to OTIS, in FY 2004 and 2005, 201 NOVs were issued at all sources. During that same time period only 2 formal enforcement actions were issued. In addition, PREQB does not pursue all violations discovered. PREQB does not have a formal SOP for enforcement response.	Provide technical assistance to PREQB to prepare a SOP and/or enforcement response policy and other relevant enforcement and compliance guidance documents.	9/30/2008
CAA	E4	Completed	SNC Accuracy	HPV discovery rates based on FCEs completed at major sources and the universe of major sources were below the national average. During the file review, EPA found violations that should have been identified and reported to EPA as HPVs.	EPA shall monitor PREQB's HPV identification rate bi-annually via OECA's CAA HPV Identification Report.	2/28/2010
CAA	E5	Completed	Return to Compliance	EPA learned that PREQB, AQP does not have a formal SOP for conducting follow-up activities when a source identifies deviations, intermittent compliance and/or noncompliance in their title V annual compliance certifications.	PREQB shall include in the enforcement SOP and/or response policy provisions for conducting follow-up when a source identifies deviations, intermittent compliance and/or noncompliance in their title V annual compliance certifications.	9/30/2009
CAA	E6	Long Term Resolution	Timely & Appropriate Actions	33% of HPVs were not addressed in a timely manner.	PREQB shall prioritize enforcement actions so that HPVs are addressed within 270 days and ensure that the appropriate enforcement action is taken that will ensure compliance.	9/30/2010
CAA	E7 , E8	Not Completed in Round 1 - Identified in Round 2	Penalty Calculations, Penalties Collected	PREQB does not have a formal penalty policy for stationary sources. Currently, the attorney assigned to each case determines and negotiates the penalty.	Finalize and implement a penalty policy that is consistent with Puerto Rico's regulation(s) for the Control of Atmospheric Pollution and EPA's CAA Civil Penalty Policy.	8/1/2010
CAA	E7	Completed	Penalty Calculations	A penalty calculation sheet was not included in any of the enforcement files we reviewed.	Ensure all enforcement cases where a penalty is assessed have a penalty calculation worksheet in the file that includes a computation of the potential maximum penalty assessment allowed by the law. In addition, the worksheet needs to include the justification for how an assessed penalty was calculated and what factor(s) were considered in mitigating the penalty.	9/30/2009

Media	E#	Status	Element	Finding	Explanation	Due Date
CAA	E9	Completed	Grant Commitments	According to PREQB's Air Pollution Control grant application work plan, PREQB agreed to issue 39 NOVs, 39 NODs and 14 Administrative Orders. They issued 80 NOVs, but only 11 AOs, including 9 Orders to Do and Show Cause.	During meetings between EPA and PREQB held no less than quarterly, discuss expected shortfalls with regards to meeting all of its PPG grant work plan commitments. Where necessary steps shall be taken prior to the close of the work plan year to address the shortfalls	9/30/2009
CAA	E10	Completed	Data Timely	Included in PREQB's APC grant work plan is the requirement to enter all enforcement data into AIRS by April 30 and October 31 of each year and FCEs monthly. This is not in-line with the HPV policy and/or any ICR, which requires entry of all MDRs within 60 days of the action/activity.	Modify grant work plan to include entry of all MDRs, including FCEs and HPVs, in AIRS as soon as feasibly possible (i.e., upon completion, designation, etc.), but no later than 60 days of the activity/action date or, in reference to HPVs, within 60 days of designating the violation a HPV.	9/30/2009
CAA	E11	Completed	Data Accurate	We found inaccurate data: non-applicable air programs, CMS codes, pollutants, operating status, actions, and compliance evaluations.	Develop and implement a quality control/quality assurance plan to ensure all MDRs are entered in AIRS accurately, completely and timely. The plan shall include frequent reviews of the data in AIRS, as well as, actions that will be implemented, responsible parties, frequency of evaluations, at a minimum.	2/28/2010
CAA	E11	Completed	Data Accurate	We found inaccurate data: non-applicable air programs, CMS codes, pollutants, operating status, actions, and compliance evaluations.	Update: facility's compliance status per air program pollutant, air program operating status and air program pollutant classification.	9/30/2009
CAA	E12	Completed	Data Complete	Data was missing from EPA-AFS	Enter all MDRs: air program subparts upon the completion of an FCE, assessed penalty on the addressing action, all stack tests and results, formal enforcement actions, issuance of NOVs, FCEs, air program operating status, compliance status, and HPVs.	9/30/2009
CAA	E2	Completed	Violations ID'ed Appropriately	A significant percentage of the compliance evaluation files EPA reviewed were deemed incomplete. Files did not provide evidence that all emission units were evaluated, records reviewed, operating parameters verified, etc.	EPA shall provide example inspection reports that EQB can use to model their inspection reports.	11/30/2007
CAA	E2	Completed	Violations ID'ed Appropriately	Neither technical staff nor inspectors are required to undergo formal training on how to conduct inspections or make compliance determinations.	Evaluate course necessity and availability, which course can be taken on-line and which require an actual classroom setting.	9/30/2009

Media	E#	Element	Status	Finding	Explanation	Due Date
CWA	E1	Insp Universe	Completed	There is an indication that a number of non-major facilities have never been inspected.	Region 2 should assess the situation for the non-majors that appear to have non compliance problems and no inspections to determine whether data problems exist. Region 2 should inform OECA about any remedial steps and schedules that are established. As indicated above, Region 2 has increased its inspections of non-major facilities. The Region should provide OECA with its plan for continuing this inspection regime. This plan should be shared with OECA by November 30, 2007. OECA should conduct the same analysis as soon as the 2007 data is available to assess whether the number of non-majors without inspections has decreased. The results of that analysis should be discussed with the Region to determine if further action is required. This should be accomplished by February 2008.	9/30/2009
CWA	E10	Data Timely	Completed	WNDB data elements are not being documented in files.	Region 2 needs to document in the files when WNDB data is entered into ICIS-NPDES. This should be part of the SOP for reviewing and ensuring file completeness and accuracy. Region 2 reports that this information is now being required in monthly updates. Region 2 should share a couple of these monthly updates with OECA. By November 31, 2007, Region 2 should demonstrate to OECA that this process is in place.	2/28/2009
CWA	E11	Data Accurate	Completed	Incorrect data is in the data system.	The Region needs to make the corrections itemized above, and coordinate with CEPD to establish a process to ensure that Puerto Rico NPDES data is accurately entered into ICIS-NPDES. This process should be in place by October 31, 2007.	10/31/2007
CWA	E11	Data Accurate	Completed	Enforcement actions are not being linked to violations.	The Region should begin to link actions to violations in PCS (or ICIS-NPDES) as required as stated in the PCS Policy Statement, or future guidance.	3/31/2009
CWA	E12	Data Complete	Completed	No inspections at non-majors.	For metrics 12 g, OC would like the Region to analyze why the non compliance rates seem so high and report back to OECA. This may be related to the issues under Element 1. The analysis requested under Element 1 should apply to this recommendation.	2/29/2008

Media	E#	Element	Status	Finding	Explanation	Due Date
CWA	E12	Data Complete	Completed	Not entering correct coded limits for majors.	Region 2 needs to improve the data entry of "correctly coded limits" for majors. Region 2 should also begin tracking the items referred to as "informal actions" (described above) in the national data system. Region 2 should demonstrate to OECA by October 31, 2007 that these improvements are in place.	3/31/2009
CWA	E2	Violations ID'ed Appropriately	Completed	Inspection files contained multiple copies of reports and actions.	Region 2 needs to include in their SOP for conducting inspections provisions that each separate inspection requires a separate inspection report, that reports are complete, and that each inspection is reported separately into the ICIS-NPDES database. Region 2 agrees with this recommendation and indicates that they have initiated this procedure. The Region should provide OECA with the revised SOP that includes this procedure by the end of November 2007.	11/30/2007
CWA	E3	Violations ID'ed Timely	Completed	Inspection reports are not timely.	The New York and San Juan offices should analyze the inspection review process to determine the cause(s) of delays in preparing and securing management review and approval of inspection reports. As a result of that analysis, Region 2 should implement improved procedures and management controls that will bring average inspection to final report performance in line with the 30 and 45 day goal. In response to this recommendation, Region 2 reports that since October 2006, the inspection reports of the PRASA wastewater treatment plants and drinking water plants are being completed within 30 days of the inspection. This is being accomplished by developing an inspection itinerary for the MWPB. MWPB should provide the inspection itinerary to OECA by October 31, 2007.	10/31/2007
CWA	E4	SNC Accuracy	Completed	Single Event Violations are not being entered into the data system.	Region 2 needs to develop a process for entering Single Event Violations into the ICIS-NPDES.	3/31/2009
CWA	E6	Timely & Appropriate Actions	Completed	Expedited settlement offers are not always used appropriately.	Region 2 needs to ensure that violations are addressed appropriately. In particular, the Region should not issue an ESO for a wet weather facility when an initial ESO did not bring the source back into compliance. The Region needs to reassess the case described above concerning the proposed permit revision and consider further action to address the issue.	10/31/2007
CWA	E6	Timely & Appropriate Actions	Completed	Penalties for expedited settlement officers are being assessed appropriately.	Region 2 should cease its practice of using penalties lower than the ESO policy amounts in ESO cases and amend their practice to comply with the national approach. They should continue their coordination with OECA/OCE to ensure this is done. By November 30, 2007, Region 2 should demonstrate to OECA that new procedures are in place.	11/30/2007

Media	E#	Element	Status	Finding	Explanation	Due Date
CWA	E6	Timely & Appropriate Actions	Completed	There is a longstanding violation that needs to be address by either a permit modification or an enforcement action.	Region 2 should continue to track the permit revisions for the source that needs one (Better Roads) to ensure that they are made in a timely manner. If permit revisions are not made, the region should evaluate what other action is needed to return the facility to compliance. Region 2 reports that it understands that if the permit modification process does not progress in a timely manner that additional action will need to be taken to address continuing non-compliance through enforcement. By November 30, 2007, Region 2 should ensure that either the process for permit modification is underway or that it will enforce the existing permit. By November 30, 2007, the region should report to OECA on the status of the resolution of this issue.	11/30/2007
CWA	E7	Penalty Calculations	Completed	CEPD does not use the BEN model to calculate economic benefit.	Region 2, the New York office and CEPD, needs to be using the most recent version of the BEN model to calculate economic benefit. Region 2 should not wait to implement this recommendation. They should also contact OECA to arrange for additional training in the use of the model. Training should be scheduled before November 2007. If there are any upcoming changes to the Puerto Rico tax code, Region 2 and CEPD should inform OECA/OCE as soon as possible in order to assess the need for any future modifications of the BEN model that may be required.	4/1/2008
CWA	E7	Penalty Calculations	Completed	Enforcement files do not document assessed penalties.	Region 2 should ensure that enforcement case files include penalty calculations that document that the penalty assessed in a case is consistent with the penalty policies. It is not really necessary to show that an opening proposal tracks the penalty policies when the penalty assessed is a lower amount. By March 31, 2008, Region 2 should demonstrate to OECA that documentation of these penalty calculations are routinely part of the enforcement file, and continue to remain confidential.	3/31/2008
CWA	E8	Penalties Collected	Completed	Penalties are not being entered into the data system.	Region 2 needs to begin to enter penalty amounts into ICIS-NPDES and document collection in the files.	10/31/2007
RCRA	E1	Insp Universe	Completed	Universe of LQGs and SQGs not accurate in data system.	Region needs to update RCRA Info to ensure that the universe of active LQGs, and SQGs in Puerto Rico is accurate and corresponds to the universe that is derived from the BRS Report.	9/30/2007
RCRA	E10	Data Timely	Completed	Data entry is not timely.	Region 2 should ensure that RCRA data from inspection reports and enforcement actions are entered into RCRA Info in a timely manner. Region 2 has had an SOP in place since 2005 that defines the date when a SNC determination is made and the timeframe for entering the SNC data element in RCRA Info. The Region agreed that all inspections will be entered into RCRAInfo within one week of the date that the reports are signed by the Supervisor/Team Leader. Enforcement actions are normally entered into RCRA Info within a week of the action being taken.	12/31/2007

Media	E#	Element	Status	Finding	Explanation	Due Date
RCRA	E11	Data Accurate	Completed	Not all secondary violations in the data system have the correct return to compliance date.	Region 2 needs to review the Secondary Violations that are listed in OTIS under metric 11b and ensure that they have the correct return to compliance date. Consistent with the RCRA ERP, SVs that have not returned to compliance after 240 days need to be designated as SNC and addressed. The Region should bring the 8 PREQB SVs to PREQB's attention to do the same.	11/30/2007
RCRA	E12	Data Complete	Completed	Not all data in the data system is correct.	Region 2 and OC should work together to reconcile the data in RCRA Info and OTIS. There needs to be a timeframe and milestones for implementing this recommendation. Region 2 agrees with this recommendation.	12/31/2007
RCRA	E2	Violations ID'ed Appropriately	Completed	Inspections do not conduct waste determinations.	Region 2 should begin to conduct waste determinations during the inspection or if they are reviewing waste determinations made by the facility it should be documented, as indicated by the November 1998 "Revised RCRA Inspection Manual" in order to ensure that the sources are characterizing the hazardous waste properly. (Region 2 agrees to provide, in each of its inspection reports, a full description of the processes and waste characterizations carried out by the generator.)	12/31/2007
RCRA	E2	Violations ID'ed Appropriately	Completed	Not all inspection reports are complete.	Region 2 needs to build on its current inspection process to ensure the completeness of inspection reports. This should include continuing to use systems already in place, such as the "Facility Chronological Events Chart," a report date and a manager's signature for all reports, and documentation that inspection data is entered into RCRA Info in a timely manner. A checklist is needed. There should be training in this system for Region 2 personnel. There should be a schedule and milestones for implementing this process. (Region 2 agrees to ensure that all inspection reports are signed and dated by the Supervisor/Team Leader reviewing the reports. Further, the Region will ensure that once the Inspection Report has been signed and dated by the Supervisor/Team Leader, the inspection will be entered into RCRAInfo within one week.)	12/31/2007
RCRA	E3	Violations ID'ed Timely	Completed	Inspection reports are not timely.	Region 2 needs to build on its current process to ensure the timeliness of inspection reports. This should include continuing to use systems already in place, such as the "Facility Chronological Events Chart," and should include the requirement that all reports are dated and signed by a manager, and that inspection data is entered into RCRA Info in a timely manner. A checklist is needed. There should be training in this system for Region 2 personnel. There should be a schedule for implementing this process. (As indicated for Metric #2, the region agrees that it needs to ensure that all inspection reports are signed and dated by the Supervisor/Team Leader and that the inspections are entered into RCRAInfo one week after.)	12/31/2007

Media	E#	Element	Status	Finding	Explanation	Due Date
RCRA	E6	Timely & Appropriate Actions	Completed	Enforcement actions are not timely.	The Region needs to improve the timeliness of enforcement actions. They need to assess the time it takes to complete inspection reports and make determinations of violations and of SNC. They also need to assess the time it takes to issue an administrative order once it has been decided to proceed with an action. Region 2 in Puerto Rico (CEPD) should put in place a tracking system for inspection reports and enforcement documents development.	12/31/2007
RCRA	E7	Penalty Calculations	Completed	Documentation in files of penalties is lacking.	Region 2 should improve the file documentation of their decisions on how they apply the 2003 RCRA Civil Penalty Policy. They need to document the economic benefit calculation, and they need to justify a decision not to calculate economic benefit using the BEN model based on the criteria in the penalty policy.	12/31/2007

APPENDIX B: OFFICIAL DATA PULL

Clean Air Act

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	Count	Universe	Not Counted
01A1	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			45	NA	NA	NA
01A2	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			45	NA	NA	NA
01B1	Source Count: Synthetic Minors (Current)	Data Quality	State			15	NA	NA	NA
01B2	Source Count: NESHAP Minors (Current)	Data Quality	State			5	NA	NA	NA
01B3	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			208	NA	NA	NA
01C1	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			39	NA	NA	NA
01C2	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			12	NA	NA	NA
01C3	CAA Subprogram Designations: MACT (Current)	Data Quality	State			31	NA	NA	NA
01C4	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	87.70%	74.00%	37	50	13
01C5	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	48.50%	70.00%	7	10	3
01C6	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	94.40%	76.80%	53	69	16
01D1	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			18	NA	NA	NA
01D2	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			22	NA	NA	NA
01D3	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			27	NA	NA	NA
01E0	Historical Non-Compliance Counts (1 FY)	Data Quality	State			371	NA	NA	NA
01F1	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			43	NA	NA	NA
01F2	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			41	NA	NA	NA
01G1	HPV: Number of New Pathways (1 FY)	Data Quality	State			6	NA	NA	NA
01G2	HPV: Number of New Sources (1 FY)	Data Quality	State			6	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	Count	Universe	Not Counted
01H1	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	59.70%	83.30%	5	6	1
01H2	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	91.30%	100.00%	6	6	0
01H3	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	91.20%	100.00%	6	6	0
01I1	Formal Action: Number Issued (1 FY)	Data Quality	State			7	NA	NA	NA
01I2	Formal Action: Number of Sources (1 FY)	Data Quality	State			7	NA	NA	NA
01J0	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$75,500	NA	NA	NA
01K0	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		0	NA	NA	NA
02A0	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	45.50%	14.00%	6	43	37
02B1	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.30%	25.00%	1	4	3
02B2	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			0	NA	NA	NA
03A0	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	34.70%	0.00%	0	6	6
03B1	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	59.00%	63.60%	42	66	24
03B2	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	70.30%	55.60%	10	18	8
05A1	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	89.20%	83.70%	36	43	7
05A2	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	84.40%	80.80%	42	52	10
05B1	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	92.00%	66.70%	8	12	4
05B2	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	92.40%	78.60%	11	14	3
05C0	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.20%	88.90%	16	18	2

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	Count	Universe	Not Counted
05D0	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		28.80%	42.30%	204	482	278
05E0	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			0	NA	NA	NA
05F0	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA
05G0	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.30%	55.60%	15	27	12
07C1	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 Nat'l Avg	22.30%	160.60%	53	33	NA
07C2	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 Nat'l Avg	44.00%	0 / 0	0	0	0
08A0	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 Nat'l Avg	6.40%	8.90%	4	45	41
08B0	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 Nat'l Avg	0.40%	0.00%	0	15	15
08C0	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 Nat'l Avg	67.80%	50.00%	2	4	2
08D0	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 Nat'l Avg	49.80%	42.90%	3	7	4
08E0	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 Nat'l Avg	40.50%	0 / 0	0	0	0
10A0	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		36.40%	85.70%	6	7	1
12A0	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			7	NA	NA	NA
12B0	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	89.00%	100.00%	2	2	0

Clean Water Act

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Universe	Not Counted
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			66	NA	NA	NA
P01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	NA	NA	NA
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			156	NA	NA	NA
P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			1	NA	NA	NA
P01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	92.9%	100.0%	66	66	0
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	93.7%	99.2%	378	381	3
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=; 95%	96.9%	100.0%	72	72	0
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			0.0%	0	63	63
P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			93.7%	149	159	10
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			89.4%	531	594	63
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			96.5%	166	172	6

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Universe	Not Counted
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			95.5%	149	156	7
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	0	0	0
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			26	NA	NA	NA
P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01E3E	Informal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			13	NA	NA	NA
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			8	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Universe	Not Counted
P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			127	NA	NA	NA
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			31	NA	NA	NA
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			0	NA	NA	NA
P01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			18	NA	NA	NA
P01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$0	NA	NA	NA
P01G2E	Penalties: total penalties (1 FY)	Data Quality	EPA			\$1,957,614	NA	NA	NA
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA	NA
P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$2,162,689	NA	NA	NA
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$0	NA	NA	NA
P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$1,296,385	NA	NA	NA
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$0	NA	NA	NA
P01G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA			\$1,957,614	NA	NA	NA
P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		0 / 0	0	0	0
P02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	>=; 80%		0.0%	0	13	13
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	60.7%	0.0%	0	66	66
P05A0E	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100%	5.1%	71.2%	47	66	19

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Universe	Not Counted
P05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	63.5%	71.2%	47	66	19
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			0.0%	0	156	156
P05B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA			77.6%	121	156	35
P05B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			77.6%	121	156	35
P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			0 / 0	0	0	0
P05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA			0 / 0	0	0	0
P05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			0 / 0	0	0	0
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.0%	0	1	1
P05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			100.0%	1	1	0
P05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			100.0%	1	1	0
P07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			0	NA	NA	NA
P07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	NA	NA	NA
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		22.6%	50.0%	1	2	1
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		21.9%	92.7%	51	55	4
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		52.8%	83.3%	55	66	11
P08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			63	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Universe	Not Counted
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		24.6%	95.5%	63	66	3
P10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.3%	92.4%	61	66	5

Resource Conservation and Recovery Act

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Universe	Not Counted
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			8	NA	NA	NA
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			125	NA	NA	NA
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			131	NA	NA	NA
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			957	NA	NA	NA
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			90	NA	NA	NA
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			200	NA	NA	NA
R01B1E	Compliance monitoring: number of inspections (1 FY)	Data Quality	EPA			52	NA	NA	NA
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			196	NA	NA	NA
R01B2E	Compliance monitoring: sites inspected (1 FY)	Data Quality	EPA			52	NA	NA	NA
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			132	NA	NA	NA
R01C1E	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA			36	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Universe	Not Counted
R01C2S	Number of sites with violations determined during the FY	Data Quality	State			95	NA	NA	NA
R01C2E	Number of sites with violations determined during the FY	Data Quality	EPA			3	NA	NA	NA
R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State			90	NA	NA	NA
R01D1E	Informal actions: number of sites (1 FY)	Data Quality	EPA			1	NA	NA	NA
R01D2S	Informal actions: number of actions (1 FY)	Data Quality	State			110	NA	NA	NA
R01D2E	Informal actions: number of actions (1 FY)	Data Quality	EPA			1	NA	NA	NA
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			28	NA	NA	NA
R01E1E	SNC: number of sites with new SNC (1 FY)	Data Quality	EPA			0	NA	NA	NA
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State			50	NA	NA	NA
R01E2E	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA			4	NA	NA	NA
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			32	NA	NA	NA
R01F1E	Formal action: number of sites (1 FY)	Data Quality	EPA			8	NA	NA	NA
R01F2S	Formal action: number taken (1 FY)	Data Quality	State			47	NA	NA	NA
R01F2E	Formal action: number taken (1 FY)	Data Quality	EPA			8	NA	NA	NA
R01G0S	Total amount of final penalties (1 FY)	Data Quality	State			\$62,450	NA	NA	NA
R01G0E	Total amount of final penalties (1 FY)	Data Quality	EPA			\$31,600	NA	NA	NA
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Universe	Not Counted
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	NA	NA	NA
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			0	NA	NA	NA
R02B0E	Number of sites in violation for greater than 240 days	Data Quality	EPA			23	NA	NA	NA
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			3.4%	1	29	28
R03A0E	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	EPA			0 / 0	0	0	0
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.4%	100.0%	8	8	0
R05A0C	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100%	92.7%	100.0%	8	8	0
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.1%	55.6%	50	90	40
R05B0C	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	25.8%	60.0%	54	90	36
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	61.7%	90.0%	81	90	9
R05C0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	66.5%	91.1%	82	90	8
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			38.2%	50	131	81
R05D0C	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined			45.8%	60	131	71
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only	State			297	NA	NA	NA
R05E1C	Inspections at active CESQGs (5 FYs)	Informational Only	Combined			367	NA	NA	NA
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			12	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Universe	Not Counted
R05E2C	Inspections at active transporters (5 FYs)	Informational Only	Combined			15	NA	NA	NA
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			6	NA	NA	NA
R05E3C	Inspections at non-notifiers (5 FYs)	Informational Only	Combined			11	NA	NA	NA
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			22	NA	NA	NA
R05E4C	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	Combined			31	NA	NA	NA
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			48.5%	95	196	101
R07C0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA			5.8%	3	52	49
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 Natl Avg	2.6%	14.3%	28	196	168
R08A0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 Natl Avg	2.8%	11.8%	28	237	209
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	83.2%	66.7%	20	30	10
R08B0E	Percent of SNC determinations made within 150 days (1 FY)	Goal	EPA	100%	71.2%	0 / 0	0	0	0
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 Natl Avg	62.3%	85.1%	40	47	7
R08C0E	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	EPA	1/2 Natl Avg	71.9%	50.0%	3	6	3
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	46.5%	71.4%	20	28	8

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Universe	Not Counted
R10A0C	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	Combined	80%	42.3%	71.4%	20	28	8
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			47	NA	NA	NA
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$62,450	NA	NA	NA
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 Natl Avg	80.6%	55.0%	11	20	9
R12B0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 Natl Avg	78.7%	50.0%	12	24	12

APPENDIX C: PDA TRANSMITTAL LETTER

Appendices C, D, and E provide the results of the Preliminary Data Analysis (PDA). The Preliminary Data Analysis forms the initial structure for the SRF report, and helps ensure that the data metrics are adequately analyzed prior to the on-site review.

This is a critical component of the SRF process because it allows the reviewers to be prepared and knowledgeable about potential problem areas before the on-site review. In addition, it gives the region focus during the file reviews and/or basis for requesting supplemental files based on potential concerns raised by the data metric results.

This section, Appendix C, contains the letter transmitting the results of the Preliminary Data Analysis to the state. This letter identifies areas that the data review suggests the need for further examination and discussion during the review process.

Clean Air Act

Luis -

Please find attached the Preliminary Data Analysis. The PDA uses the Official Data Set (ODS) and compares it to national goals and averages. The PDA includes a column (N) where you can enter additional information or an explanation. **Please provide your response by Weds., April 27th.** We will update the PDA with your comments and send it back to you in advance of the file review. We can resolve any outstanding issues during the on-site visit.

Also, we have revised the timeline to ensure we are prepared for the on-site file review the week of May 9th.

Finally, we would like to schedule a conference call to discuss the file review for Thursday, April 28th, 1:00-2:00, EST. The purpose of the call is to discuss the file review protocol, files, logistics and answer any questions. Barbara McGarry will send out an invitation, via LOTUS NOTES, to the EPA participants for this call. Please confirm your availability for this call to Barbara McGarry at mcgarry.barbara@epa.gov.

Thank you.

Pat Durack



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

May 23, 2011

Barbara McGarry
Strategic Implementation Manager
U.S. Environmental Protection Agency, Region 2
290 Broadway
New York, NY 10007

OFFICE OF
ENFORCEMENT AND
COMPLIANCE ASSURANCE

Dear Ms. McGarry:

Through this letter, U.S. EPA headquarters is initiating a review of U.S. EPA Region 2's direct implementation of RCRA Subtitle C Enforcement and Clean Water Act NPDES enforcement programs in Puerto Rico. We will review inspection and enforcement activity from Federal Fiscal Year 2010.

In FY2007, EPA regions completed the first round of reviews using the State Review Framework (SRF) protocol. This created a baseline of performance from which future oversight of state compliance and enforcement programs can be tracked and managed. In early FY2008, the first round of reviews was evaluated. A work group composed of EPA headquarters, regional managers and staff, ECOS, state media associations, and other state representatives revised the SRF elements, metrics, process and guidance.

In the second round of the SRF (SRF/2), the review cycle has been extended by a year such that all states will be reviewed within a four-year cycle, or by the end of FY2012.

SRF/2 is a continuation of a national effort that allows EPA Headquarters to ensure that Region 2 meets agreed upon minimum performance levels in providing environmental and public health protection. The review will include:

- ▶ discussions between EPA Headquarters and Region 2 program managers and staff,
- ▶ examination of data in EPA and territorial (if applicable) data systems, and
- ▶ review of selected Region 2 inspection and enforcement files and policies.

EPA Headquarters and Region 2 have the option of agreeing to examine state programs that broaden the scope of traditional enforcement. This may include programs such as pollution prevention, compliance assistance, innovative approaches to achieving compliance, documenting and reporting outputs, outcomes and indicators, or supplemental environmental projects. We welcome Region 2 to suggest other compliance programs for inclusion.

We expect to complete the Region 2 review, including the final report, by August 15, 2011.

Our intent is to assist Region 2 in achieving implementation of programs that meet federal standards and are based on the goals we have agreed to in Region 2's Performance Partnership

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Workplan Agreement. EPA Headquarters and Region 2 are partners in carrying out the review. If we find issues, we want to address them in the most constructive manner possible.

EPA Headquarters has established a cross-program team of managers and senior staff to implement the Region 2 review. Greg Siedschlag will be the Headquarters primary contact for the review. He will lead the review team, directing all aspects of the review for Headquarters. Sue Gilbertson is the Headquarters senior manager with overall responsibility for the review. The program experts on the review team will be:

- Chad Carbone, RCRA
- Allison Landsman, NPDES
- Sue Gilbertson, NPDES
- Rebecca Kane, RCRA

The SRF/2 protocol includes numerous program-specific worksheets, metrics, and report templates that Headquarters and Region 2 will use to complete the review. We believe it will assist us in carrying out an efficient, focused review. All of these materials have been developed jointly by EPA regional and HQ staff and numerous state officials.

Attachment A, with this letter, transmits the Official Data Set (ODS) that will be used in the review. Please respond by June 6, 2011 with an indication that you agree with the ODS, or if there are discrepancies, please provide that information in the spreadsheet file and send to Greg Siedschlag via email. Please note that minor discrepancies that would not have a substantive impact on the review do not need to be reported. If you do not respond by the date noted above, we will proceed with our preliminary data analysis and file selection under the assumption that the ODS is correct.

EPA has designed the SRF Tracker as the repository for holding all SRF products including draft and final documents, letters, data sets, etc. It is also a management tool used to track the progress of a state review and to follow-up on the recommendations. Headquarters will enter and update all information for this review in the SRF Tracker. Region 2 can view and comment on their information securely on the Internet.

All information and materials used in this review may be subject to federal and/or state disclosure laws. While EPA does not intend to post this information on any public website, EPA will release the information in response to a request under the Freedom of Information Act that is properly submitted.

We look forward to working with you on this project.

Sincerely,



Chad Carbone, Acting Branch Chief
State and Tribal Performance Branch, OECA/OC/PMOD

Attachment A: Official Data Set

cc: By E-mail
Judith A. Enck, Regional Administrator
George Pavlou, Deputy Regional Administrator
Lisa Lund, Director, Office of Compliance, OECA
Chris Knopes, Planning, Measures, and Oversight Division Director, OC/OECA
Sue Gilbertson, Branch Chief, State and Tribal Performance Branch, OECA/OC/PMOD

APPENDIX D: PRELIMINARY DATA ANALYSIS CHART

This section provides the results of the Preliminary Data Analysis (PDA). The Preliminary Data Analysis forms the initial structure for the SRF report and helps ensure that the data metrics are adequately analyzed prior to the on-site review. This is a critical component of the SRF process because it allows the reviewers to be prepared and knowledgeable about potential problem areas before initiating the on-site portion of the review. In addition, it gives the region focus during the file reviews and/or basis for requesting supplemental files based on potential concerns raised by the data metrics results.

The PDA reviews each data metric and evaluates state performance against the national goal or average, if appropriate. The PDA chart in this section of the SRF report only includes metrics where potential concerns or areas of exemplary performance are identified. (The full PDA worksheet in Appendix E contains every metric: positive, neutral, or negative.) Initial Findings indicate the observed results. Initial Findings are preliminary observations. They are used as a basis for further investigation that takes place during the file review and through dialogue with the state. Final Findings are developed only after evaluating them against the file review results where appropriate, and dialogue with the state have occurred. Through this process, Initial Findings may be confirmed, modified, or determined not to be supported. Findings are presented in Section IV of this report.

Clean Air Act

Original Data Pulled from Online Tracking Information System (OTIS)							EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Avg.	PR Metric (2010)	Initial Findings
01C3	CAA Subprogram Designations: MACT (Current)	Data Quality	State			31	There is a discrepancy between the number of facilities with MACT subprogram designations in the SRF data metric report and AFS.
01C4	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	87.70%	74.00%	There is a discrepancy between the number of facilities with NSPS subprogram designations in the SRF data metric report and AFS. PREQB is below the national goal and national average for this metric, indicating they are not conducting a sufficient number of FCEs at facilities subject to NSPS.

Original Data Pulled from Online Tracking Information System (OTIS)							EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Avg.	PR Metric (2010)	Initial Findings
01C6	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	94.40%	76.80%	See Initial Findings for Metric 01C3. PREQB is below the national average and national goal of this metric, indicating they are not conducting a sufficient number of FCEs at facilities subject to NSPS.
02B1	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.30%	25.00%	PREQB is above the national goal and the national average, indicating stack tests conducted are not given a pass/fail result in AFS.
03A0	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	34.70%	0.00%	PREQB is below the national goal and the national average, indicating they are not entering designated HPVs into AFS within the 60 day limit.
03B2	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	70.30%	55.60%	PREQB is below the national goal and the national average, indicating they are not entering designated MDR actions into AFS within the 60 day limit.
05A1	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	89.20%	83.70%	PREQB is below the national goal and the national average. The metric indicates that PREQB did not achieve full FCE coverage of their major sources for the 2 FY CMS cycle.

Original Data Pulled from Online Tracking Information System (OTIS)							EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Avg.	PR Metric (2010)	Initial Findings
05B2	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	92.40%	78.60%	PREQB is below the national goal and the national average. The metric indicates that PREQB did not achieve full FCE coverage of their SM-80 sources in the last 5 FYs.
05G0	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.30%	55.60%	PREQB is below the national goal and the national average. It appears that PREQB completed approximately half of its self-certification reviews.
07C1	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 Nat'l Avg	22.30%	160.60%	PREQB's count exceeds the size of its universe. How did PREQB determine this metric?
08B0	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 Nat'l Avg	0.40%	0.00%	PREQB is below the national goal and the national average. This metric indicates that PREQB did not discover any synthetic minor source HPVs in FY 2010.
08D0	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 Nat'l Avg	49.80%	42.90%	PREQB is above the national goal, indicating that PREQB may not be identifying potential HPVs.
10A0	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		36.40%	85.70%	PREQB is above the national average, indicating they are not meeting HPV timeliness goals.

Clean Water Act

Original Data Pulled from Online Tracking Information System (OTIS)										EPA Preliminary Evaluation	
Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Universe	Not Counted	Evaluation	Initial Findings
P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			93.7%	149	159	10	Minor Issue	10 of 159 without correctly coded limits could be minor issue.
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			89.4%	531	594	63	Minor Issue	>10% DMRs not entered for non-majors.
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			95.5%	149	156	7	Potential concern, supplemental file review	95.5% noncompliance rate for non-majors requires further exploration of underlying issues*
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			26	NA	NA	NA	Potential concern	This may indicate a problem with data quality.
P01E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	Potential concern	This appears to represent either a data quality/completeness issue or an issue with taking appropriate enforcement action.
P01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	Potential concern	This appears to represent either a data quality/completeness issue or an issue with taking appropriate enforcement action.
P01E3E	Informal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	Potential concern	This appears to represent either a data quality/completeness issue or an issue with taking appropriate enforcement action.

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Universe	Not Counted	Evaluation	Initial Findings
P01E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	Potential concern	This appears to represent either a data quality/completeness issue or an issue with taking appropriate enforcement action.
P01F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			13	NA	NA	NA	Potential concern	Apparent data quality issue: 13 facilities with formal actions, but only 8 actions taken?
P01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			8	NA	NA	NA	Potential concern	Apparent data quality issue: 13 facilities with formal actions, but only 8 actions taken?
P01F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			127	NA	NA	NA	Potential concern	Apparent data quality issue: 127 facilities with formal actions, but only 31 actions taken?
P01F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			31	NA	NA	NA	Potential concern	Apparent data quality issue: 127 facilities with formal actions, but only 31 actions taken?
P02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	>=; 80%		0.0%	0	13	13	Potential concern	0 of 13 actions had appropriate violation codes entered.
P05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	63.5%	71.2%	47	66	19	Minor Issue	Above national average, but well below national goal.
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		21.9%	92.7%	51	55	4	Potential concern, supplemental file review	High percentage of unresolved violations calls for supplemental review.*
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		52.8%	83.3%	55	66	11	Potential concern, supplemental file review	High percentage of DMR violations calls for supplemental review.
P08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			63	NA	NA	NA	Potential concern	

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Universe	Not Counted	Evaluation	Initial Findings
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		24.6%	95.5%	63	66	3	Potential concern, supplemental file review	High SNC rate calls for supplemental review.*
P10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.3%	92.4%	61	66	5	Potential concern, supplemental file review	High percentage of majors without timely action calls for supplemental review.*

*Supplemental files not necessary -- enough files pulled through representative sample.

RCRA

Original Data Pulled from Online Tracking Information System (OTIS)										EPA Preliminary Evaluation	
Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Univ	Not Ctd	Evaluation	Initial Findings
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			132	NA	NA	NA	Potential concern	High number of past violations.
R01C1E	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA			36	NA	NA	NA	Potential concern	High number of past violations.
R01C2S	Number of sites with violations determined during the FY	Data Quality	State			95	NA	NA	NA	Potential concern	High number of current violations.
R01C2E	Number of sites with violations determined during the FY	Data Quality	EPA			3	NA	NA	NA	Minor issue	Three violations may not represent major problem.
R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State			90	NA	NA	NA	Minor issue	Number of actions in line with number of violations in metric 1c2.
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			28	NA	NA	NA	Potential concern	Large number of new SNCs.

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Univ	Not Ctd	Evaluation	Initial Findings
R01E2E	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA			4	NA	NA	NA	Minor issue	Four new SNCs warrants further investigation.
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			32	NA	NA	NA	Potential concern	Number of formal actions relative to number of violations indicates that more formal actions may have been necessary.
R01F1E	Formal action: number of sites (1 FY)	Data Quality	EPA			8	NA	NA	NA	Potential concern	Number of formal actions relative to number of violations indicates that more formal actions may have been necessary.
R01F2S	Formal action: number taken (1 FY)	Data Quality	State			47	NA	NA	NA	Potential concern	Number of formal actions relative to number of violations indicates that more formal actions may have been necessary.
R01F2E	Formal action: number taken (1 FY)	Data Quality	EPA			8	NA	NA	NA	Potential concern	Number of formal actions relative to number of violations indicates that more formal actions may have been necessary.
R01G0S	Total amount of final penalties (1 FY)	Data Quality	State			\$62,450	NA	NA	NA	Potential concern	Penalty amount relative to number of violations indicates that larger penalties may have been necessary.
R01G0E	Total amount of final penalties (1 FY)	Data Quality	EPA			\$31,600	NA	NA	NA	Potential concern	Penalty amount relative to number of violations indicates that larger penalties may have been necessary.
R02B0E	Number of sites in violation for greater than 240 days	Data Quality	EPA			23	NA	NA	NA	Potential concern	Large number of sites with long-standing violations.
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	61.7%	90.0%	81	90	9	Minor issue	Well above national average, but below national goal.
R05C0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	66.5%	91.1%	82	90	8	Minor issue	Well above national average, but below national goal.
R07C0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA			5.8%	3	52	49	Potential concern	Very low relative to state rate.

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Univ	Not Ctd	Evaluation	Initial Findings
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 Natl Avg	2.6%	14.3%	28	196	168	Potential concern	Much higher than national goal and average.
R08A0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 Natl Avg	2.8%	11.8%	28	237	209	Potential concern	Much higher than national goal and average.
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	83.2%	66.7%	20	30	10	Potential concern	Below both national goal and average.
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	46.5%	71.4%	20	28	8	Minor issue	Well above national average, but below national goal.
R10A0C	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	Combined	80%	42.3%	71.4%	20	28	8	Minor issue	Well above national average, but below national goal.
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			47	NA	NA	NA	Potential concern	Number of formal actions relative to number of violations indicates that more formal actions may have been necessary.
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$62,450	NA	NA	NA	Potential concern	Penalty amount relative to number of violations indicates that larger penalties may have been necessary.

APPENDIX E: PDA WORKSHEET (with State and EPA Comments)

Clean Air Act

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
01A1	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			45	No			
01A2	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			45	No			
01B1	Source Count: Synthetic Minors (Current)	Data Quality	State			15	No		Total (formerly Esso) does not appears in OTIS 72-033-00051.	
01B2	Source Count: NESHAP Minors (Current)	Data Quality	State			5				
01B3	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			208	No			

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
01C1	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			39	Yes	38	Some sources are not NSPS. AFS data problems with program. After the review and acknowledge proper metric information. We disagree in the number. The correct number should be 38, since University of Puerto Rico Mayaguez is not a NESHAP Source.	155 facilities were identified as being subject to NSPS in metric 01C4.
01C2	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			12	No			

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
01C3	CAA Subprogram Designations: MACT (Current)	Data Quality	State			31	Yes	28	Include minor, mayor sources, but not the MACT universe. There are 220 facilities in AFS affected and properly identified. After the review and acknowledge proper metric information. We disagree in the number. The correct number should be 28, since University of Puerto Rico Mayaguez, Top Quality and Jiffy One Hour are not NESHAP Source. By mistake were flagged improperly in the system but was corrected during fiscal year.	There is a discrepancy between the number of facilities with MACT subprogram designations in the SRF data metric report and AFS.

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
01C4	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	87.70%	74.00%	No	60%	There are 155 facilities (159 reported in End of Year 2010) affected by NSPS. Most of them has subpart information in AFS. Previous to Year 2010, FCE were reported in AFS with code S8, which we discover was equivalent to PS instead of FS. Correct number of inspections is 30 or 19% of the universe for fiscal year 2010. During the 5 years period, there are reported a total of 94 sources inspected for a total of 60% of sources inspected.	There is a discrepancy between the number of facilities with NSPS subprogram designations in the SRF data metric report and AFS. PREQB is below the national goal and national average for this metric, indicating they are not conducting a sufficient number of FCEs at facilities subject to NSPS.
01C5	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	48.50%	70.00%	Yes	Universe 7/6 count	Bacardi has never been affected by a NESHAP, neither Tradewind. Gulf Chemical has been shutdown since 1996, therefore no inspections has been required.	AFS identified a universe of 10 sources, 3 of which were not inspected. According to PREQB, those 3 are not applicable to this metric.

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
01C6	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	94.40%	76.80%	No	25%	The universe of MACT sources is 220 facilities (226 reported in End of Year Report). Most of them has subpart information in AFS. Previous to Year 2010, FCE to minor sources were reported in AFS with code S8, which we discover was equivalent to PS instead of FS. Correct number of inspections is 58 or 25% of the universe for fiscal year 2010.	See Initial Findings for Metric 01C3. PREQB is below the national average and national goal of this metric, indicating they are not conducting a sufficient number of FCEs at facilities subject to NSPS. After acknowledging the proper metric information, we agree with the number.
01D1	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			18	No			

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
01D2	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			22	Yes	23	If number refers to all FCE's reported for CMS, only 21 inspections were conducted if SM-80 sources are included. If include Title V area sources the correct number is 23. The data shows other minor sources as dry cleaners. Minor sources that appears in report were incorrectly coded as NESHAP applicable sources.	Provide a list of the sources where FCEs were conducted.
01D3	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			27	No		Only if they refers to federally reportable sources.	
01E0	Historical Non-Compliance Counts (1 FY)	Data Quality	State			371	No			
01F1	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			43	No			
01F2	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			41	No			
01G1	HPV: Number of New Pathways (1 FY)	Data Quality	State			6	No			
01G2	HPV: Number of New Sources (1 FY)	Data Quality	State			6	No			

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
01H1	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	59.70%	83.30%	Yes		Toa Baja Landfill is not a State HPV	
01H2	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	91.30%	100.00%	No			
01H3	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	91.20%	100.00%	No			
01I1	Formal Action: Number Issued (1 FY)	Data Quality	State			7	Yes	11	The correct number is 11	Provide a list of sources where formal action was issued.
01I2	Formal Action: Number of Sources (1 FY)	Data Quality	State			7	Yes	11		
01J0	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$75,500	No			
01K0	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		0	No			
02A0	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	45.50%	14.00%	No			
02B1	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.30%	25.00%	No			PREQB is above the national goal and the national average, indicating stack tests conducted are not given a pass/fail result in AFS.

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
02B2	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			0	No			
03A0	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	34.70%	0.00%	No			PREQB is below the national goal and the national average, indicating they are not entering designated HPVs into AFS within the 60 day limit.
03B1	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	59.00%	63.60%	No			
03B2	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	70.30%	55.60%	No			PREQB is below the national goal and the national average, indicating they are not entering designated MDR actions into AFS within the 60 day limit.

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
05A1	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	89.20%	83.70%	Yes		2 sources were out of CMS schedule at the end of FY 2010. PREQB coordinate with EPA FCE required by CMS. Bristol Myers Humacao, Daguao and Yabucoa FCE were conducted by PREQB during fiscal year. That is a total of 39 sources for a percentage of 90%.	PREQB is below the national goal and the national average. The metric indicates that PREQB did not achieve full FCE coverage of their major sources for the 2 FY CMS cycle.
05A2	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	State	100%	84.40%	80.80%	Yes		Fenwall should not be considered since they increase emissions over the major source threshold in May 2010. FCE is schedule for FY 2011. Merck is a Megasource wich FCE correspond to 2011. Compañía Cervecera was completed on July 2010. The followin FCE were completed by EPA: PREPA South Coast was completed on September 2010, Serrallés was completed on september 2010, PREPA Palo Seco was completed on August 2010, and AES was completed on September 2009.	PREQB is below the national goal, but within 5% of the national average.

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
05B1	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	92.00%	66.70%	Yes	9	Olay was inspected in a Multimedia FCE on September 28, 2008. However, the inspection was reported in AFS by EPA only.	PREQB is below the national average, but within the range of the national goal.
05B2	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	92.40%	78.60%	Yes		The only source that has not been completed is Pfizer Vega Baja.	PREQB is below the national goal and the national average. The metric indicates that PREQB did not achieve full FCE coverage of their SM-80 sources in the last 5 FYs.
05C0	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.20%	88.90%	No			
05D0	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		28.80%	42.30%	No			
05E0	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			0	No			
05F0	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	No			
05G0	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.30%	55.60%	No			PREQB is below the national goal and the national average. It appears that PREQB completed approximately half of its self-certification reviews.

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
07C1	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 Nat'l Avg	22.30%	160.60%	No		Count are greater since each facility could have several actions, as defined in the metric.	PREQB's count exceeds the size of its universe. How did PREQB determine this metric?
07C2	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 Nat'l Avg	44.00%	0 / 0	No			
08A0	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 Nat'l Avg	6.40%	8.90%	No			
08B0	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 Nat'l Avg	0.40%	0.00%	No			PREQB is below the national goal and the national average. This metric indicates that PREQB did not discover any synthetic minor source HPVs in FY 2010.
08C0	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 Nat'l Avg	67.80%	50.00%	No			
08D0	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 Nat'l Avg	49.80%	42.90%	No			PREQB is above the national goal, indicating that PREQB may not be identifying potential HPVs.
08E0	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 Nat'l Avg	40.50%	0 / 0	No			

Metric	Metric Description	Metric Type	Agency	Nat'l Goal	Nat'l Average	PR Metric (2010)	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
10A0	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		36.40%	85.70%	No			PREQB is above the national average, indicating they are not meeting HPV timeliness goals.
12A0	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			7	No			
12B0	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	89.00%	100.00%	No			

Clean Water Act

No comments from EPA Region 2.

RCRA

Original Data Pulled from Online Tracking Information System (OTIS)														EPA Preliminary Evaluation	
Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Univ	Not Ctd	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			8	NA	NA	NA	No				Appears acceptable	
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			125	NA	NA	NA	No				Appears acceptable	
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			131	NA	NA	NA	No				Appears acceptable	
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			957	NA	NA	NA	No				Appears acceptable	

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Univ	Not Ctd	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			90	NA	NA	NA	Yes	87	BR Report of current LQGs	BR reports submitted in 2010 indicates 87 of 90 LQGs in 2009 were still LQGs in 2010.	Appears acceptable	
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			200	NA	NA	NA	No				Appears acceptable	
R01B1E	Compliance monitoring: number of inspections (1 FY)	Data Quality	EPA			52	NA	NA	NA	No				Appears acceptable	
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			196	NA	NA	NA	No				Appears acceptable	
R01B2E	Compliance monitoring: sites inspected (1 FY)	Data Quality	EPA			52	NA	NA	NA	No				Appears acceptable	
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			132	NA	NA	NA					Potential concern	High number of past violations.
R01C1E	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA			36	NA	NA	NA	YES??	<35		CT Real Estate is in VI.	Potential concern	High number of past violations.
R01C2S	Number of sites with violations determined during the FY	Data Quality	State			95	NA	NA	NA					Potential concern	High number of current violations.
R01C2E	Number of sites with violations determined during the FY	Data Quality	EPA			3	NA	NA	NA	No				Minor issue	Three violations may not represent major problem.
R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State			90	NA	NA	NA					Minor issue	Number of actions in line with number of violations in metric 1c2.
R01D1E	Informal actions: number of sites (1 FY)	Data Quality	EPA			1	NA	NA	NA	No				Inconclusive	Numbers are too small to draw conclusions.
R01D2S	Informal actions: number of actions (1 FY)	Data Quality	State			110	NA	NA	NA					Appears acceptable	

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Univ	Not Ctd	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
R01D2E	Informal actions: number of actions (1 FY)	Data Quality	EPA			1	NA	NA	NA	No				Inconclusive	Numbers are too small to draw conclusions.
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			28	NA	NA	NA					Potential concern	Large number of new SNCs.
R01E1E	SNC: number of sites with new SNC (1 FY)	Data Quality	EPA			0	NA	NA	NA	No				Appears acceptable	
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State			50	NA	NA	NA					Potential concern	Large number of SNCs.
R01E2E	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA			4	NA	NA	NA	No???				Minor issue	Four new SNCs warrants further investigation.
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			32	NA	NA	NA					Potential concern	Number of formal actions relative to number of violations indicates that more formal actions may have been necessary.
R01F1E	Formal action: number of sites (1 FY)	Data Quality	EPA			8	NA	NA	NA	Yes	Appears acceptable		36 sites in violation, 4 in SNC, but 8 formal actions. Of the 8, three are Homeca Civ Ref, and two (CAF and Integrated) are 7003. ODS only lists 5 actions; it omits Homeca Civ Refs.	Potential concern	Number of formal actions relative to number of violations indicates that more formal actions may have been necessary.
R01F2S	Formal action: number taken (1 FY)	Data Quality	State			47	NA	NA	NA					Potential concern	Number of formal actions relative to number of violations indicates that more formal actions may have been necessary.

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Univ	Not Ctd	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
R01F2E	Formal action: number taken (1 FY)	Data Quality	EPA			8	NA	NA	NA	Yes	Appears acceptable		36 sites in violation, 4 in SNC, but 8 formal actions. Of the 8, three are Homeca Civ Ref, and two (CAF and Integrated) are 7003. ODS only lists 5 actions; it omits Homeca Civ Refs.	Potential concern	Number of formal actions relative to number of violations indicates that more formal actions may have been necessary.
R01G0S	Total amount of final penalties (1 FY)	Data Quality	State			\$62,450	NA	NA	NA					Potential concern	Penalty amount relative to number of violations indicates that larger penalties may have been necessary.
R01G0E	Total amount of final penalties (1 FY)	Data Quality	EPA			\$31,600	NA	NA	NA	Yes	Appears acceptable		Violations addressed through civil referrals and RCRA 7003 actions do not have accompanying penalties.	Potential concern	Penalty amount relative to number of violations indicates that larger penalties may have been necessary.
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	NA	NA	NA					Inconclusive	
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	NA	NA	NA					Inconclusive	
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			0	NA	NA	NA					Inconclusive	

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Univ	Not Ctd	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
R02B0E	Number of sites in violation for greater than 240 days	Data Quality	EPA			23	NA	NA	NA	???				Potential concern	Large number of sites with long-standing violations.
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			3.4%	1	29	28					Appears acceptable	
R03A0E	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	EPA			0 / 0	0	0	0	No				n/a	
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.4%	100.0%	8	8	0					Appears acceptable	
R05A0C	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100%	92.7%	100.0%	8	8	0	No			EPA inspected 5 of 8 TSDFs; however, EQB inspected all 8 facilities.	Appears acceptable	
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.1%	55.6%	50	90	40					Appears acceptable	
R05B0C	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	25.8%	60.0%	54	90	36	No		RCRAInfo	EPA inspected 11 of 87 LQGs (12.6%) in FY 10; however, EQB inspected about 60% of the universe in FY 10.	Appears acceptable	
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	61.7%	90.0%	81	90	9					Minor issue	Well above national average, but below national goal.
R05C0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	66.5%	91.1%	82	90	8	No		RCRAInfo	EPA Inspected 35 of 87 LQGs (40.2%) over 5 years; however, EQB inspected over 90% of the universe.	Minor issue	Well above national average, but below national goal.
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			38.2%	50	131	81					Appears acceptable	

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Univ	Not Ctd	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
R05D0C	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined			45.8%	60	131	71	No		RCRAInfo	EPA inspected 13 of 131 SQGs; however, EQB inspected nearly 40% of the universe.	Appears acceptable	
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only	State			297	NA	NA	NA					Appears acceptable	
R05E1C	Inspections at active CESQGs (5 FYs)	Informational Only	Combined			367	NA	NA	NA	No				Appears acceptable	
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			12	NA	NA	NA					Appears acceptable	
R05E2C	Inspections at active transporters (5 FYs)	Informational Only	Combined			15	NA	NA	NA	No				Appears acceptable	
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			6	NA	NA	NA					Appears acceptable	
R05E3C	Inspections at non-notifiers (5 FYs)	Informational Only	Combined			11	NA	NA	NA	No				Appears acceptable	
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			22	NA	NA	NA					Appears acceptable	
R05E4C	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	Combined			31	NA	NA	NA	No				Appears acceptable	
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			48.5%	95	196	101					Appears acceptable	
R07C0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA			5.8%	3	52	49	???				Potential concern	Very low relative to state rate.
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 Natl Avg	2.6%	14.3%	28	196	168					Potential concern	Much higher than national goal and average.
R08A0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 Natl Avg	2.8%	11.8%	28	237	209	???				Potential concern	Much higher than national goal and average.

Metric	Metric Description	Metric Type	Agency	Natl Goal	Natl Avg	PR Metric	Count	Univ	Not Ctd	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	83.2%	66.7%	20	30	10					Potential concern	Below both national goal and average.
R08B0E	Percent of SNC determinations made within 150 days (1 FY)	Goal	EPA	100%	71.2%	0 / 0	0	0	0	No				n/a	
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 Natl Avg	62.3%	85.1%	40	47	7					Appears acceptable	
R08C0E	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	EPA	1/2 Natl Avg	71.9%	50.0%	3	6	3	No				Appears acceptable	
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	46.5%	71.4%	20	28	8					Minor issue	Well above national average, but below national goal.
R10A0C	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	Combined	80%	42.3%	71.4%	20	28	8	No				Minor issue	Well above national average, but below national goal.
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			47	NA	NA	NA					Potential concern	Number of formal actions relative to number of violations indicates that more formal actions may have been necessary.
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$62,450	NA	NA	NA					Potential concern	Penalty amount relative to number of violations indicates that larger penalties may have been necessary.
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 Natl Avg	80.6%	55.0%	11	20	9					Appears acceptable	
R12B0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 Natl Avg	78.7%	50.0%	12	24	12	No				Appears acceptable	

APPENDIX F: FILE SELECTION

Files to be reviewed are selected according to a standard protocol (available here: http://www.epa-otis.gov/srf/docs/fileselectionprotocol_10.pdf) and using a web-based file selection tool (available here: http://www.epa-otis.gov/cgi-bin/test/srf/srf_fileselection.cgi). The protocol and tool are designed to provide consistency and transparency in the process. Based on the description of the file selection process in section A below, states should be able to recreate the results in the table in section B.

A. File Selection Process

Clean Air Act

EPA selected twenty facility files, fifteen major sources and five minor sources, two of which were SM80s, for the Round 2 SRF evaluation on-site review. All twenty of the requested files were received and reviewed. The number of files that were reviewed was determined based on the protocol in the Implementation Guide, and considered the number of facilities in each universe of interest, the number of compliance evaluations performed and the level of enforcement activity. This resulted in EPA's request of three categories of files: sources that had a full compliance evaluation (FCE) completed in FY 2010, sources that received an informal enforcement action in FY 2010, and sources that received a formal enforcement action in FY 2010. The selected files included a range of enforcement activity, including Title V deviations, stack test failure, and High Priority Violations (HPVs). Fifty percent of the files requested were based on the completion of a FCE; forty percent of the files requested were based on the issuance of a formal or informal enforcement action. The other two files (ten percent) requested were selected based on the type of enforcement activity at the facility. Within the above representation of files, the number selected for review was skewed toward major sources to accurately evaluate PREQB for implementation of EPA's compliance and enforcement policies.

Clean Water Act

EPA selected 30 files — 10 majors and 20 minors. Supplemental file selection was not necessary as a sufficient number of all activities were covered by the representative selection.

Resource Conservation and Recovery Act

EPA selected 32 files — 4 TSDFs, 14 LQGs, 5 SQGs, 5 CESs, and 4 others. Supplemental file selection was not necessary as a sufficient number of all activities were covered by the representative selection.

B. File Selection Table

Clean Air Act

#	Program ID	F_City	F_state	F_zip	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
1	7201700003	Barceloneta	PR	00617	Yes	Yes	Yes	No	No	No	No	No	No	Major	accepted_ representative
2	7206900007	Humacao	PR	00792	Yes	No	Yes	No	No	No	No	No	No	Major	accepted_ representative
3	7206900017	Humacao	PR	00791	Yes	No	No	No	No	No	No	No	No	Synthetic Minor	accepted_ representative
4	7211300029	Ponce	PR	00733	No	No	Yes	No	No	Yes	Yes	No	No	Major	accepted_ representative
5	7211100003	Pe-Uelas	PR	00724	Yes	Yes	Yes	No	Yes	No	No	No	No	Major	accepted_ representative
6	7203100050	Carolina	PR	00983	Yes	No	Yes	No	No	No	No	Yes	Yes	Major	accepted_ representative
7	7203700001	Ceiba	PR	00735	Yes	No	Yes	No	No	No	No	No	No	Major	accepted_ representative
8	7206900022	Humacao	PR	00791	Yes	Yes	Yes	No	No	No	No	No	No	Major	accepted_ representative
9	7212500012	San German	PR	00683	No	No	Yes	No	No	No	Yes	No	No	Major	accepted_ representative
10	7202500129	Caguas	PR	00725	No	No	Yes	No	No	No	Yes	No	No	Major	accepted_ representative
11	7203100015	Carolina	PR	00986	Yes	No	No	No	No	No	No	No	No	Major	accepted_ representative
12	7213700076	Toa Baja	PR	00951	Yes	No	Yes	No	No	No	Yes	No	No	Minor	accepted_ representative
13	7203700004	Ceiba	PR	00635	No	No	Yes	No	No	No	No	No	No	Major	accepted_ representative
14	7203100001	Carolina	PR	00983	No	No	Yes	No	No	No	No	Yes	Yes	Minor	accepted_ representative
15	7211100004	Penuelas	PR	00624	Yes	No	No	No	No	No	No	No	No	Major	accepted_ representative

#	Program ID	F_City	F_state	F_zip	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
16	7212300011	Salinas	PR	00704	No	No	Yes	No	Yes	No	Yes	No	No	Major	accepted_ representative
17	7205900010	Guayanilla	PR	00656	No	Yes	No	No	No	Yes	No	No	No	Major	accepted_ representative
18	7215300029	Yauco	PR	00698	No	No	Yes	No	No	No	No	Yes	Yes	Major	accepted_ representative
19	7205700008	Guayama	PR	00785	No	No	Yes	No	No	No	Yes	No	No	Synthetic Minor	accepted_ representative
20	7202700011	San Juan	PR	00911	No	No	Yes	No	No	No	Yes	Yes	Yes	Minor	accepted_ representative

Clean Water Act

#	Facility ID	NPDES ID	Street	City	Zip	Permit	Insp	Viol	SEV	SNC	I Enf	F Enf	Penalty	Uni	Selection
1	ALBERTO CULVER PR INC	PR0024279	STATE ROAD NO 31, KM 7 HM 9	NAGUABO	00718		0	1	0	0	0	0	0	Minor	R
2	ALBORADA CONSTRUCTION PROJECT	PRR10BB83	STATE ROAD 155, KM 59.0 PUGNADO ADENTRO WARD	VEGA BAJA	00693		0	0	0	0	0	1	46,700	Minor	R
3	CASTANER GENERAL	PR0025283	CARR. 135, KM 64, HM 2	LADES	00631		1	54	0	4	0	1	0	Major	R
4	CEMEX CONCRETOS - FAJARDO	PRR05B009	STATE RD 194, KM 0.9	FAJARDO	00738		1	0	0	0	0	0	0	Minor	R
5	CHEVRON PUERTO RICO LLC.	PR0025305	STATE ROAD # 28	GUAYNABO	00657		0	8	0	4	0	0	0	Major	R
6	DEMACO CORP.	PR0000086	ROAD 127, KM 27.5	GUAYANILLA	00656		1	7	0	4	0	0	0	Major	S
7	FLOOD CONTROL RIO GRANDE ARECIB	PRR10B847	ROAD NO. 10 INT. ROAD 22	ARECIBO	00613		0	0	0	0	0	1	7,500	Minor	R
8	LAGOS DE CIUDAD JORDIN	PRR10BB61	PR 189, KM 10.01, MAMEY WARD	JUNCOS	00778		0	0	0	0	0	1	40,000	Minor	R
9	LILLY DEL CARIBE INC #2	PR0021423	STATE ROAD NO. 3, KM 12.5	CAROLINA	00985		0	4	0	4	0	0	0	Major	R
10	PRASA - CIDRA WTP	PR0022543	ROAD 173, KM 3.3	CIDRA	00639		1	58	0	4	0	1	1,024,427	Minor	R
11	PRASA - CULEBRA WWTP	PR0026549	SAN ISIDRO WARD, INTERIOR	CULEBRA	00775		2	0	0	0	0	0	0	Minor	R
12	PRASA - RONCADOR WTP	PR0026271	ROAD 603 KM 4.8	UTUADO	00641		1	11	0	4	0	1	1,024,427	Minor	R
13	PRASA CAYEY RWWTP	PR0025356	PR ROAD # 171	BO.RINCON OF CIDRA	00743	POT PRE	2	37	0	4	0	0	0	Major	R

#	Facility ID	NPDES ID	Street	City	Zip	Permit	Insp	Viol	SEV	SNC	I Enf	F Enf	Penalty	Uni	Selection
14	PRASA GUILARTE	PR0026191	CARR. 131 KM 2.5	ADJUNTAS	00601		1	0	0	0	0	1	1,024,427	Minor	R
15	PRASA JAGUA CEIBA WTP	PR0026841	PR 386 KM 5.6 INTERIOR	PENUELAS	00624		1	10	0	1	0	1	1,024,427	Minor	R
16	PRASA LA BOCA - BARRANQUITAS WTP	PR0026565	ROAD 749 KM 0.1 INTERIOR, LA BOCA SECTOR AT QUEBRA	BARRANQUITAS	00734		1	0	0	0	0	1	1,024,427	Minor	R
17	PRASA LAS DELICIAS FLT PLANT	PR0025216	STATE RD. # 149, KM 33.9	CIALES	00638		1	45	0	4	0	1	1,024,427	Minor	R
18	PRASA MINILLAS WTP	PR0026794	ROAD 174 KM. 21.6, BO. MULAS MINILLAS SECTOR	AGUAS BUENAS	00726		0	0	0	0	0	1	1,024,427	Minor	R
19	PRASA PUERTO NUEVO	PR0021555	J.F. KENNEDY AVE.	SAN JUAN	00926	POT PRE	4	21	0	4	0	0	0	Major	R
20	PRASA SAN GERMAN	PR0020818	PR ROAD # 360 KM. 1.4	SAN GERMAN	00683	POT PRE	2	50	0	4	0	0	0	Major	S
21	PRASA VIEQUES WWTP	PR0025453	ROAD NO. 993, KM 2.5	VIEQUES	00765		2	44	0	3	0	0	0	Minor	R
22	PRASA WTP CANOVANAS	PR0022420	ROAD 3, KM 14.3	CANOVANAS	00629		1	21	0	4	0	1	1,024,427	Minor	R
23	PRASA WTP CUBUY	PR0022462	ROAD 186, KM 8.5	CANOVANAS	00629		1	19	0	4	0	1	1,024,427	Minor	R
24	PRASA WTP GUAYAMA FILTER PLANT	PR0022578	CORNER OF J.M. & ANGELI STREET	GUAYAMA	00654		1	44	0	4	0	1	1,024,427	Minor	R
25	PRASA WTP LAJAS FILTER PLANT	PR0022985	INT ROAD 116 & 117	LAJAS	00667		1	44	0	4	0	1	1,024,427	Minor	R
26	PRASA WTP MONTE DEL ESTADO	PR0022934	ROAD 366, KM 11	MARICAO	00606		1	32	0	4	0	1	1,024,427	Minor	R
27	PRASA YABUCOA STP	PR0021717	STATE ROAD 901, KM 0.1	YABUCOA	00767	POT PRE	2	20	0	4	0	0	0	Major	R
28	PUERTO RICO ELECTRIC PWR AUTH	PR0001147	COSTA SUR PLANT	GUAYANILLA	00731		0	20	0	4	0	0	0	Major	R
29	SECONDARY SCHOOL ESPINO WARD	PR0024287	STATE ROAD 745, KM 0.2	SAN LORENZO	00754		1	44	0	4	0	0	0	Minor	R
30	UNION CARBIDE LLC	PR0000418	ROAD 337 KM. 1.1, BO. TALLABOA	PEUELAS	00624		0	12	0	2	0	0	0	Major	R

RCRA

#	Name	Program ID	Street	City	State	Zip	Eval	Viol	SNC	Inf	Frml	Penalty	Universe	Selection
1	AKZONOBEL PAINTS PUERTO RICO INC (ICI PAINTS PUERTO RICO INC	PRD059700435	65 INFANTRY AVE	CAROLINA	PR	00985	1	0	0	0	0	0	LQG	Rep
2	ALUMINIO DEL CARIBE	PRD090083478	PR STATE ROAD #3 KM 77.4	HUMACAO	PR	00791	1	3	0	2	0	0	LQG	Rep
3	ANTILLES POWER DEPOT	PRR000021774	RD 887 CORNER RD 860 BO	CAROLINA	PR	00987	1	0	0	0	0	0	SQG	Rep

#	Name	Program ID	Street	City	State	Zip	Eval	Viol	SNC	Inf	Frml	Penalty	Universe	Selection
4	CARIBBEAN AIRPORT FACILITIES INC	PRN008022154	150 ROAD SECTOR CENTRAL, SUITE	CAROLINA	PR	00979	0	0	0	0	1	0	CES	Rep
5	CARIBBEAN PETROLEUM REFINING LP	PRD000632182	INDUSTRIAL LUCHETTI	BAYAMON	PR	00961	1	0	0	0	0	0	TSD(LDF)	Rep
6	CESAR CASTILLO INC	PRR000018051	ROAD #1 KM 26.0	SAN JUAN	PR	00926	0	0	0	0	1	10000	LQG	Rep
7	DUPONT ELECTRONICS MICROCIRCUITS IND. LT	PRD980759443	HWY 686 KM 2.3	MANATI	PR	00674	1	0	0	0	0	0	LQG	Rep
8	ECOLOGIC PR RECYCLING INC	PRR000021691	CARR 2 MARGINAL KM 97.9	QUEBRADILLAS	PR	00678	1	0	0	0	0	0	LQG	Rep
9	ENVIRONMENTAL QUALITY LABORATORIES INC	PRD980526610	60 E ST MINILLAS INDUSTRIAL PA	BAYAMON	PR	00619	0	1	0	1	0	0	OTH	Rep
10	GE W&PT PONCE WAREHOUSE	PRR000021709	42 SALMON CALLE - AYALA WAREHO	PONCE	PR	00732	1	0	0	0	0	0	LQG	Rep
11	HOSPITAL DAMAS	PRR000014928	2213 PONCE BYPASS	PONCE	PR	00717	1	3	1	1	2	3200	CES	Rep
12	HOSPITAL METROPOLITANO DR SUSONI	PRR000021790	55 PALMA ST	ARECIBO	PR	00614	1	0	0	0	1	10000	SQG	Rep
13	HOSPITAL SAN CARLOS BORROMEO	PRR000021741	550 CALLE CONCEPCION VERA AYAL	MOCA	PR	00676	1	0	0	0	0	0	SQG	Rep
14	JUNKER DIAZ	PRN008021792	RD 1 KM 27.5	CAGUAS	PR	00926	1	0	0	0	0	0	OTH	Rep
15	LIFESCAN PRODUCTS LLC	PRR000018192	CALL BOX 31000	SAN ANTONIO	PR	00690	1	0	0	0	0	0	LQG	Rep
16	MECANICA DON POCHI	PRN008022246	AVE FERNANDEZ JUNCOS #1014	SANTURCE	PR	00907	1	1	0	1	0	0	OTH	Rep
17	PATHEON PUERTO RICO, INC.	PRD174050377	STATE RD. #1 KM 34.4	CAGUAS	PR	00726	1	3	1	1	1	0	LQG	Rep
18	PEPSI COLA MANUFACTURING INTL LTD	PRD987366044	STATE RD 171 KM 0.2	CIDRA	PR	00739	1	0	0	0	2	3000	LQG	Rep
19	PREPA - PALO SECO STEAM PLANT	PRD980644488	ROAD #165 KM 3.8 BO PALO SECO	TOA BAJA	PR	00949	1	10	1	1	0	0	SQG	Rep
20	ROCHE OPERATIONS LTD	PRD987373461	2875 PONCE BY PASS,	PONCE	PR	00728	1	5	1	1	0	0	LQG	Rep
21	SAFETY-KLEEN ENVIROSYSTEMS CO OF PR INC	PRD090399718	KM 51.2 HWY #2	MANATI	PR	00674	3	11	0	11	0	0	TSD(TSF)	Rep
22	SHERWIN-WILLIAMS #2844	PRR000022350	STATE RD 2 KM 56.5	BARCELONETA	PR	00617	1	0	0	0	0	0	SQG	Rep
23	TAPI PUERTO RICO, INC.	PRD090613357	HWY. #3, KM. 143	GUAYAMA	PR	00785	3	8	0	2	0	0	TSD(COM)	Rep
24	TOTAL PETROLEUM PUERTO RICO CORP	PRD980536007	STATE ROAD 28 KM 0.8	GUAYNABO	PR	00985	1	12	1	2	1	0	LQG	Rep
25	WARNER CHILCOTT COMPANY, LLC	PRD981086960	PR-195 KM. 1.1 UNION STREET	FAJARDO	PR	00738	1	0	0	0	0	0	LQG	Rep
26	DANA TRANSPORT	PRR000018259	9 DOWNE DR MARGINAL EXPRESSO R	BAYAMON	PR	00960	0	0	0	0	1	0	LQG	Rep

#	Name	Program ID	Street	City	State	Zip	Eval	Viol	SNC	Inf	Frml	Penalty	Universe	Selection
27	INTEGRATED WASTE MANAGEMENT	PRN008020158	0.25MI SE OF PRR-2 & PR-385	PENUELAS	PR	00624	1	0	0	0	1	0	CES	Rep
28	METROPOLITAN BUS AUTHORITY	PRD987375128	JOSE DE DIEGO AVENUE NO. 37	URB SAN FRANCISCO	PR	00927	1	0	0	0	1	0	CES	Rep
29	TOA BAJA MUNICIPALITY	PRN008016776	INGENIO CAMPANILLA BYPASS	TOA BAJA	PR	00951	1	0	0	0	1	31,600	OTH	Rep
30	NAVAL ACTIVITY PUERTO RICO	PR2170027203	NAVAL STATION ROOSEVELT RD	CEIBA	PR	00735	0	0	0	0	0	0	TSD(TSF)	Rep
31	US CUSTOM LABORATORY	PRD987380300	PUNTILLA ST 1	SAN JUAN	PR	00901	0	0	0	0	0	0	CES	Rep
32	VA CARIBBEAN HEALTHCARE SYSTEM	PR3360090010	10 CASIA STREET	RIO PIEDRAS	PR	00921	1	0	0	0	0	0	LQG	Rep

APPENDIX G: FILE REVIEW ANALYSIS

This section presents the initial observations of the region regarding program performance against file metrics. Initial findings are developed by the region at the conclusion of the file review process. The initial finding is a statement of fact about the observed performance, and should indicate whether the performance indicates a practice to be highlighted or a potential issue, along with some explanation about the nature of good practice or the potential issue. The File Review Metrics Analysis Form in the report only includes metrics where potential concerns or areas of exemplary performance are identified.

Initial findings indicate the observed results. They are preliminary observations and are used as a basis for further investigation. These findings are developed only after evaluating them against the PDA results where appropriate, and talking to the state. Through this process, initial findings may be confirmed, modified, or determined not to be supported. Findings are presented in Section IV of this report.

The quantitative metrics developed from the file reviews are initial indicators of performance based on available information and are used by the reviewers to identify areas for further investigation. Because of the limited sample size, statistical comparisons among programs or across states cannot be made.

Clean Air Act

Name of State: PREQB		Review Period: FY2010	
CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	20%	Facility data is mostly complete in AFS, however, applicable air programs and the associated pollutants, while typically correct in the facility file, are consistently incorrect in AFS. Pollutants that are not regulated by an air program or emitted by the facility are often listed in AFS. As a result, in many cases nonapplicable pollutants and air programs have an incorrect compliance status in AFS. CMS Source Category, CMS Frequency Indicator, pollutant classification and attainment status were rarely identified in the facility file.

Metric 4a	Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan were completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning evaluation coverage are to be discussed pursuant to the metrics under Element 5.	87%	PREQB nearly met commitments (inspecting 39 of 43 sources) according to their traditional CMS plan for majors, and is above the national average of 89.2%. For SM80s however, only 75% were inspected for the 5 FY CMS cycle (9 of 12 sources), which is below the national average of 92%.
Metric 4b	Delineate the air compliance and enforcement commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The compliance and enforcement commitments should be delineated.	N/A	See attachment for Metric 4b.
Metric 6a	# of files reviewed with FCEs.	10	--
Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	40%	6 of 10 FCEs were incomplete, lacking one aspect of a complete compliance evaluation (visible emission observations for 5 cases, and assessment of control equipment performance parameters for 1 case). The other 4 FCEs were well-documented.
Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	20%	Facility files were often missing one or two of the complete information requirements. Typically, compliance and enforcement history and/or observations and supporting documentation were missing.

Name of State: PREQB		Review Period: FY2010	
CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
Metric 7a	% of facility files reviewed that led to accurate compliance determinations.	70%	At facilities where FCEs were conducted, facility files and reports were reviewed to determine compliance. At facilities where FCEs were not conducted however, PREQB did not consistently review all documents, such as FY10 Title V annual certifications, that they received from the facilities within the same fiscal year. Also, some of the major facilities have yet to be issued Title V permits.
Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	91%	It appears that, in general, PREQB is entering non-HPV violations into AFS on-time. In one case violations were found in the Title V Annual compliance certification, but AFS shows the facility as being "in compliance." It is important to note that facilities whose Title V certifications were/will be reviewed late (not in FY10), violations which occurred in FY10 may have been missed.
Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	75%	PREQB appears to be appropriately identifying most HPVs. Based on the review, it appears that 3 facilities should have been classified as HPV under Criteria #7. According to PREQB, their legal department does not consider late submittal of documents that determine compliance a violation and give the facility a chance to submit documentation late to show compliance. PREQB is trying to remedy this, and is now incorporating late submittal as a violation in their Title V permits.
Metric 9a	# of formal enforcement responses reviewed.	4	There is currently at least 1 enforcement action that PREQB has not gotten through through their legal department. Followup needed to ensure actions are issued.
Metric 9b	% of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame.	100%	All of the formal enforcement responses included the required corrective action.
Metric 10b	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	0%	The formal enforcement response for the HPV reviewed was not addressed within 270 days of Day Zero (Day Zero 3/26/09; AO issued 2/19/10). Note that only 1 formal enforcement order for an HPV was reviewed.
Metric 10c	% of enforcement responses for HPVs appropriately addressed.	0%	The formal enforcement response for the HPV was withdrawn due to an administrative error by PREQB. Note that only 1 formal enforcement order for an HPV was reviewed.

Name of State: PREQB		Review Period: FY2010	
CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	0%	None of the formal enforcement actions showed how the penalties were determined. PREQB does not appear to be using EPA's penalty policy, and it is unclear how PREQB determines penalties. No gravity or economic benefit appeared to be included. Note that only 1 formal enforcement order for an HPV was reviewed.
Metric 12c	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	0%	No explanation was given for the difference in initial and final penalty amounts.
Metric 12d	% of files that document collection of penalty.	67%	Two of three files documented that payment had been received from the facilities.

Clean Water Act

CWA Metric #	Description	Metric Value	Assessment	Initial Findings
2b	% of files reviewed where data is accurately reflected in the national data system	66.7%	State Improvement	Single Event Violations and Compliance/Permit Schedule Violations are not being entered in ICIS-NPDES. There are also some DMR NR violations that should be manually corrected.
6a	# of inspection reports reviewed	32		
6b	% of inspection reports reviewed that are complete	100.0%	Meets Requirements	R2 conducts a large number of annual inspections. In many instances 3 inspections reports were included in the review period. The reports are well organized, accurate and thorough, and include documentation leading to accurate compliance determinations. They are completed and transmitted in a timely manner .
6c	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination	100.0%	Meets Requirements	
6d	% of inspection reports reviewed that are timely	87%	Meets Requirements	
7e	% of inspection reports or facility files reviewed that led to accurate compliance determinations	100.0%	Meets Requirements	

CWA Metric #	Description	Metric Value	Assessment	Initial Findings
8b	% of single event violation(s) that are accurately identified as SNC or non-SNC	100.0%	Meets Requirements	Inspection reports include accurate and thorough information sufficient to correctly identify SEVs in a timely manner.
8c	% of single event violation(s) identified as SNC that are reported timely	100.0%	Meets Requirements	
9a	# of formal/informal enforcement responses reviewed	19		There is every indication that the facilities impacted by a major consent decree (PRASA) will return to compliance by the milestones identified in the compliance schedule for the consent decree.
9b	% of enforcement responses that have returned or will return a source in noncompliance to compliance	100.0%	Meets Requirements	
9c	% of enforcement responses that have returned or will returned a source with non-SNC violations to compliance.	100.0%	Meets Requirements	
10b	% of reviewed enforcement responses to address SNC that are taken in a timely manner	100.0%	Meets Requirements	
10c	% of enforcement responses reviewed that appropriately address violations	100.0%	Meets Requirements	
10d	% of enforcement responses reviewed that appropriately address non-SNC violations.	100.0%	Meets Requirements	There is documentation to confirm that all penalties considered gravity, economic benefit, and the rationale between initial and final assessed penalties.
10e	% enforcement responses for non-SNC violations where a response was taken in a timely manner	100.0%	Meets Requirements	
11a	% of penalty calculations that consider and include where appropriate gravity and economic benefit	100.0%	Meets Requirements	
12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty	100.0%	Meets Requirements	
12b	% of enforcement actions with penalties that document collection of penalty	100.0%	Meets Requirements	

RCRA

State: Puerto Rico

Review Period: FY 2010

RCRA Metric #	Description	Metric Value	Initial Findings	Details
2c	% of files reviewed where mandatory data are accurately reflected in the national data system	72.0%	Area for Attention	A few facility status characterizations (LQG, SQG) need to be corrected in RCRAInfo. EPA needs to help EQB correct data/respond to their requests. EQB needs to enter multi-day CEIs as one CEI, not several
6a	# of inspection reports reviewed	25		
6b	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility	92.0%	Meets Requirements	EQB could describe facility layout better. EQB could document return to compliance better. Both agencies did a good job describing reg provisions, how they apply and what the facility did or didn't do to comply
6c	% of timely inspection reports reviewed	44.0%	Area for Improvement	EQB should have a policy/SOP for completing inspection reports in a certain time frame. EPA needs to meet their timeliness policy
7a	% of accurate compliance determinations based on inspection reports	95.2%	Meets Requirements	
7b	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days).	64.7%	Area for Improvement	Because reports are not timely, determinations are not timely. Some are left "undetermined" for long periods of time.
8d	% of violations in files reviewed that were accurately determined to be SNC	100.0%	Meets Requirements	
9a	# of enforcement responses reviewed	10		
9b	% of enforcement responses that have returned or will return a source in SNC to compliance	70.0%	Meets Requirements	
9c	% of enforcement responses that have or will return Secondary Violators (SV's) to compliance	63.6%	Meets Requirements	
10c	% of enforcement responses reviewed that are taken in a timely manner	50.0%	Area for Improvement	reports are not timely, so actions can't be taken timely
10d	% of enforcement responses reviewed that are appropriate to the violations	92.3%	Area for Attention	NOVs not taken by EPA.
11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit	42.9%	Meets Requirements	EQB does not have objective process for determining penalties

RCRA Metric #	Description	Metric Value	Initial Findings	Details
12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty	100.0%	Meets Requirements	
12b	% of files that document collection of penalty	100.0%	Best Practice	

APPENDIX H: CORRESPONDENCE

N/A