

**February 10, 2010**

**South Carolina Department  
of Health & Environmental Control**

**Final State Review Framework Report – Round 2  
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## I. EXECUTIVE SUMMARY

In the fall of 2008, the Environmental Protection Agency (EPA) initiated the second State Review Framework (SRF) evaluation of the South Carolina Department of Health & Environmental Control (SCDHEC). The SRF is a program designed to ensure EPA conducts oversight of state compliance and enforcement programs for the Resource Conservation & Recovery Act (RCRA) Subtitle C program, the Clean Water Act (CWA) National Pollutant Discharge Elimination System (NPDES) program and the Clean Air Act (CAA) Stationary Source program in a nationally consistent and efficient manner. The first SRF evaluation at SCDHEC took place in 2004 as one of the national pilot states for the assessing the SRF process before implementing it more broadly across the rest of the states. The second SRF evaluation is based on FY2007 compliance and enforcement activities.

SRF evaluations 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 the following three phases: (1) analyzing information from the national data systems, (2) reviewing a limited set of state files, and (3) 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 SRF 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. SRF Reports are not used to compare or rank state programs.

### A. Major State Priorities and Accomplishments

The SRF is designed to evaluate specific compliance and enforcement elements, and there may be state priorities and accomplishments that are not captured in the SRF findings. EPA acknowledges the efforts by South Carolina that contribute to the mutual goals of ensuring compliance and promoting environmental stewardship. The following South Carolina priorities and accomplishments were provided by the state:

#### *Compliance Assistance*

SCDHEC has always maintained very robust compliance assistance efforts. These efforts are incorporated in the Air, Water and Land and Waste Bureaus, as well as the eight Regional Offices, which are in the Bureau of Environmental Services. Environmental Quality Control (EQC) Administration also houses the Small Business Environmental Assistance Program, the Center for Waste Minimization, which is the agency’s non-regulatory, pollution prevention technical assistance office, and the Enforcement and Compliance Assistance Coordinator position.

SCDHEC/EQC also has cross-media committees for both enforcement and compliance. These committees are comprised of the respective directors, section managers and select staff from all four bureaus and EQC Administration. The compliance committee is responsible for coordinating compliance assistance activities identified by the enforcement committee, program staff and/or management.

Another very successful initiative has been the Environmental Assistance Conferences which SCDHEC has hosted annually since 2006. This full-day conference is targeted to regulated facilities with a variety of environmental compliance topics designed to promote a deeper knowledge of regulations and expectations. These topics include: Title V Annual Compliance Certifications, routine record keeping and reporting, source testing, stormwater permitting and compliance, hazardous and universal waste management, industrial wastewater, other common compliance issues, as well as information on enforcement, voluntary disclosure and recycling. SCDHEC personnel provide attendees with the most current regulatory information and the opportunity to ask questions of SCDHEC's technical experts. The regulated community has found this event to be very informative, as is evidenced by the event reaching maximum capacity each year.

In January 2006, SCDHEC created the COMPASS web page to consolidate and house compliance information and activities: <http://www.scdhec.gov/environment/admin/Compass/index.htm>. Included on the web site are forms and instructions, guidance documents, points of contact, training opportunities, outreach activities, on-site technical assistance information, as well as information regarding financial assistance. From 2006 to the present, the site has received in excess of 24,000 hits.

The Bureau of Land and Waste Management uses the delivery of new EPA ID numbers to new RCRA notifiers as an opportunity to offer technical assistance and compliance assistance. Once a new EPA ID number has been assigned to a handler, the regional inspector will deliver the Hazardous Waste Reporting forms packet and offer compliance assistance. The packet also includes information on the non-regulatory, confidential services of the Center for Waste Minimization, the Department's pollution prevention and compliance assistance office.

### ***Public Participation***

One of SCDHEC's priorities during the SRF review period was and remains public participation. From the beginning of the permitting process through routine compliance evaluations, SCDHEC focuses on maintaining public awareness of activities at regulated facilities. SCDHEC has held numerous public meetings to discuss monitoring efforts, inspections findings, and overall compliance statuses at facilities with public concern. Recently SCDHEC assisted several facilities across the State in establishing community advisory panels to encourage direct communication between the facility and neighboring communities.

The CAA does not require the establishment of citizen advisory groups; however, the Bureau of Air Quality has helped to set up many of these groups across the State to address citizen complaints and concerns about existing facilities and new proposed plants. A few

examples of the types of facilities where citizen advisory groups have been established include: a coal ship unloading and storage facility near several minority neighborhoods to address dust complaints and health concerns about mobile source emissions; a chemical distribution facility that had an ammonia release resulting in a fatality of a citizen driving by the plant; and several paper mills with many odor complaints from neighbors. In all of these cases, communication between the citizens, the Department, and the regulated facilities has greatly improved as a result of citizen advisory group meetings. Many compliance improvements have been implemented at these facilities based on citizen feedback.

Presently all of the Department of Defense sites have Restoration Advisory Boards that are the same as community advisory groups. They hold quarterly meetings with the community members surrounding the bases. Information and updates on all environmental issues are discussed along with a question and answer session for each meeting.

Also, the RCRA program has revised its Standard Operating Procedures on Public Participation to provide consistent and appropriate public outreach for each RCRA facility in the State. This includes setting up standardized letters and public notices to include plain language. Both the Bureau of Air Quality and Bureau of Land and Waste Management have full-time Public Participation Coordinators that assist the Bureaus with public participation education and finding ways to include public participation in all program functions including compliance. While the Bureau of Water did have a Public Participation Coordinator, this position was lost during recent budget cuts. However, the Bureau remains committed to public participation principles and incorporates it within their process when appropriate. The Public Participation Coordinators also work closely with the three EQC Community Liaisons located throughout the state that work directly with citizens groups to address community concerns.

### ***Inspections & Enforcement***

SCDHEC has remained vigilant in its effort to ensure accountability in every aspect of the compliance and enforcement programs. This has been a priority of Department management for many years and is an area where continuing improvement is expected each year.

SCDHEC prioritizes its inspection and compliance activities based on several factors including sector specific compliance issues and national guidance. SCDHEC utilizes information gathered during routine inspections and compliance investigations to determine what industrial sectors or regulatory schemes may require additional focus during the coming year. This may result in increased inspection frequency or targeted compliance assistance activities. As evident by the comments in the SRF, SCDHEC routinely exceeds its inspection commitments and national goals each year. Accountability is also evident in the evaluation of enforcement activities where SCDHEC has been cited for seeking effective resolutions to very complex compliance issues. This is further illustrated by noncompliance rates below the national average for the major sources evaluated by the SRF.

**Media-specific priorities:**

- During the review period, SCDHEC's Air Program adjusted its commitment for Full Compliance Evaluations at major sources to allow for additional resources aimed at minor sources. SCDHEC has recognized a higher rate of record keeping and paperwork issues at minor sources lacking the technical expertise to maintain compliance with increased permitting requirements. SCDHEC has increased the frequency of minor source inspections from once every three years to every other year for a majority of minor sources.
- CAA Area Source Workshops/Guidance – SCDHEC conducts several workshops for area source rules each year. These workshops provide an opportunity for SCDHEC staff and regulated industries to become familiar with new Area Source MACT rules. SCDHEC has also completed fact sheets and information packets for distribution to inspectors and facilities.
- Innovation in CAA Enforcement – SCDHEC was able to go “outside the box” to achieve groundbreaking resolutions to one specific noncompliance situation during the SRF review period. In a case where emissions from a new process exceeded the major source threshold for PSD, SCDHEC was not only able to require a new permitting action and collect a substantial civil penalty, but was also able to implement *environmental neutrality* and ensure future emission reductions commensurate with the excess emissions generated at the facility.
- In 2008, the South Carolina General Assembly approved annual fees for large and small quantity generators. SCDHEC has used the implementation of the fees as an opportunity to provide compliance assistance on the notification requirements for changes in generator status. In coordination with the regional inspectors, it has also led to compliance visits to verify the accuracy of changes in generator status.
- SCDHEC is working to implement an initiative that allows hazardous waste inspectors to utilize laptops with an electronic hazardous waste inspection form. The initiative is currently in testing status in the SCDHEC Region 4 Sumter Office
- SCDHEC continues to utilize quarterly meetings to bring together central office compliance and inspection staff with hazardous waste inspectors from across the state to share information, discuss issues, and ask questions. This is an ongoing effort to ensure consistency across the state for the compliance monitoring program. EPA Region 4 program staff attend the annual “kick-off” meeting in October. This enables federal regional program staff an opportunity to participate in ongoing training and become familiar with priorities/challenges/program implementation activities planned during the federal workplan year. SCDHEC also continues to offer basic enforcement training to ensure consistent enforcement approaches across EQC. Training encompasses inspections, enforcement response, administrative appeals, FOI request processing, and review and determination of voluntary disclosure requests.
- In the CWA program, SCDHEC was able to utilize flexibility offered in inspection scheduling to place more emphasis on permitted facilities other than majors. During the review period, SCDHEC conducted more stormwater related inspections than had been possible in the past.
- The CWA program also formed a wastewater committee, comprised of a representative group of regional inspectors and central office program staff, which meets regularly to discuss issues being faced in the field and develop solutions for addressing those issues. Discussions include how one region has had success in dealing with a particular problem,

which gives other regions tools to utilize in similar situations. The regular meeting has helped improve compliance inspection efficiency and the delivery of technical and compliance assistance.

## B. Summary of Results

South Carolina implements effective compliance and enforcement programs. In all media, files reviewed showed that state actions effectively returned facilities to compliance through appropriate enforcement actions. For example, when environmental noncompliance was identified, the state ensured that the violating facilities implemented steps to prevent pollution from recurring, took actions to clean up contamination, or other steps needed to further protect the public and the environment. Also in the area of inspection and enforcement commitments under grant workplans and agreements, South Carolina consistently met or exceeded their goals for the CAA, CWA and RCRA programs.

EPA believes that SCDHEC also had program areas where, with the implementation of a few improvements, the state's performance would be strengthened. It should be noted that South Carolina had already implemented several improvements for these elements at the time of the SRF evaluation in the fall of 2008. These are discussed in more detail in the SRF findings below.

- ◆ **Recommendations from Round 1** – At the conclusion of the SRF Round 1 evaluation, the actions and milestones for the implementation of the ten SRF recommendations were agreed upon between the SCDHEC and EPA. The Round 2 evaluation indicated that nine of the ten recommendations were fully completed by the state. There is one remaining issue regarding RCRA penalty documentation (see findings for RCRA Element 12).
- ◆ **Summary of Round 2 Results** - The findings for the SCDHEC Round 2 SRF evaluation are listed below, by media, for Elements 1 through 12. For each Element, a finding is made in one of the four following categories:
  - **“Meets SRF Program Requirements”** – This indicates that no issues were identified for that element.
  - **“Area for State Attention”** – For this category, the SRF data metrics and/or the file reviews indicate that activities, processes, or policies are being implemented with minor deficiencies that would benefit from state attention to in order to strengthen its performance, but are not significant enough to require the region to identify and track state actions to correct. This can describe a situation where a state is implementing either EPA or state policy in a manner that requires self-correction to resolve concerns identified during the review. These are single or infrequent instances that do not constitute a pattern of deficiencies or a significant problem. These are minor issues that the state should self-correct without additional EPA oversight.
  - **“Area for State Improvement”** – The SRF data metrics and/or the file reviews indicate that activities, processes, or policies that are being implemented by the state have problems that need to be addressed and that are significant enough to require follow-up EPA oversight. This can describe a situation where a state is implementing either EPA or

state policy in a manner requiring EPA attention. For example, these would be areas where the metrics indicate that the State is not meeting its commitments, there is a pattern of incorrect implementation in updating compliance data in the data systems, there are incomplete or incorrect inspection reports, and/or there is ineffective enforcement response. These would be significant issues and not merely random occurrences. Recommendations are required for these problems, and should have well-defined timelines and milestones for completion. The recommendations will be monitored in the SRF Tracker.

- “Good Practice” – The SRF data metrics and/or the file reviews indicate that activities, processes, or policies are being implemented exceptionally well and the state is expected to maintain them at a high level of performance. This may include specific innovative and noteworthy activities, processes, or policies that have the potential to be replicated by other states and that can be highlighted as a practice for other states to emulate. No further action is required by either EPA or the State.

#### ◆ **CAA Results Summary**

- Meets SRF Program Requirements – In the CAA SRF evaluation, the following elements met the SRF program requirements:
  - Element 2 - Data Accuracy
  - Element 4 - Completion of Commitments
  - Element 5 - Inspection Coverage
  - Element 6 - Quality of Inspection or Compliance Evaluation Reports
  - Element 7 - Identification of Alleged Violations
  - Element 8 - Identification of SNC and HPV
  - Element 9 - Enforcement Actions Promote Return to Compliance
  - Element 11 - Penalty Calculation Method
  - Element 12 - Final Penalty Assessment and Collection
- Area for State Attention – There was one minor area identified for state attention:
  - Element 10 - Timely and Appropriate Action
- Area for State Improvement - There were two CAA Elements where a recommendation for state improvement was identified in the SRF evaluation:
  - Element 1 - Data Completeness
  - Element 3 - Timeliness of Data Entry

#### ◆ **CWA Results Summary**

- Meets SRF Program Requirements – In the CWA SRF evaluation, the following elements met the SRF criteria:
  - Element 4 - Completion of Commitments
  - Element 5 - Inspection Coverage
  - Element 9 - Enforcement Actions Promote Return to Compliance
  - Element 10 - Timely and Appropriate Action

- Element 11 - Penalty Calculation Method
- Element 12 - Final Penalty Assessment and Collection
- Area for State Attention - There were three minor areas that were identified for state attention:
  - Element 2 - Data Accuracy
  - Element 7 - Identification of Alleged Violations
  - Element 8 - Identification of SNC and HPV
- Area for State Improvement - There were two CWA Elements where a recommendation for state improvement was identified in the SRF evaluation:
  - Element 1 - Data Completeness
  - Element 6 - Quality of Inspection or Compliance Evaluation Reports

For CWA Element 3 – Timeliness of Data Entry, the OECA data reports were not available so this Element was not evaluated during SRF Round 2.

#### ◆ RCRA Results Summary

- Meets SRF Program Requirements – In the RCRA SRF evaluation, the following elements met the SRF program criteria:
  - Element 1 - Data Completeness
  - Element 3 - Timeliness of Data Entry
  - Element 4 - Completion of Commitments
  - Element 7 - Identification of Alleged Violations
  - Element 9 - Enforcement Actions Promote Return to Compliance
- Area for State Attention – There were four minor issues identified for state attention:
  - Element 2 - Data Accuracy
  - Element 5 - Inspection Coverage
  - Element 6 - Quality of Inspection or Compliance Evaluation Reports
  - Element 8 - Identification of SNC and HPV
- Area for State Improvement - There were three RCRA Elements where recommendations for state improvement were identified in the SRF evaluation:
  - Element 10 - Timely and Appropriate Action
  - Element 11 - Penalty Calculation Method
  - Element 12 - Final Penalty Assessment and Collection

### **C. Major Cross-Media Findings and Recommendations**

There were no issues identified in the SRF evaluation that were common across all three media.



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

### A. General Program Overview

#### Agency Structure

SCDHEC was created in 1973 with the mission to promote and protect the public health and the environment. SCDHEC programs and services fall under four general areas: Environmental Quality Control, Health Services, Health Regulations, and Ocean and Coastal Resource Management.

The Office of Environmental Quality Control (EQC) is the environmental regulatory arm of SCDHEC. EQC is responsible for the enforcement of federal and state environmental laws and regulations, and for the issuing of permits, licenses and certifications for activities that may affect the environment. EQC is comprised of the following four Bureaus:

- **Bureau of Land & Waste Management (BLWM)** – The responsibilities of BLWM include: the management and coordination of all mining and waste-related activities throughout the state; implementation of corrective action for contaminated sites including state and federal superfund sites, underground storage tanks, hazardous waste facilities and dry cleaning facilities; and coordination of statewide environmental emergency response activities. Within BLWM, the RCRA Subtitle C enforcement and compliance activities are managed by the Division of Compliance and Enforcement, which includes three sections: Hazardous Waste Enforcement, Data Management & Planning; Solid & Hazardous Waste Compliance; and Solid Waste, Radioactive Waste, Mining and Underground Storage Tank Enforcement.
- **Bureau of Water (BOW)** - The Bureau of Water is comprised of six Divisions. The CWA NPDES enforcement and compliance activities are managed by the Division of Water Pollution Control, which includes four sections: Water Pollution Compliance, Water Pollution Enforcement, Information Services, and Data Administration. The Water Pollution Enforcement Section functions to carry out enforcement actions involving all aspects of public wastewater system compliance, stormwater and sediment control compliance, mining activities and dams compliance.
- **Bureau of Air Quality (BAQ)** - BAQ is the delegated authority for stationary source permitting. The Bureau offers assistance to facilities to improve compliance with permitting and regulatory requirements and ensures that resources are used in the most effective manner. CAA stationary source enforcement and compliance activities within this Bureau are managed by the Division of Air Compliance Management. This Division conducts compliance assistance and compliance assurance activities through routine monitoring and review of operational and emissions reports, implementation of the State's asbestos program, and initiation of enforcement when appropriate. The Division is comprised of four sections: Technical Management; Source Evaluation; Asbestos; and Enforcement.

- **Bureau of Environmental Services** – The Bureau of Environmental Services’ responsibilities covers four areas: Regional Offices; the EQC Laboratories; the Office of Environmental Laboratory Certification; and the State Quality Assurance Management Office. The Regional Offices are comprised of twelve Field Offices located in eight Regions. These Offices provide a wide range of support to the other EQC Bureaus, the public, and the regulated community. The majority of compliance inspections, monitoring activities, technical assistance, and response to complaints are conducted by the regional offices.

### **Compliance/Enforcement Program Structure**

The Bureaus listed above conduct compliance assurance and enforcement activities; there is no centralized multimedia enforcement office at SCDHEC. The state’s main office in Columbia is largely responsible for policy decisions, guidelines, regulatory interpretations, informal and formal enforcement actions, while the regional offices conduct compliance assurance activities and some informal enforcement actions. All offices conduct compliance assistance activities through individual outreach or through specific efforts for a particular sector, geographic area, etc.

### **Roles and Responsibilities**

SCDHEC has the authority to pursue both informal and formal administrative enforcement actions, as well as assess penalties for violations of state environmental regulations. The policy for governing enforcement procedures for SCDHEC’s environmental programs is established in the “Uniform Enforcement Policy for the Office of Environmental Quality Control” (dated September 9, 1999). The state typically addresses violations administratively through informal and/or formal enforcement actions (orders). If an enforcement order is determined to be the appropriate response for alleged violation(s), an opportunity for negotiating a consent order is offered to the violator. If a consent order cannot be reached, the state may issue a unilateral administrative order, which the Respondent may request be reviewed by the SCDHEC Board. The state also has the option to refer cases to the SCDHEC Office of Criminal Investigations. While SCDHEC does not have criminal prosecutorial authority, criminal cases developed by the Office of Criminal Investigations are referred to and prosecuted by the U.S. Attorney, the State Attorney General or the local solicitor for the county where the illegal activity occurred. The Department also has authority to institute civil legal proceedings, including an injunction, to compel environmental compliance with Department decisions, permits, and orders.

### **Local Agencies Included/Excluded from Review**

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

## **Resources**

The resources below represent the Full Time Equivalent (FTE) positions at SCDHEC for the implementation of the state's compliance monitoring and enforcement programs:

### CAA Resources (Stationary Sources):

- FTE - Columbia (current) - BAQ has 28 staff dedicated to stationary source compliance and enforcement activities. These activities include, but are not limited to, facility inspections, compliance report reviews, compliance database management, report review and writing, compliance assistance and outreach, enforcement order writing, enforcement conferences, and penalty negotiations. This number does not include the Asbestos personnel since that program is not evaluated as part of this review.
- FTE - Regional Offices (current) – BAQ utilizes 22 staff within the eight Regional Offices to perform compliance assistance and compliance monitoring activities. These activities include, but are not limited to, facility inspections, report writing, complaint investigations, compliance assistance, and enforcement activities.

### CWA Resources (NPDES):

- FTE - Columbia (current) - BOW has 10 staff dedicated to enforcement activities and 6 dedicated to compliance activities. Two FTEs are dedicated to entry of DMR data, data uploads and review of the PCS edits.
- FTE – Regional Offices (current): There are 19.48 FTEs in the 8 Regional Offices support water enforcement and compliance activities, plus an additional 4.49 FTEs are dedicated to lab activities for the water program.

### RCRA Resources (Subtitle C):

- FTE - Columbia (current) - BLWM has 17 staff assigned to hazardous waste regulatory compliance and enforcement activities. Of these, 8.65 FTEs are funded by the RCRA portion of the Performance Partnership Grant (PPG). These activities include, but are not limited to, inspections of conditionally exempt small quantity generators, small quantity and large quantity generators, treatment, storage and disposal facilities and non-notifiers; compliance assistance and outreach; compliance/enforcement/permitting/corrective action/financial assurance database management; the review and writing of reports; administrative civil enforcement actions (including Notices of Alleged Violation, enforcement conferences, and penalty assessment and negotiations); financial assurance record monitoring and reviews and coordination with and/or assistance to Region 4 EPA staff.
- FTE - Regional Offices (current) – There are 12 staff within the eight Regional Offices support the RCRA compliance and enforcement activities through compliance assistance; compliance monitoring generator, facility and non-notifier inspections; report writing; complaint investigations; compliance assistance; and enforcement activities. There are 4.80 FTEs funded by the RCRA portion of the PPG.

### Resource Constraints:

- CAA - As with most state agencies, SCDHEC is experiencing a limited budget compared to years past. The main source of funding for the CAA comes from operating permit emissions

fees, as well as funding from EPA CAA §105 grants. However due to the current economic situation, many sources are limiting their production, which in turn lowers emissions fees for the state. SCDHEC's CAA program receives very limited state appropriations..

- CWA - The CWA program is heavily dependant on state dollars. State funding reductions, combined with static/reduced federal dollars has forced the water program to make cuts in its compliance presence in the field. The BOW has had to reduce or modify its ambient monitoring program as well as reduce the number of facility sampling inspections conducted due to the reductions in laboratory capabilities.
- RCRA - The RCRA enforcement program experienced significant staff turnover during the review period resulting in a shortage of enforcement staff during most of the review period. Despite the lack of personnel resources, the program met its grant commitments.

### **Staffing / Training**

- CAA – Currently the SCDHEC's CAA program has four vacancies. Additionally, there has been a hiring freeze for 6 months. Basic training is provided for all new staff related to work responsibilities. All salaries are primarily fee- and grant-funded.
- CWA – The program has been impacted by budget reductions across the Water Program. This includes Regional staff. The foreseeable future indicates that the Program may be impacted until the State's budget is stabilized. Many staff are split-funded to achieve the maximum benefit of the employee. The State has been in a temporary hiring freeze for six (6) months. Besides basic job related training offered to all staff, water program staff attend more program specific training, such as the NPDES Inspection course, as they are offered.
- RCRA – Currently, the BLWM program is fully staffed. However, the agency is under a hiring freeze, and vacancies due to staff turnover may not be filled unless approved as a “critical need” position. Basic training is provided to all new staff. Due to large staff turnover, the majority of the staff is inexperienced in corrective action and permitting. The greatest need is for training in remediation system design, operation, maintenance of remediation systems, as well as realistic corrective action cost estimates. In addition, there is a need for training in risk assessment, BEN/ABLE, negotiation skills and basic RCRA.

### **Data Reporting Systems/Architecture**

SCDHEC utilizes its Environmental Facility Information System (EFIS), a flexible centralized information management system that integrates the permitting, financial, inventory, complaint tracking, document processing, sampling and monitoring, and violation/enforcement information necessary to produce a streamlined process for the issuance and subsequent tracking of permits and associated regulatory activities.

EFIS consists of multiple core components (modules) that are fully integrated with vertical applications. The Core modules provide a centralized repository of information about companies, people, permits and projects. Vertical applications are modular extensions to the core and fully integrated with the core, providing the following functions:

- Permitting/licenses
- Incidents/Complaint Tracking
- Sampling and monitoring

- Compliance
- Referrals
- Violations
- Enforcement actions
- Financial subsystem
- Tasks
- Document processing
- Reporting
- Monitoring Reports
- Emissions Inventory

CAA - A majority of the Minimum Data Requirements are entered into EFIS. However, the development of EFIS is still underway and all aspects of the program are not contained within the database at this time. Most metrics are entered by one person in the central office but there are a few that are entered by personnel in other parts of the program. The main data person also is responsible for ensuring the data is batch uploaded to EPA once per month (South Carolina has recently changed the frequency to every two weeks to avoid timing issues related to EPA's guidelines). Previously batch uploads were done through I-Steps but currently they are performed directly from EFIS. As with any new process, the transition to EFIS has created some issues with data transfer. The state has and will continue to address those deficiencies as they are identified.

CWA – South Carolina is a full batch state for submitting data to the national EPA Permit Compliance System (PCS) database. All inspection and enforcement data as well as Discharge Monitoring Reports (DMRs) and permitting information is entered into EFIS. Twice per week, an upload file is created and sent to PCS. PCS generates an edit file identifying all accepted and rejected data from the upload. Those edit files are reviewed and corrections made to the information for the next upload. Data transfer problems have been a long-standing issue going back prior to EFIS.

RCRA - While South Carolina's hazardous waste management program utilizes EFIS for the core functions, applicable data is entered directly into the national RCRA data base, RCRAInfo.

## **B. Process for SRF Review**

The South Carolina SRF Round 2 was initiated with a September 12, 2008, kick-off letter to the SCDHEC EQC Deputy Commissioner from the EPA Region 4 Regional Counsel and Director of the Office of Environmental Accountability (OEA). The kick-off letter was followed up with a face-to-face meeting at SCDHEC EQC offices on October 2, 2008. During this meeting, the expectations and procedures of the SRF were reviewed and a tentative schedule for the SRF process was discussed. The EPA SRF review team was also present at this meeting. On October 22, 2008, the Preliminary Data Analysis and File Selections for all three media were sent to the state. During the week of November 3-7, 2008, the onsite file reviews for each media

took place at the individual SCDHEC Bureau offices in Columbia, South Carolina. The fiscal year of the SCDHEC SRF review was FY2007.

State and EPA Region 4 Contacts:

	<b>South Carolina</b>	<b>EPA Region 4</b>
SRF Coordinators	Robin Stephens – EQC Administration	Shannon Maher – OEA (SRF Coordinator) Steve Hitte - OEA
CAA	Keith Frost – BAQ Randy Stewart - BAQ	Mark Fite - OEA Kevin Taylor & Stephen Rieck - Air, Pesticides & Toxics Management Division
CWA	Glenn Troffater - BW Robin Foy - BW	Shelia Hollimon – OEA Amanda Driskell – Water Protection Division
RCRA	Cheryl Coleman - BLWM LaTonya Derrick – BLWM Clyde Buchanan - BLWM	Connie Raines - OEA Alan Newman - RCRA Division

### III. OUTSTANDING STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

At the conclusion of the SRF Round 1 evaluation, the actions and milestones for the implementation of the ten SRF recommendations were agreed upon between the SCDHEC and EPA. The Round 2 evaluation indicated that nine of the ten recommendations were fully completed by the state. There is one remaining issue regarding RCRA penalty documentation (see findings for RCRA Element 12). In Round 1 of the SRF, EPA made the recommendation that the South Carolina RCRA program “provide penalty documentation and consider the implementation of a policy that would include all penalty support documentation in the case file, consistent with EPA guidance.” In Round 2, incomplete penalty documentation was identified as a continuing concern.

### IV. FINDINGS

The findings for the SCDHEC Round 2 SRF evaluation are listed below, by media, for Elements 1 through 12.

#### CAA Program

<b>CAA Element 1 – Data Completeness</b>	
<b>Degree to which the Minimum Data Requirements are complete.</b>	
Finding:	South Carolina has ensured that all Minimum Data Requirements (MDRs) were entered into the Air Facility Subsystem (AFS), with the exception of NSPS and NESHAP subprogram designations.
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice

<p>Explanation:</p>	<p>In the Preliminary Data Analysis (PDA), the state met the national goal of 100% for Metrics 1h1, 1h2, and 1h3, which measure completeness in reporting of HPV-related minimum data requirements (MDRs). The state’s actual results for Metrics 1c4, 1c5, and 1c6 were not available at the time of the PDA because of data problems in the original data metrics. These metrics measure the extent to which the state entered the NSPS, NESHAP, and MACT subprogram designations into AFS. This information became an MDR for sources with full compliance evaluations (FCEs) conducted after 10/1/05. A subsequent pull of the 2007 data for these metrics indicates the state has generally been populating MACT subprogram designations (metric 1c6 is 96.3%). However, the results for Metric 1c4 (41.4%) and Metric 1c5 (6.9%) indicate that additional work is needed in reporting NSPS and NESHAP subprogram information. The state reported that they were unaware of the need to add the subprogram designation to NESHAP, MACT, NSPS Air Program pollutant level screens, thinking that coding as an FCE would populate down to the subpart screens.</p>																					
<p>Metric(s) and Quantitative Value:</p>	<table border="1"> <thead> <tr> <th data-bbox="440 783 1182 814">Data Metric</th> <th data-bbox="1182 783 1279 814">Goal</th> <th data-bbox="1279 783 1409 814">State</th> </tr> </thead> <tbody> <tr> <td data-bbox="440 821 1182 888">1c4 - % NSPS Facilities with subprogram designation:</td> <td data-bbox="1182 821 1279 888">100%</td> <td data-bbox="1279 821 1409 888">41.4%</td> </tr> <tr> <td data-bbox="440 894 1182 961">1c5 -% NESHAP facilities with subprogram designation</td> <td data-bbox="1182 894 1279 961">100%</td> <td data-bbox="1279 894 1409 961">6.9%</td> </tr> <tr> <td data-bbox="440 968 1182 1035">1c6 - - % MACT facilities with subprogram designation</td> <td data-bbox="1182 968 1279 1035">100%</td> <td data-bbox="1279 968 1409 1035">96.3%</td> </tr> <tr> <td data-bbox="440 1041 1182 1108">1h1 - HPV Day Zero Pathway Discovery date: Percent DZs reported after 10/1/05 with discovery</td> <td data-bbox="1182 1041 1279 1108">100%</td> <td data-bbox="1279 1041 1409 1108">100%</td> </tr> <tr> <td data-bbox="440 1115 1182 1182">1h2 - HPV Day Zero Pathway Violating Pollutants: Percent DZs reported after 10/1/05</td> <td data-bbox="1182 1115 1279 1182">100%</td> <td data-bbox="1279 1115 1409 1182">100%</td> </tr> <tr> <td data-bbox="440 1188 1182 1255">1h3 - Percent DZs reported after 10/1/05 with HPV Violation Type Code</td> <td data-bbox="1182 1188 1279 1255">100%</td> <td data-bbox="1279 1188 1409 1255">100%</td> </tr> </tbody> </table>	Data Metric	Goal	State	1c4 - % NSPS Facilities with subprogram designation:	100%	41.4%	1c5 -% NESHAP facilities with subprogram designation	100%	6.9%	1c6 - - % MACT facilities with subprogram designation	100%	96.3%	1h1 - HPV Day Zero Pathway Discovery date: Percent DZs reported after 10/1/05 with discovery	100%	100%	1h2 - HPV Day Zero Pathway Violating Pollutants: Percent DZs reported after 10/1/05	100%	100%	1h3 - Percent DZs reported after 10/1/05 with HPV Violation Type Code	100%	100%
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1h3 - Percent DZs reported after 10/1/05 with HPV Violation Type Code	100%	100%																				
<p>State Response:</p>	<p>SC has no additional comments except that AFS has been updated to reflect NESHAP and NSPS codes for all facilities and is working to ensure the appropriate subpart has been identified. This effort along with a long range plan to ensure subparts are identified when new facilities are entered will be completed and in place prior to December 31, 2009.</p>																					
<p>Action(s):</p>	<p>EPA’s recommendation for this element involves two aspects: With respect to existing NSPS and NESHAP sources that have already received an FCE after 10/1/05, the state should enter in AFS the applicable subpart(s) for each Air Program. Currently, this represents approximately 109 sources. This action item should be completed by December 31, 2009. For new NSPS and NESHAP sources receiving an FCE for the first time, the state should provide EPA with a protocol to ensure that the applicable subpart information is entered into AFS when the FCE is entered. This protocol should be provided to EPA by January 31, 2010.</p>																					

<b>CAA Element 2 – Data Accuracy</b>																
<b>Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).</b>																
Finding	Data reported into the national system is accurately entered and maintained.															
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice															
Explanation:	In the File Review, 89% (33 of the 37) of files reviewed contained documentation to confirm that the MDRs were reported accurately into AFS. Three files had a single inaccurate data item, including zip code, SIC code, and Title 5 status. One file did not have documentation that verified the Partial Compliance Evaluation (PCE) date reported in AFS. These issues are isolated, non-systemic occurrences that do not represent a pattern, so no further action is recommended. For the PDA, data metric 2a met the national goal of ≤ 50%, and data metric 2b1 was very close to the national goal of 0% with a value of 0.8%. No national goal was established for data metric 2b2.															
Metric(s) and Quantitative Value:	<table border="1"> <thead> <tr> <th>Metric</th> <th>National Goal</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>2a – # of HPVs / # of NC sources</td> <td>≤ 50%</td> <td>37.1%</td> </tr> <tr> <td>2b1 - % Stack Tests without Pass/Fail result</td> <td>0%</td> <td>0.8%</td> </tr> <tr> <td>2b2 - No. of Stack Test Failures</td> <td>-</td> <td>2</td> </tr> <tr> <td>2c - % files with MDR data accurate in AFS</td> <td>-</td> <td>89%</td> </tr> </tbody> </table>	Metric	National Goal	State	2a – # of HPVs / # of NC sources	≤ 50%	37.1%	2b1 - % Stack Tests without Pass/Fail result	0%	0.8%	2b2 - No. of Stack Test Failures	-	2	2c - % files with MDR data accurate in AFS	-	89%
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2a – # of HPVs / # of NC sources	≤ 50%	37.1%														
2b1 - % Stack Tests without Pass/Fail result	0%	0.8%														
2b2 - No. of Stack Test Failures	-	2														
2c - % files with MDR data accurate in AFS	-	89%														
State Response:	SC has modified its process for entering MDRs into AFS to ensure timely and accurate data entry in the future.															
Action(s):	No further action is needed.															

<b>CAA Element 3 - Timeliness of Data Entry</b>	
<b>Degree to which the Minimum Data Requirements are timely.</b>	
Finding:	The timeliness of MDR data entry is generally good for “enforcement” related MDRs. However, South Carolina’s timeliness of MDR reporting for “compliance monitoring” related MDRs needs some improvement and MDR reporting for HPVs was short of the national goal.
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	South Carolina’s performance in FY2007 for timely entry of both “compliance monitoring” and HPV related MDRs exceeded the national average. However, these two metrics did not meet the national goal of 100%. Specifically, about 15% of the compliance monitoring (CM) MDRs were entered after 60 days, and one-half of these exceeded 120 days. In one case, an FCE was completed on 6/25/07, but the data was not entered into AFS until 4/28/08, 308 days later. More than 33% of the HPVs were entered after 60 days. Five of the eight late entries were over 90 days. An



	analysis of the state’s FY2008 performance indicates improvement in both metrics from the FY2007 values. For HPV timeliness, the FY2008 result was up to 85.7% from 61.9%, and for compliance monitoring MDRs, the FY2008 result was 86.2%, up from 84.5%. During the file review, the state indicated that staff turnover may have been a factor in the timeliness of HPV reporting. The state has implemented improvements to address the timeliness of HPV reporting. First, the state has established guidelines requiring that a stack test report be written within 60 days of receiving the results from the company. Second, the state is working to address a backlog of stack test reviews. Finally, when staff are assigned a case, they have been instructed to make an initial determination concerning HPV status. This helps to prioritize HPV cases to ensure they are addressed in a timely manner.																
Metric(s) and Quantitative Value:	<table border="1"> <thead> <tr> <th>Metric</th> <th>National Goal</th> <th>National Average</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>3a - % HPVs entered in ≤ 60 days</td> <td>100%</td> <td>24.8%</td> <td>61.9%</td> </tr> <tr> <td>3b1 - % CM MDRs entered in ≤ 60 days</td> <td>100%</td> <td>52.6%</td> <td>84.5%</td> </tr> <tr> <td>3b2 - % Enf. MDRs entered in ≤ 60 days</td> <td>100%</td> <td>67.3%</td> <td>96.2%</td> </tr> </tbody> </table>	Metric	National Goal	National Average	State	3a - % HPVs entered in ≤ 60 days	100%	24.8%	61.9%	3b1 - % CM MDRs entered in ≤ 60 days	100%	52.6%	84.5%	3b2 - % Enf. MDRs entered in ≤ 60 days	100%	67.3%	96.2%
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3b1 - % CM MDRs entered in ≤ 60 days	100%	52.6%	84.5%														
3b2 - % Enf. MDRs entered in ≤ 60 days	100%	67.3%	96.2%														
State Response:	SC has adjusted the data entry process and modified the upload routine to ensure data is transferred to AFS in a timely manner.																
Action(s):	South Carolina should implement their recently established guidelines to ensure the timely entry of compliance monitoring and HPV MDRs. The region will track progress on an annual basis.																

<b>CAA Element 4 - Completion of Commitments.</b>							
<b>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.</b>							
Finding:	All enforcement and compliance commitments in relevant agreements have been met.						
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice						
Explanation:	South Carolina, which follows a traditional Compliance Monitoring Strategy plan, completed all planned evaluations (further discussion is presented under Element 5). In addition, the state met all of its enforcement and compliance monitoring commitments (100%) under the FY2007 Air Planning Agreement with EPA Region 4.						
Metric(s) and Quantitative Value:	<table border="1"> <thead> <tr> <th>File Review</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>4a - Planned evaluations completed for year of review pursuant to CMS plan</td> <td>(see Element 5)</td> </tr> <tr> <td>4b – Planned commitments completed</td> <td>100%</td> </tr> </tbody> </table>	File Review	State	4a - Planned evaluations completed for year of review pursuant to CMS plan	(see Element 5)	4b – Planned commitments completed	100%
File Review	State						
4a - Planned evaluations completed for year of review pursuant to CMS plan	(see Element 5)						
4b – Planned commitments completed	100%						

	(See the Metric 4B table in the appendix for a more detailed analysis)
State Response:	None
Action(s):	No further action is needed.

<b>CAA Element 5 – Inspection Coverage</b>																																																													
<b>Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).</b>																																																													
Finding:	South Carolina’s inspection and compliance evaluations provide appropriate coverage to address core federal, state, and regional priorities.																																																												
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Explanation:	The state's Compliance Monitoring Strategy (CMS) plan committed to conducting FCEs at approximately 75% of Title V sources (Majors) and 75% of Synthetic Minor sources in FY07. The state includes all Synthetic Minor sources (not just SM80's) in their inspection commitment. Based on the SRF data metrics, the state completed over 95% of its FCEs at Major sources (Metric 5a1) and over 80% of its SM80 sources (Metric 5b1) during the relevant CMS timeframe (2 years for majors, 5 years for SM80s). In their comments on the data metrics, the state indicated that the universe for these metrics is dynamic. Facilities identified without an FCE are either a new facility, closed, changed facility classification, or are not due an FCE until 2008 or 2009. They further indicated that all FCEs required during the review period were completed and properly entered into AFS. Since the state met or closely approached the national goal for all metrics in this element, no further action is needed.																																																												
Metric(s) and Quantitative Value:	<table border="1"> <thead> <tr> <th>Metric</th> <th>National Goal</th> <th>National Average</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>5a1 - FCE coverage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    Majors (CMS cycle)</td> <td>100%</td> <td>90.5%</td> <td>95.5%</td> </tr> <tr> <td>5a2 - FCE coverage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    All Majors (last 2 FY)</td> <td>100%</td> <td>84.4%</td> <td>92.8%</td> </tr> <tr> <td>5b1 - FCE coverage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    SM80 (CMS cycle)</td> <td>20-100%</td> <td>48.4%</td> <td>81.6%</td> </tr> <tr> <td>5b2 - FCE coverage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    CMS SM80 (last 5 FY)</td> <td>100%</td> <td>89.1%</td> <td>96.5%</td> </tr> <tr> <td>5c - FCE/PCE coverage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    All SMs (last 5 FY)</td> <td>NA</td> <td>80.0%</td> <td>98%</td> </tr> <tr> <td>5d - FCE/PCE coverage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    other minors (5 FY)</td> <td>NA</td> <td>32.0%</td> <td>92%</td> </tr> <tr> <td>5g - Review of Self</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    Certifications completed</td> <td>100%</td> <td>90.6%</td> <td>100%</td> </tr> </tbody> </table>	Metric	National Goal	National Average	State	5a1 - FCE coverage				Majors (CMS cycle)	100%	90.5%	95.5%	5a2 - FCE coverage				All Majors (last 2 FY)	100%	84.4%	92.8%	5b1 - FCE coverage				SM80 (CMS cycle)	20-100%	48.4%	81.6%	5b2 - FCE coverage				CMS SM80 (last 5 FY)	100%	89.1%	96.5%	5c - FCE/PCE coverage				All SMs (last 5 FY)	NA	80.0%	98%	5d - FCE/PCE coverage				other minors (5 FY)	NA	32.0%	92%	5g - Review of Self				Certifications completed	100%	90.6%	100%
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5g - Review of Self																																																													
Certifications completed	100%	90.6%	100%																																																										
State Response:	SC is still very concerned that this metric indicates all required evaluations were not completed. As indicated in earlier comments, SC has met and exceeded its commitments during the review period. EPA has been unable																																																												

	to determine a manner to accurately reflect the universe during the period and repeatedly used an incorrect universe population which adversely skews the data.
Action(s):	No further action is needed.

**CAA Element 6 – Quality of Inspection or Compliance Evaluation Reports**

**Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.**

Finding:	Compliance evaluation reports properly document observations, are completed in a timely manner, and include an accurate description of observations.								
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice								
Explanation:	Of the 37 files reviewed, 29 had FCEs conducted during the review period (FY2007). All 29 of the files reviewed had documentation in the files to show that they contained all of the elements of the FCE. All 29 of the site files reviewed contained the required Compliance Monitoring Report (CMR) elements. In addition, the site files contained sufficient documentation to determine compliance at the facility.								
Metric(s) and Quantitative Value:	<table border="1"> <thead> <tr> <th>File Review Metric</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>6a – Number of FCEs reviewed</td> <td>29</td> </tr> <tr> <td>6b – % FCEs that meet definition</td> <td>100%</td> </tr> <tr> <td>6c – % CMRs sufficient for compliance determination</td> <td>100%</td> </tr> </tbody> </table>	File Review Metric	State	6a – Number of FCEs reviewed	29	6b – % FCEs that meet definition	100%	6c – % CMRs sufficient for compliance determination	100%
File Review Metric	State								
6a – Number of FCEs reviewed	29								
6b – % FCEs that meet definition	100%								
6c – % CMRs sufficient for compliance determination	100%								
State Response:	None								
Action(s):	No further action is needed.								

**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:	Compliance determinations are accurately made and promptly reported into AFS based on inspection reports and other compliance monitoring information.
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice

Explanation:	All 29 of the site files reviewed led to an accurate compliance determination in AFS. In addition, all 12 files reviewed with non-HPV violations were reported timely into AFS. For metric 7c1, the state's performance (10.6%) exceeds the national goal of greater than one-half the national average of 18.7%.			
Metric(s) and Quantitative Value:	Data Metrics	National Goal	National Average	State
	7c1 - % facilities in noncompliance with FCE, stack test, or enforcement (1 FY)	>9.4%	18.7%	10.6%
	7c2 - % facilities with failed stack test and have noncompliance status (1 FY)	>16.5%	33.0%	100%
	<u>File Review Metrics</u>			<u>State</u>
	7a - % CMRs leading to accurate compliance determination			100%
	7b - % non-HPVs with timely compliance determination in AFS			100%
State Response:	None			
Action(s):	No further action is needed.			

<b>CAA Element 8 - Identification of SNC and HPV</b>	
<b>Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.</b>	
Finding:	A review of South Carolina's HPV determinations during the file review indicated that the state accurately identifies HPVs.
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	<p>EPA concluded that the state had accurately determined HPVs in all 15 files reviewed with violations (metric 8f). Initially, the data metrics showed a low HPV discovery rate by the state (8a, 8b, and 8d), so additional files were selected to further analyze the data. During the review, EPA agreed with the state's determination in the four cases that had been identified as HPVs. In addition, EPA agreed with the state's determination for the remaining files reviewed where the violation <i>was not</i> an HPV. Also during the file review, the state provided screen shots from the state data systems which documented their rationale for HPV determinations. The State has established a process for evaluating and documenting HPV determinations, and their compliance determinations were appropriate. Timeliness of HPV entry is addressed under Element 3.</p> <p>The state noted that they conduct extensive compliance assistance with the regulated community, suggesting that this is why there is a high compliance</p>

	rate. The primary form of compliance assistance provided by the state is direct assistance to permitted facilities. When a new operating permit is issued, the state reviews the new permit with the facility condition by condition to ensure they understand the requirements. In addition, field staff provide direct feedback concerning compliance issues during on-site visits. Finally, the program provides outreach through their small business program, conducts training on new regulations and standards (e.g. MACTs), and develops and issues fact sheets on these new requirements.		
Metric(s) and Quantitative Value:	<u>Data Metrics</u>	<u>National Goal</u>	<u>State</u>
	8a – HPV discovery rate – Majors sources	>4.6%	3.7%
	8b – HPV discovery rate – SM sources	>0.8%	0.9%
	8c – % formal actions with prior HPV – Majors (1 yr)	>36.4%	63.6%
	8d – % informal enforcement actions without prior HPV – Majors (1 yr)	<18.9%	62.9%
	8e - % sources with failed stack test actions that received HPV listing – Majors and Synthetic Minors	>12.2%	20.0%
	<u>File Review Metrics</u>		<u>State</u>
	8f - % accurate HPV determinations		100%
State Response:	None		
Action(s):	No further action is needed.		

<b>CAA Element 9 - Enforcement Actions Promote Return to Compliance</b>		
<b>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.</b>		
Finding:	South Carolina’s enforcement actions include appropriate corrective action with compliance schedules, or facilities are brought back into compliance prior to issuance of a final enforcement order.	
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice	
Explanation:	All 13 enforcement files reviewed documented injunctive relief or complying actions. Most facilities had returned to compliance prior to issuance of the order, and the enforcement actions were solely for the assessment of a penalty for the violations. The state documented the facility’s return to compliance in the order, or required and verified the submission of additional reports, permit applications, etc.	
Metric(s) and Quantitative Value:	<u>File Review</u>	<u>State</u>
	9a – number of enforcement actions reviewed	13
	9b - % enforcement actions returning source to compliance	100%

State Response:	None
Action(s):	No further action is needed.

**CAA Element 10 - Timely and Appropriate Action**

**Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.**

**Finding:** South Carolina takes appropriate enforcement action in accordance with EPA policy to address High Priority Violations (HPVs) through the issuance of formal enforcement actions. The timeliness of their HPV enforcement responses needs attention.

**Is this finding a(n) (select one):**

- Meets SRF Program Requirements
- Area for State Attention
- Area for State Improvement – Recommendations Required
- Good Practice

**Explanation:**

Based on the file review, the state took appropriate enforcement action to resolve 100% of HPVs through formal administrative orders (Metric 10c). One of five actions (20%) evaluated during the file review exceeded the 270 day timeframe for addressing HPVs (Metric 10b). This one HPV case was addressed in 335 days.

South Carolina has improved its enforcement response times in FY2008, and HPV timeliness is an area for attention that the state and EPA will continue to monitor. Specifically, during the bi-monthly HPV calls, the timeliness of HPVs will be discussed and actions taken before day 270 approaches.

Data Metric 10a tracks the percent of HPVs not addressed within 270 days. It showed 16 of 55 (29%) HPVs were not addressed within 270 days. Upon review of the data, South Carolina indicated that 3 of the 16 late HPVs were EPA-lead cases, and should not be included in the calculation. In addition, one of the late HPVs was actually addressed within 270 days. EPA confirmed and agrees with South Carolina, and has revised the metric to indicate that 23% (12 of 52) of HPVs were not addressed within 270 days.

<b>Metric(s) and Quantitative Value:</b>	<u>Data Metrics</u>	<u>State (in PDA)</u>	<u>Revised</u>
	10a - % HPVs not timely (2 FY)	29%	23%
		(16 of 55)	(12 of 52)
	<u>File Review Metrics</u>		<u>State</u>
	10b - % timely HPV enforcement actions		80%
	10c - % HPVs appropriately addressed		100%

**State Response:** SC has acknowledged difficulty with completing all HPV actions within the 270 day time frame. EPA has consistently acknowledged that SC has initiated and resolved a large number of HPVs each year. During the review period, SC encountered significant staff turnover and believes the

	ability to achieve the resolutions completed was noteworthy. SC is having ongoing communications via regular conference calls with EPA regarding timeliness, and would encourage EPA to engage in the same discussions with SC regarding cases where EPA is the lead agency.
Action(s):	No further action is needed.

<b>CAA Element 11 - Penalty Calculation Method</b>					
<b>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.</b>					
Finding:	South Carolina documents initial penalty calculations that include both gravity and economic benefit.				
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice				
Explanation:	Twelve of thirteen (92%) of files reviewed documented appropriate gravity and economic benefit penalty calculations. The state explained that for the one site file missing a penalty worksheet, the case management officer had left the agency, and the worksheet, which had been completed, could not be located. The state has developed and utilizes a penalty calculation worksheet which outlines the calculation of the gravity-based penalty and documents consideration of the economic benefit where appropriate. No further action is needed.				
Metric(s) and Quantitative Value:	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;"><u>File Review</u></td> <td style="text-align: right;"><u>State</u></td> </tr> <tr> <td>11a - % penalty calculations that consider &amp; include gravity and economic benefit</td> <td style="text-align: right;">92%</td> </tr> </table>	<u>File Review</u>	<u>State</u>	11a - % penalty calculations that consider & include gravity and economic benefit	92%
<u>File Review</u>	<u>State</u>				
11a - % penalty calculations that consider & include gravity and economic benefit	92%				
State Response:	None				
Action(s):	No further action is needed.				

<b>CAA Element 12 - Final Penalty Assessment and Collection</b>	
<b>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.</b>	
Finding:	South Carolina documents the difference between initial and final penalty, and maintains documentation that the final penalty was collected
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	The penalty calculation worksheets used by the state document the difference between the proposed and final penalty. As indicated in Element 11, one site file was missing a penalty worksheet due to staff transition. In addition, the state maintains documentation in the files indicating that the final penalty was collected. There was one case where a consent order was

	signed, but state is in litigation on the collection of the penalty. No additional action is needed.		
Metric(s) and Quantitative Value:	<u>Data Metrics</u>	<u>National Goal</u>	<u>State</u>
	12a – Actions with penalties	NA	26
	12b - % HPV actions with penalty	≥ 80%	100%
	<u>File Review Metrics</u>		<u>State</u>
	12c - % actions documenting difference between initial & final penalties		92%
	12d - % files that document collection of penalty		92%
State Response:	None		
Action(s):	No further action is needed.		

**CWA Program**

<b>CWA Element 1 – Data Completeness</b>	
<b>Degree to which the Minimum Data Requirements are complete.</b>	
Finding:	Some of South Carolina’s data does not appear to be complete due to data interface issues between the state’s database and the national PCS data system.
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	<p>Three of the data metrics in Element 1 had nationally established performance goals – data metrics 1b1, 1b2, and 1b3. A discussion on each follows:</p> <ul style="list-style-type: none"> <li>• Data metric 1b1: % NPDES major facilities with permit limits in PCS - this data metric will not be evaluated for South Carolina since it was not available for FY2007 data.</li> <li>• Data metric 1b2: % of outfalls for which DMR data is in PCS - the state exceeds the national goal</li> <li>• Data metric 1b3: % NPDES major facilities with permits that had DMRs in PCS - the state is below the national goal.</li> </ul> <p>Upon reviewing EPA’s initial SRF findings for Metric 1b3, South Carolina indicated that the data in PCS is inaccurate and is presumably the result of a data interface issue between the state data system and the national PCS data system. South Carolina’s data system shows the national goal of 95% or better for 1b3 as being attained, while the PCS data metric 1b3 does not. The data interface issue is longstanding and this is an area for state improvement. The actions identified here apply throughout the report where data interface issues are the potential cause of erroneous data.</p>



	<p>Following South Carolina’s response to this finding (see below), EPA confirmed that the state proactively manages the transfer of data from their system to PCS, and when data does not successfully get transferred, they resubmit the data to PCS (sometimes more than once). As noted in their response, South Carolina is continually trying to resolve the data transfer issue but it is resource intensive and potentially costly. The state would prefer to invest their resources in converting from PCS to ICIS/NPDES. Conversion to ICIS/NPDES is slated to happen by the end of 2012.</p>			
Metric(s) and Quantitative Value:	Metric	National Goal	State data (from PCS)	Data provided by State
	1b2 - DMR Entry Rate	95%	98.4%	
	1b3 - DMR with permit limits	95%	83.1%	>95%
State Response:	<p>The EPA Region 4 data coordinator has stated that he considers SC to be meeting Element 1b3 based on his knowledge of what is actually in PCS. While there have been on-going issues with the transmission of data from the state system to PCS, data gaps are being corrected as identified and the investigation into the cause is continuing. SC does use the update audit report to identify the data rejected by PCS.</p> <p>The data interface issue in question is a long standing one and it is doubtful that any significant correction can be made by November 1, 2009. The corrections that have worked are resource intensive and not considered a long term solution to the issue. SC will continue to try to resolve the issue, but believes moving away from PCS will be part of that solution.</p>			
Action(s):	<p>It is recommended that South Carolina continue efforts to resolve the PCS data transfer issues until ICIS/NPDES becomes available.</p>			

CWA 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 reported in the national system is accurately entered and maintained, except for minor inaccuracies described below.
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	<p>Data Metric 2a reports the percent of enforcement actions linked to violations for major facilities. EPA has set a national goal of 80%. South Carolina’s FY2007 data shows 16 of 17 (94.1 %) facilities with enforcement actions linked to violations, which is significantly about the national goal.</p> <p>Files were reviewed to further examine the accuracy of data between the information in the file and data in PCS (file metric 2b). Thirty-four inspection/enforcement files were randomly selected for this review. In 26 of the 34 files (76 %) reviewed, data was accurately reported. For eight of the files reviewed, one or more data discrepancies between the file and PCS</p>

	<p>were found. Examples of data discrepancies were missing or misreported inspection dates; a missing Notice of Violation and a missing DMR. This is an area for state attention. Data quality between state files and PCS is important and should be emphasized. The state’s “quality control processes” should be examined to determine where improvements can be made.</p>									
Metric(s) and Quantitative Value:	<table border="1"> <thead> <tr> <th>Metric</th> <th>National Goal</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>2a - % of actions linked to violations for major facilities</td> <td>80 %</td> <td>94.1 %</td> </tr> <tr> <td>2b - % files reviewed where data is accurately reflected in the data system</td> <td>-</td> <td>76 %</td> </tr> </tbody> </table>	Metric	National Goal	State	2a - % of actions linked to violations for major facilities	80 %	94.1 %	2b - % files reviewed where data is accurately reflected in the data system	-	76 %
Metric	National Goal	State								
2a - % of actions linked to violations for major facilities	80 %	94.1 %								
2b - % files reviewed where data is accurately reflected in the data system	-	76 %								
State Response:	<p>SC agrees there were some inspection date data entry inconsistencies for a period, which included the SRF review period. Those issues have since been corrected. The other 2 items, a missing NOV and a missing DMR cannot be verified, but are more likely cases of the items being misfiled since the data was in the data system.</p>									
Action(s):	<p>No further action is needed.</p>									

<p><b>CWA Element 3 - Timeliness of Data Entry</b></p>	
<p><b>Degree to which the Minimum Data Requirements are timely.</b></p>	
Finding	<p>This element could not be evaluated since the data was unavailable on the OECA SRF website at the time of the SRF review.</p>
Is this finding a(n) (select one):	<p> <input type="checkbox"/> Meets SRF Program Requirements  <input type="checkbox"/> Area for State Attention  <input type="checkbox"/> Area for State Improvement – Recommendations Required  <input type="checkbox"/> Good Practice  <input checked="" type="checkbox"/> Not Applicable                 </p>
Explanation:	<p>Not applicable – data was not available for evaluation.</p>
Metric(s) and Quantitative Value	<p>Not applicable.</p>
State Response	<p>None</p>
Action(s):	<p>Not applicable.</p>

<p><b>CWA Element 4 - Completion of Commitments.</b></p>	
<p><b>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.</b></p>	
Finding:	<p>South Carolina met the majority of the CWA §106 compliance and enforcement workplan commitments.</p>

Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice						
Explanation:	The CWA §106 Workplan describes the planned inspections, data requirements, reports and other enforcement and compliance commitments for the fiscal year. Of the 28 workplan commitments, 27 were completed (96.4%). There was one audit not completed.						
Metric(s) and Quantitative Value:	<table border="1"> <thead> <tr> <th>Metric</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>4a – Planned inspections complete</td> <td>100 %</td> </tr> <tr> <td>4b – Planned commitments complete</td> <td>96.4 %</td> </tr> </tbody> </table> (For more details, see attached SCDHEC FY2007 CWA §106 Workplan)	Metric	State	4a – Planned inspections complete	100 %	4b – Planned commitments complete	96.4 %
Metric	State						
4a – Planned inspections complete	100 %						
4b – Planned commitments complete	96.4 %						
State Response:	None						
Action(s):	No further action is needed.						

<b>CWA Element 5 – Inspection Coverage</b>	
<b>Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).</b>	
Finding:	South Carolina met the planned inspections in their FY2007 CWA §106 workplan.
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	<p>Element 5 measures the degree to which core and priority inspection coverage is completed. In the OECA FY2007 NPM Guidance, there was a national goal of 100% annual inspection coverage by EPA and states of all major NPDES facilities, or equivalent coverage of a combination of major and priority minor facilities. Since inspections at a major facility generally require more resources than an inspection at a minor facility, inspection tradeoffs - the number of minor facilities substituted for major facilities – were expected to be at a 2:1 or greater ratio.</p> <p>In its FY2007 CWA §106 workplan, South Carolina negotiated an alternative NPDES inspection coverage from the national NPDES inspection goal. To allow flexibility to consider other inspections, the state committed to inspect 50% NPDES majors and 20% NPDES minors for municipal and industrial waste water treatment facilities (WWTF). South Carolina inspected over 94% of majors, 65% of the NPDES non-major individual permits, and 3.4% non-major general permits for that fiscal year.</p>

Metric(s) and Quantitative Value:	Data Metric	National Goal	Workplan	State
	5a - Major inspection Coverage	100%	50%	94.6%
	5b1 - Inspection Coverage: Non-major Individual Permit (Municipal and industrial WWTP)	-	20%	65.3%
	5b2- Non-major Inspection Coverage	-	-	3.4%
State Response:	None			
Action(s):	No further action is needed.			

<b>CWA Element 6 – Quality of Inspection or Compliance Evaluation Reports</b>	
<b>Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.</b>	
Finding	South Carolina’s inspection reports had the necessary documentation so proper compliance determinations could be drawn. The review, however, identified issues with the completeness and timeliness of the state's inspection reports.
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	<p>South Carolina is thorough in the documentation of inspection observations and findings so proper compliance determinations could be drawn. Twenty-six inspection reports were reviewed under this element and all had proper documentation to determine compliance. This SRF element also evaluates the completeness of the inspection reports. It was determined that certain key information is lacking in some of the South Carolina inspection reports.</p> <p>Of the inspection reports reviewed, 28% of the reports contained all the information in the SRF inspection checklist that was used in the review. The remaining reports were missing certain pieces of information in one or more of the following categories:</p> <ul style="list-style-type: none"> <li>• General information (type and purpose of inspection, type of facility);</li> <li>• Facility regulatory status (NPDES permit status, discharges to navigable waters, POTW or underground injection systems);</li> <li>• Inspector Observations and Documentation (description of field activities, sampling conducted, deficiencies noted, corrective action taken by facility).</li> </ul> <p>These report deficiencies did not impact the ability to make a compliance determination but, nonetheless, the state should examine its practices for ensuring complete and consistent inspection reports. This is an area for state attention, and South Carolina should ensure that key information is included in future CWA inspection reports.</p>

	<p>As to the timeliness of completing inspection reports, SCDHEC has room for improvement. The SRF CWA File Review Plain Language Guide (PLG) states that the timeline for completing inspection reports should be the timeline in the state-specific Enforcement Management System (EMS). For FY2007, South Carolina did not have an established report completion timeline in their EMS. If there is not a timeline in the EMS, the PLG states that a threshold of 30 days should be used (as referenced in the July 2004 CWS NPDES Compliance Inspection Manual). Using the 30-day default timeline:</p> <ul style="list-style-type: none"> <li>• Nine of 26 inspection reports reviewed (35%) were completed within 30 days</li> <li>• Ten inspection reports were completed within 3 months</li> <li>• Six inspection reports were completed within 6 months</li> <li>• One inspection report took almost 9 months;</li> </ul> <p>Upon seeing these findings, South Carolina indicated that a number of reports that took longer than 30 days were likely impacted by sampling results. Timeliness for completing inspection reports is an area for state improvement.</p>										
<p>Metric(s) and Quantitative Value:</p>	<table border="1"> <thead> <tr> <th data-bbox="418 852 1295 884">File Metric</th> <th data-bbox="1304 852 1412 884">State</th> </tr> </thead> <tbody> <tr> <td data-bbox="418 890 1295 921">6a – inspection reports reviewed</td> <td data-bbox="1304 890 1412 921">26</td> </tr> <tr> <td data-bbox="418 928 1295 959">6b - % of inspection reports that were complete</td> <td data-bbox="1304 928 1412 959">28%</td> </tr> <tr> <td data-bbox="418 966 1295 1031">6c - % reports reviewed with sufficient documentation for an accurate compliance determination</td> <td data-bbox="1304 966 1412 1031">100%</td> </tr> <tr> <td data-bbox="418 1037 1295 1066">6d - % inspection reports reviewed that were timely</td> <td data-bbox="1304 1037 1412 1066">35%</td> </tr> </tbody> </table>	File Metric	State	6a – inspection reports reviewed	26	6b - % of inspection reports that were complete	28%	6c - % reports reviewed with sufficient documentation for an accurate compliance determination	100%	6d - % inspection reports reviewed that were timely	35%
File Metric	State										
6a – inspection reports reviewed	26										
6b - % of inspection reports that were complete	28%										
6c - % reports reviewed with sufficient documentation for an accurate compliance determination	100%										
6d - % inspection reports reviewed that were timely	35%										
<p>State Response:</p>	<p>SC uses the EPA NPDES Compliance Inspection Manual and has worked closely with EPA Region 4 inspectors in developing its inspection format and content. The key element on the inspection report content is the fact that 100% of the inspection reports provided the information necessary to make a compliance determination.</p> <p>However, because the reports did not include all the information listed as examples on the SRF Inspection checklist, the state’s inspection reports are considered incomplete. The NPDES Compliance Inspection Manual states <i>“Information in an inspection report should be relevant to the subject of the report. Irrelevant facts and data will clutter a report and may reduce the clarity and usefulness.”</i> Unless relevant to the inspection, hours of operation and number of employees does not help in determining facility compliance. And as far as type of facility, when the inspection report describes the facility as Town of XX WWTP, there’s a strong implication that it’s a municipality. SC believes its inspection reports contain pertinent information and are accurate and factual.</p> <p>It appears from the Element 6 Explanation that the examples on the SRF checklist were not used as a guide, but rather all examples had to be present in order for the report to be considered complete. The SRF process/checklist may be too restrictive or not used appropriately. As an example: the Inspection Completeness checklist, item II.b. lists 4 or 5 items and only if all are present is the report considered complete even if some or all of the items</p>										

	<p>are not applicable. The Element 6 Explanation is a repeat of the Inspection Checklist for missing items. There does not appear there was any consideration as to the appropriateness of those items for the inspection report.</p> <p>As for timeliness of the reports, without having the SRF reviewer's field notes, it is difficult to replicate which facility inspections were reviewed. However, SC did go back through the FY2007 inspections for the facilities provided during the SRF review and found 8 inspections completed within 30 days, 14 completed within 90 days and 2 completed within 6 months and 1 was eight days past the 6 month timeframe. Out of 16 inspection reports reviewed for Major facilities, 10 were sampling inspections and the reports were delayed due to laboratory turn-around times.</p> <p>SC agrees that report timeliness is important and will strive to continue to look for ways to improve the timeliness of the inspection reports.</p>
Action(s):	By March 31, 2010, South Carolina should develop and implement a protocol to ensure the timely completion of inspection reports. It is recommended that two timeframes be considered: one for non-sampling inspections and another for sampling inspections that depend on laboratory results. These procedures should be incorporated and implemented through the CWA EMS.

### **CWA Element 7 – Identification of Alleged Violations.**

<b>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).</b>	
Finding:	Compliance determinations were accurately made based upon compliance monitoring observations, but single event violations (SEVs) were not being reported.
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	<p>Data metrics 7a1 and 7a2 track SEVs in PCS (7a1 tracks SEVs for active majors and 7a2 tracks SEVs for non majors). Pursuant to the <i>May 22, 2006 Final SEV Data Entry Guide for PCS</i>, SEVs are a required data element for NPDES major and PL-500 (construction grant) non-majors in PCS (the guidance says that EPA strongly encourages entry of SEVs for non-major facilities, however, at this time, there is no requirement for such entry). South Carolina's data metrics shows no entries of SEVs for FY2007. Subsequent queries of PCS show no SEVs for major or non-majors facilities in FY2008, and a few SEVs for majors in FY2009. The FY2008 and FY2009 §106 workplans require reporting of SEVs. Specifically, the workplans require the state to "Enter inspection data for all NPDES program areas within 15 days of completion of inspection report.... All other inspection information (SEVs) must be entered within 90 days of inspection." This is an area for state attention, and South Carolina should ensure that SEVs at NPDES majors are entered into PCS.</p>

	<p>In their response to this finding (see below), South Carolina indicated that the state data system currently does not have the capability to enter SEVs. EPA proposes that the state enter SEVs directly into PCS or modify their data system to allow for SEV entry. Beginning in FY2008, the data entry of SEVs at NPDES majors has been a CWA §106 workplan requirement. If assistance is needed on the identification of SEVs and/or PCS data entry, the state should notify EPA of these training needs.</p> <p>Data metrics 7b and 7c report the percent of facilities with unresolved compliance schedule violations at the end FY2007, and the percent of facilities with unresolved permit schedule violations at the end of the FY2007. South Carolina’s data shows 16 of 159 permittees (10.2%) with violations of compliance schedule milestones scheduled to be met in FY2007 and 55 of 110 facilities (50%) with violations of permit schedules. During the file review, compliance schedule and permit schedule violations were examined to see if they were correctly coded in PCS and/or if the violation had been addressed but not updated in PCS. Nothing in the file review indicated a problem with PCS reporting.</p> <p>Data Metric 7d reported 89 major facilities with DMR violations in PCS. Files were then examined to see if violations that appear on DMRs are recorded in PCS. Nothing in the file review indicated a problem with PCS reporting.</p> <p>For file review metric 7e, South Carolina made accurate compliance determinations in 100% of the 26 inspection reports that were reviewed.</p>														
<p>Metric(s) and Quantitative Value:</p>	<table border="1"> <thead> <tr> <th data-bbox="418 1150 1263 1182">Data Metrics</th> <th data-bbox="1271 1150 1412 1182">State</th> </tr> </thead> <tbody> <tr> <td data-bbox="418 1188 1263 1220">7a1 - # single event violations (SEVs) at active majors</td> <td data-bbox="1271 1188 1412 1220">0</td> </tr> <tr> <td data-bbox="418 1226 1263 1257">7a2 - # single event violations (SEVs) at non-majors</td> <td data-bbox="1271 1226 1412 1257">0</td> </tr> <tr> <td data-bbox="418 1264 1263 1295">7b - % facilities with unresolved compliance schedule violations</td> <td data-bbox="1271 1264 1412 1295">10.2%</td> </tr> <tr> <td data-bbox="418 1302 1263 1333">7c - % facilities with unresolved permit schedule violations</td> <td data-bbox="1271 1302 1412 1333">50% (55/110)</td> </tr> <tr> <td data-bbox="418 1339 1263 1371">7d - Major facilities with DMR violations</td> <td data-bbox="1271 1339 1412 1371">89</td> </tr> <tr> <td data-bbox="418 1377 1263 1434">7e - % inspection reports reviewed that led to an accurate compliance determination</td> <td data-bbox="1271 1377 1412 1434">100%</td> </tr> </tbody> </table>	Data Metrics	State	7a1 - # single event violations (SEVs) at active majors	0	7a2 - # single event violations (SEVs) at non-majors	0	7b - % facilities with unresolved compliance schedule violations	10.2%	7c - % facilities with unresolved permit schedule violations	50% (55/110)	7d - Major facilities with DMR violations	89	7e - % inspection reports reviewed that led to an accurate compliance determination	100%
Data Metrics	State														
7a1 - # single event violations (SEVs) at active majors	0														
7a2 - # single event violations (SEVs) at non-majors	0														
7b - % facilities with unresolved compliance schedule violations	10.2%														
7c - % facilities with unresolved permit schedule violations	50% (55/110)														
7d - Major facilities with DMR violations	89														
7e - % inspection reports reviewed that led to an accurate compliance determination	100%														
<p>State Response:</p>	<p>In reviewing the issue of not entering single event violations, it has been determined that the state data system currently does not have the capability to enter SEVs. Modifications to the state’s data system will need to be made to allow for SEV entry.</p> <p>SC suggests EPA consider the above explanation for Data Metric 7d when reviewing Data Metric 1b3; “Nothing in the file review indicated a problem with PCS reporting”, yet 1b3 indicates the data is not in PCS.</p>														
<p>Action(s):</p>	<p>No further action is needed.</p>														

<b>CWA Element 8 – Identification of SNC and HPV</b>				
<b>Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.</b>				
Finding	South Carolina accurately identifies significant noncompliance violations. However, discrepancies were reported by the state between the SNC data in the state system as compared with the SNC data in PCS. This is related to the data interface issue previously discussed in CWA Element 1.			
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice			
Explanation:	<p>For CWA Element 8, there are two areas that were reviewed: (1) the accurate identification of SNCs, and (2) the timely entry of SEV and SNCs into PCS.</p> <p>Data Metric 8a1 shows 42 major facilities in SNC in FY2007. South Carolina, upon review of this data, confirmed only 9 of these facilities as SNCs. The difference is attributed to the data interface issues between the state data system and PCS. As discussed in Element 1, data interface issues is an area for state improvement. Using South Carolina’s value of 9 SNCs, the percent of major sources that are SNC becomes 5.3% (9/168). This percent is below the national average of 22% and thus no issues are presented with South Carolina’s SNC identification rate other than the PCS data issue. This is an area for state attention, with needed actions addressed in Element 1.</p> <p>As noted in CWA Element 7, South Carolina did not identify or enter SEV SNCs into PCS for FY2007, so no files could were reviewed to verify this information.</p>			
Metric(s) and Quantitative Value:	Data Metric	National Average	State (from PCS)	Data provided by the State
	8a1 – Major facilities in SNC	-	42	9
	8a2 - % SNC rate at majors	22.4%	25.1%	5.3%
	<u>File Review Metric</u>			
	8b - % of SEVs that are accurately identified as SNC			N/A
	8c - % of SEVs identified as SNCs that are reported timely			N/A
State Response:	SC appreciates the recognition that it is appropriately identifying SNC. SC will continue to work on trying to improve the data transmission to PCS			
Action(s):	No further action is needed.			

<b>CWA Element 9 - Enforcement Actions Promote Return to Compliance</b>	
<b>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.</b>	
Finding:	All of the enforcement actions reviewed have or will return a facility with violations to compliance.



Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice								
Explanation:	All 11 enforcement actions reviewed included injunctive relief or other complying actions that returned or will return facilities to compliance.								
Metric(s) and Quantitative Value	<table border="1"> <thead> <tr> <th>File Metric</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>9a - # of enforcement actions reviewed</td> <td>11</td> </tr> <tr> <td>9b - % of enforcement responses that have or will return SNC to compliance (2 of 2)</td> <td>100%</td> </tr> <tr> <td>9c - % of enforcement responses that have or will return non-SNC to compliance (9 of 9)</td> <td>100 %</td> </tr> </tbody> </table>	File Metric	State	9a - # of enforcement actions reviewed	11	9b - % of enforcement responses that have or will return SNC to compliance (2 of 2)	100%	9c - % of enforcement responses that have or will return non-SNC to compliance (9 of 9)	100 %
File Metric	State								
9a - # of enforcement actions reviewed	11								
9b - % of enforcement responses that have or will return SNC to compliance (2 of 2)	100%								
9c - % of enforcement responses that have or will return non-SNC to compliance (9 of 9)	100 %								
State Response	None								
Action(s):	No further action is needed.								

<b>CWA Element 10 - Timely and Appropriate Action</b>	
<b>Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.</b>	
Finding:	South Carolina takes timely and appropriate enforcement actions in accordance with CWA policy.
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	<p>A review of the South Carolina’s database indicates that the state is addressing SNCs through timely enforcement. Due to the data interface issue discussed in Element 1, the data in the national PCS database showed that the state did not meet the timeliness criteria. For data metric 10a, the PDA indicated that 16.8 % (28 out of 167) of major NPDES SNCs did not have timely enforcement action in FY2007. The 1995 EMS and the May 29, 2008, memo “<i>Clarification of NPDES EMS Guidance on Timely and Appropriate Response to Significant Noncompliance</i>” define timely and appropriate enforcement response for SNCs. These documents state that timely action is where a formal enforcement action is taken within 60 days of the SNC violation appearing on a 2<sup>nd</sup> QNCR. Based on state data provided by SCDHEC during the review, there was only one SNC out of the 167 which did not have a timely enforcement action. Due to data interface errors between the state database and PCS, the other 27 SNC facilities were DMR non-receipts erroneously coded as such in PCS (meaning they should not have been “transferred” from state system to PCS as DMR non receipts).</p> <p>Two enforcement files with SNC violations were selected for review to evaluate if timely and appropriate enforcement actions were taken. In both instances formal actions were taken, and only one of the enforcement actions</p>

	met the timeliness criteria (e.g., action was taken within 60 days of appearing on the 2 <sup>nd</sup> QNCR).  Nine enforcement files with non-SNC violations were reviewed to see if timely and appropriate enforcement actions were taken. For all nine files, 100% of the enforcement responses were timely and appropriate.																												
Metric(s) and Quantitative Value:	<table border="1"> <thead> <tr> <th>Data Metric provided</th> <th>National Goal</th> <th>State (from PCS)</th> <th>Data by State</th> </tr> </thead> <tbody> <tr> <td>10a - Major facilities without timely action</td> <td>&lt;2%</td> <td>16.8%</td> <td>1%</td> </tr> <tr> <td colspan="3"><u>File Metric</u></td> <td><u>State</u></td> </tr> <tr> <td>10b - % timely SNC enforcement responses</td> <td></td> <td></td> <td>50 % (1 of 2)</td> </tr> <tr> <td>10c - % of enforcement responses that appropriately address SNC violations</td> <td></td> <td></td> <td>100 %</td> </tr> <tr> <td>10d - % of enforcement responses that appropriately address non-SNC violations</td> <td></td> <td></td> <td>100 %</td> </tr> <tr> <td>10e - % timely non-SNC enforcement responses</td> <td></td> <td></td> <td>100 %</td> </tr> </tbody> </table>	Data Metric provided	National Goal	State (from PCS)	Data by State	10a - Major facilities without timely action	<2%	16.8%	1%	<u>File Metric</u>			<u>State</u>	10b - % timely SNC enforcement responses			50 % (1 of 2)	10c - % of enforcement responses that appropriately address SNC violations			100 %	10d - % of enforcement responses that appropriately address non-SNC violations			100 %	10e - % timely non-SNC enforcement responses			100 %
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10e - % timely non-SNC enforcement responses			100 %																										
State Response:	<p>The processes for determining SNC and taking appropriate action are in place and functioning properly. The one action determined to be not timely was due to a 75% staff turnover within a one-year period. All FTEs are currently filled.</p> <p>The erroneous DMR non-receipts are due to PCS looking for a parameter that is not due or non-existent and not because the state system is transferring the data to PCS as a non-receipt. PCS is creating a non-receipt violation because it is not finding a parameter that it has determined should be there. This is the difficulty the state is having identifying these individual issues since there is no easy way to compare the state system with PCS and pinpoint what PCS is looking for.</p>																												
Action(s):	No further action is needed.																												

<b>CWA Element 11 - Penalty Calculation Method</b>	
<b>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.</b>	
Finding	South Carolina documents initial penalty calculations that include both gravity and economic benefit.
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	For the nine penalty enforcement actions reviewed, 100% considered and included, where appropriate, gravity and economic benefit (metric 11a).

Metric(s) and Quantitative Value:	File Metric 11a - % penalty calculations that consider & include gravity and economic benefit	State 100%
State Response:	None	
Action(s):	No further action is needed.	

**CWA Element 12 - Final Penalty Assessment and Collection**

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

Finding	South Carolina documented the difference between initial and final penalty and adequately demonstrated that final penalty was collected, except where noted.	
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice	
Explanation:	<p>For Metric 12a, 91% (10 of 11) penalty calculations reviewed documented the difference and rationale between the initial and final assessed penalty. In metric 12b, 100% (11 of 11) enforcement actions with penalties documented collection of penalty. Copies of the checks were found in the enforcement files.</p> <p>During the SRF file reviews, EPA initially determined that 2 out of 11 penalty calculations reviewed were not fully documented. For one facility, the state provided additional information that a penalty was not justified after a system change occurred, and this change proved that the system complied with original requirements and a penalty was not warranted. For the other facility, the penalty calculation did not include a reduction in the final negotiated penalty. Thus, only 1 out of 11 facilities did not fully document the rationale between the initial and final penalty.</p>	
Metric(s) and Quantitative Value:	File Metric 12a - % of penalties reviewed documented the difference and rationale between the initial and final penalty 12b - % of final enforcement actions that document collection of final penalty	State 91% 100%
State Response:	None	
Action(s):	No further action is needed.	

**RCRA Program:**

<b>RCRA Element 1 – Data Completeness</b>																					
<b>Degree to which the Minimum Data Requirements are complete.</b>																					
<b>Finding</b>	South Carolina has entered the Minimum Data Requirements into RCRAInfo for regulated universes, compliance monitoring and enforcement information.																				
<b>This finding (select one):</b>	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice																				
<b>Explanation:</b>	Element 1 is supported by SRF Data Metrics 1a through 1g, and measures the completeness of the data in RCRAInfo. Initially, there appeared to be several differences between the EPA SRF data metrics and the state’s response to the data. In the October 2008 PDA, EPA provided the likely sources of differences between the data for several of the RCRA universes. Subsequent to the file review, detailed facility information was provided to the state in March of 2009. It appears that South Carolina pulled data on different criteria than EPA. There are no areas of concern or recommendations for data completeness.																				
<b>Metric(s) and Quantitative Value:</b>	<table border="1"> <thead> <tr> <th>Data Metrics</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>1a1 - # of operating TSDFs in RCRAInfo</td> <td>15</td> </tr> <tr> <td>1a2 - # of active LQGs in RCRAInfo</td> <td>295</td> </tr> <tr> <td>1a3 - # of active SQGs in RCRAInfo</td> <td>844</td> </tr> <tr> <td>1b1 - # of inspections</td> <td>268</td> </tr> <tr> <td>1c1 - # of sites with violations</td> <td>142</td> </tr> <tr> <td>1d2 - Informal Actions: number of actions</td> <td>110</td> </tr> <tr> <td>1e1 - SNC: number of sites with new SNC</td> <td>7</td> </tr> <tr> <td>1f2 - Formal action: number taken</td> <td>11</td> </tr> <tr> <td>1g - Total amount of assessed penalties</td> <td>\$126,785</td> </tr> </tbody> </table>	Data Metrics	State	1a1 - # of operating TSDFs in RCRAInfo	15	1a2 - # of active LQGs in RCRAInfo	295	1a3 - # of active SQGs in RCRAInfo	844	1b1 - # of inspections	268	1c1 - # of sites with violations	142	1d2 - Informal Actions: number of actions	110	1e1 - SNC: number of sites with new SNC	7	1f2 - Formal action: number taken	11	1g - Total amount of assessed penalties	\$126,785
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1f2 - Formal action: number taken	11																				
1g - Total amount of assessed penalties	\$126,785																				
<b>State Response:</b>	This finding is consistent with EPA’s FY ‘07/08 RCRA Annual Review Report that states, “SCDHEC’s BLWM has done an outstanding job maintaining, sharing, and entering data into RCRAInfo...”																				
<b>Action(s):</b>	No further action is needed.																				

<b>RCRA Element 2 – Data Accuracy</b>	
<b>Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).</b>	
<b>Finding:</b>	In general, data reported in RCRAInfo is accurately entered and maintained. There were data accuracy issues identified related to unresolved violations and missing data elements in RCRAInfo.
<b>This finding (select one):</b>	<input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice

<p>Explanation:</p>	<p>RCRA Element 2 is supported by data metrics 2a, 2b, and file review metric 2c.</p> <p>Data metrics 2a1 and 2a2 measure the closeness of the SNC determination to date of the formal action. This is a potential indicator of enforcement cases where the SNC entry was withheld until the enforcement action was taken. South Carolina had 11 formal actions in FY2007 and none of the actions met this criterion, so delayed SNC entry into RCRAInfo is not a concern.</p> <p>Metric 2b measures the longstanding RCRA secondary violators (non-SNCs). According to the RCRA Enforcement Response Policy (ERP), all secondary violators should be returned to compliance within 240 days, or elevated to SNC status and addressed through formal enforcement. In metric 2b, South Carolina had 11 facilities in SV greater than 240 days in FY2007. Since the time of the SRF review, the 11 facilities have been evaluated and resolved by the state by either designating the facility as a SNC, taking appropriate enforcement, and/or by correcting data in RCRAInfo. This is an area for state attention, and the state should continue to monitor outstanding SVs to ensure the appropriate enforcement response is taken.</p> <p>File review metric 2c measures the percentage of files where corresponding data was missing in RCRAInfo. Four of the 24 files reviewed were missing data elements in RCRAInfo that were contained in the files. This included violations that were in inspection reports but did not carry over into RCRAInfo. South Carolina indicated that this may be attributed to the conversion of RCRAInfo Version 2 to Version 3. In addition, violations appeared in RCRAInfo that were not in the documents in the files. It appears that these violations were added after the inspection report. This is an area for state attention since it is necessary to ensure enforcement responses for all violations. It is recommended that the violation history for dropped or added violations be maintained either in the files, or in RCRAInfo in the comment field.</p>										
<p>Metric(s) and Quantitative Value:</p>	<table border="1"> <thead> <tr> <th><u>Metric</u></th> <th><u>State</u></th> </tr> </thead> <tbody> <tr> <td>2a1 - # of site SNC determinations made on day of formal action</td> <td>0</td> </tr> <tr> <td>2a2 - # of sites SNC determinations made within on week of formal action</td> <td>0</td> </tr> <tr> <td>2b - # of sites in violation greater than 240 days</td> <td>11</td> </tr> <tr> <td>2c - % files were missing data elements in RCRAInfo</td> <td>17%</td> </tr> </tbody> </table>	<u>Metric</u>	<u>State</u>	2a1 - # of site SNC determinations made on day of formal action	0	2a2 - # of sites SNC determinations made within on week of formal action	0	2b - # of sites in violation greater than 240 days	11	2c - % files were missing data elements in RCRAInfo	17%
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2a2 - # of sites SNC determinations made within on week of formal action	0										
2b - # of sites in violation greater than 240 days	11										
2c - % files were missing data elements in RCRAInfo	17%										
<p>State Response:</p>	<ul style="list-style-type: none"> <li>• SC was unable to enter certain violations into RCRAInfo for an extended period of time following the conversion from Version 2 to Version 3. SC has had numerous discussions with EPA R.4 and HQ, and continues to utilize EPA's IT support system in an effort to document and request repairs to RCRAInfo. Assistance has been requested from HQ to resolve remaining data entry problems. In November 2009 HQ was able to resolve the remaining data entry issues.</li> </ul>										

	<ul style="list-style-type: none"> <li>Throughout the development of an enforcement action, the Department evaluates the applicability and appropriateness of regulatory citations as alleged by compliance staff. Often times after ascertaining factual information during and subsequent to the enforcement conference, alleged violations are unfounded, additional violations are determined, or more appropriate citations are determined. The Department corrects and/or amends RCRAInfo accordingly such that it addresses a company's noncompliance with accurate cites. SRF reviewers establish in the RCRA Element 8 comments that, "In the files reviewed for the SRF, the state identified and classified violations correctly," as well as there were no instances of "misclassification of violations." The Department does ensure enforcement responses for all violations.</li> </ul>
Action(s):	No further action is needed.

<b>RCRA Element 3 - Timeliness of Data Entry</b>					
<b>Degree to which the Minimum Data Requirements are timely.</b>					
Finding	Two-thirds of the SNCs were entered into RCRAInfo within 60 days of the first day of inspection.				
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice				
Explanation:	<p>According to the RCRA ERP, SNCs should be entered into RCRAInfo upon determination, and not withheld to enter at a later time. The metric for this element is calculated by comparing archived monthly RCRAInfo SNC pulls and determining if a two month lag-time or longer exists between the date of inspection and when the SNC appeared in RCRAInfo. It is used as an indicator of late data entry.</p> <p>In FY2007 in South Carolina, four of six SNCs were entered into RCRAInfo within 60 days, with two (33%) entered after this time. South Carolina waits until the first enforcement conference with a violating facility before SNC determination is entered into RCRAInfo. This only becomes an issue if the state does not meet the ERP timeline of SNC designation by day 150, which is covered in Element 8 below (Metric 8b). In that metric, the timeliness was also low, but has been improving since FY2007.</p>				
Metric(s) and Quantitative Value:	<table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"><u>Metric</u></td> <td style="text-align: right;"><u>State</u></td> </tr> <tr> <td>3a –% of SNCs that were entered &gt; or = 60 days</td> <td style="text-align: right;">33%</td> </tr> </table>	<u>Metric</u>	<u>State</u>	3a –% of SNCs that were entered > or = 60 days	33%
<u>Metric</u>	<u>State</u>				
3a –% of SNCs that were entered > or = 60 days	33%				
State Response:	None				
Action(s):	No further action is necessary.				

<b>RCRA Element 4 - Completion of Commitments.</b>							
<b>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.</b>							
Finding	For FY2007, South Carolina met all of the enforcement and inspection commitments from their RCRA grant workplan.						
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice						
Explanation:	In the South Carolina RCRA grant workplan for FY2007, the state included specific commitments and projections for inspection and enforcement activity. There are only grant workplan <i>commitments</i> for compliance monitoring activities. Workplan <i>projections</i> are included for record reviews, compliance assistance visits, workshops, enforcement actions, etc. These activities are not always within the control of the state and are therefore not actual workplan commitments. All of the planned inspections and commitments were completed, and the majority of the workplan projections were met in FY2007.						
Metric(s) and Quantitative Value:	<table border="1"> <thead> <tr> <th>File Metric</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>4a – Planned inspections complete</td> <td>100%</td> </tr> <tr> <td>4b – Planned commitments complete</td> <td>100%</td> </tr> </tbody> </table> (See appendices for excerpt from the SCDHEC RCRA FY2007 End-of-Year report)	File Metric	State	4a – Planned inspections complete	100%	4b – Planned commitments complete	100%
File Metric	State						
4a – Planned inspections complete	100%						
4b – Planned commitments complete	100%						
State Response:	None						
Action(s):	No further action is needed.						

<b>RCRA Element 5 – Inspection Coverage</b>	
<b>Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).</b>	
Finding	South Carolina completed core inspection coverage for RCRA TSDs (two-year coverage) and LQGs (one year coverage). South Carolina did not meet the five-year inspection coverage for LQGs.
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	Element 5 is supported by data metrics 5a, 5b, and 5c. The OECA National Program Managers (NPM) Guidance provides the core program inspection coverage for TSDs and LQGs. South Carolina met the two-year TSD inspection requirement (Metric 5a) and exceeded the annual requirement for LQG inspections (Metric 5b).

	<p>The OECA NPM Guidance also provides that 100% of RCRA LQGs must receive a Compliance Evaluation Inspection (CEI) every five years. SRF Data Metric 5c shows that 79.7% (200 of 251) of the LQGs received a CEI between FY2003-FY2007. This metric uses the LQG universe from the RCRA Biennial Reporting System (BRS), and includes LQGs that reported in the 2003, 2005, and/or 2007 BRS reporting cycles. There were six uninspected LQGs that only reported once during this five-year period, and may be temporary LQGs. The LQG inspection coverage would increase to 82% if these six facilities were not counted. There were 45 remaining LQGs that did not receive an inspection during this five-year period and reported as LQGs the majority of that time period in BRS. The five-year LQG inspection coverage is an area for state attention.</p> <p>An accurate LQG count is difficult to maintain due to the dynamics of changing generator status and new or closing facilities. For this reason, it is suggested that the LQG universe be evaluated on an annual basis during the development of the annual RCRA grant workplan. The LQG universe can be updated for any facility changes, and the workplan can be adjusted to ensure that the core program requirements are being met for one-year and five-year inspection requirements.</p>												
<p>Metric(s) and Quantitative Value:</p>	<table border="1"> <thead> <tr> <th data-bbox="418 926 1036 961">Metric</th> <th data-bbox="1044 926 1295 961">National Goal</th> <th data-bbox="1304 926 1412 961">State</th> </tr> </thead> <tbody> <tr> <td data-bbox="418 963 1036 999">5a - TSD inspection coverage (2 years)</td> <td data-bbox="1044 963 1295 999">100%</td> <td data-bbox="1304 963 1412 999">100%</td> </tr> <tr> <td data-bbox="418 1001 1036 1037">5b - LQG inspection coverage (1 year)</td> <td data-bbox="1044 1001 1295 1037">20%</td> <td data-bbox="1304 1001 1412 1037">34.3%</td> </tr> <tr> <td data-bbox="418 1039 1036 1066">5c - LQG inspection coverage (5 years)</td> <td data-bbox="1044 1039 1295 1066">100%</td> <td data-bbox="1304 1039 1412 1066">82%</td> </tr> </tbody> </table>	Metric	National Goal	State	5a - TSD inspection coverage (2 years)	100%	100%	5b - LQG inspection coverage (1 year)	20%	34.3%	5c - LQG inspection coverage (5 years)	100%	82%
Metric	National Goal	State											
5a - TSD inspection coverage (2 years)	100%	100%											
5b - LQG inspection coverage (1 year)	20%	34.3%											
5c - LQG inspection coverage (5 years)	100%	82%											
<p>State Response:</p>	<ul style="list-style-type: none"> <li>• According to EPA, SC’s annual inspection coverage of 34.3% exceeded the federal annual goal of 20%.</li> <li>• SC currently evaluates and updates the LQG universe quarterly using quarterly reports to ensure an accurate universe. SC maintains that the use of the quarterly reports provides the most current and accurate representation of the LQG universe. SC has historically shared the list of LQGs with the EPA R.4 program staff during the grant work plan development/approval process and the Region was aware of and approved SC’s process.</li> <li>• Page 1 of the <i>Guidance for RCRA Core LQG Pilot Projects</i> document states “The Regions (after consultation with headquarters) have allowed the states to use a universe other than the 2005 BRS universe if they believe the alternative data more accurately portrays the LQG universe of the state.” SC was unaware that the Region did not “consult with Headquarters” as stated in the above referenced guidance.</li> <li>• In the FY 07/08 Final Review Report for the RCRA program EPA states, “The BLWM met their inspection commitments for all categories...[and] maintains excellent inspection coverage of the regulated universe...”</li> </ul>												
<p>Action(s):</p>	<p>No further action is needed.</p>												



<b>RCRA Element 6 – Quality of Inspection or Compliance Evaluation Reports</b>											
<b>Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.</b>											
<b>Finding</b>	Overall, the South Carolina RCRA inspection reports were good quality, with thorough supporting documentation and completed in a timely manner. However, several reports were lacking fundamental information regarding the regulatory status of the facility or the purpose of the inspection.										
<b>Is this finding a(n) (select one):</b>	<input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice										
<b>Explanation:</b>	<p>Twenty-four inspection reports were reviewed for under Metric 6a. There were 25 inspection and enforcement files selected for review, but one enforcement case was a corrective action order and did not have an inspection associated with the enforcement action.</p> <p>The majority of the inspection reports reviewed as part of the SRF were thorough and well-documented. However, for metric 6b, 25% of the reports (6 of 24 inspection reports) did not provide sufficient introduction describing the purpose of the inspection, how the facility was regulated under RCRA, and/or the onsite hazardous waste management activities. The EPA Revised RCRA Inspection Manual (1998) provides key information that must be in a report including a description of the “facility inspected, its operations, and the findings of the inspection.” This is an area for state attention, and South Carolina needs to ensure that this key information is included in future RCRA inspection reports.</p> <p>File review metric 6c measures the timely completion of inspection reports. Currently, there is no national EPA standard for the number of days within which a RCRA report must be completed from the first date of inspection. Nor is there a specific agreement for this timeline in the South Carolina RCRA Grant Workplan or the South Carolina/EPA Memorandum of Agreement. A general guideline of 45 days was used for the purposes of this review. The majority of South Carolina’s inspections were completed within this timeframe. In several instances of joint inspections with EPA, South Carolina delayed finalizing their reports beyond 45 days until EPA inspection findings were complete. Ninety-six percent of the reports were completed within 90 days.</p>										
<b>Metric(s) and Quantitative Value:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Metric</u></th> <th style="text-align: right;"><u>State</u></th> </tr> </thead> <tbody> <tr> <td>6a - # of inspection reports reviewed</td> <td style="text-align: right;">24</td> </tr> <tr> <td>6b - % of inspection reports that are complete</td> <td style="text-align: right;">75%</td> </tr> <tr> <td>6c - % of inspection reports that are timely</td> <td style="text-align: right;">71% (45 days)</td> </tr> <tr> <td></td> <td style="text-align: right;">96% (90 days)</td> </tr> </tbody> </table>	<u>Metric</u>	<u>State</u>	6a - # of inspection reports reviewed	24	6b - % of inspection reports that are complete	75%	6c - % of inspection reports that are timely	71% (45 days)		96% (90 days)
<u>Metric</u>	<u>State</u>										
6a - # of inspection reports reviewed	24										
6b - % of inspection reports that are complete	75%										
6c - % of inspection reports that are timely	71% (45 days)										
	96% (90 days)										
<b>State Response:</b>	<ul style="list-style-type: none"> <li>• SC has reviewed the list of inspection reports, and determined that the required information was included in them. SC strongly contends that key</li> </ul>										

	<p>information has been, and continues to be included in all inspection reports.</p> <ul style="list-style-type: none"> <li>• SC routinely copies the EPA R.4 RCRA program staff on all HW inspection reports, and the format and/or content of the reports has not been raised as an issue. Page 5-2 of the <i>RCRA Inspection Manual</i> states “Upon receiving a copy of the State inspection report, the EPA inspector should review the State report for the following items:             <ul style="list-style-type: none"> <li>- Observations and documentation of such</li> <li>- Timeliness of report</li> <li>- Accuracy of report in relation to field observations</li> <li>- Documentation of findings and/or conclusions</li> </ul> </li> </ul> <p>The State’s review of the inspection reports cited revealed that all the reports included this information.</p> <ul style="list-style-type: none"> <li>• SC’s review of the files indicates only three inspection reports did not meet the 45-day criteria for completion. Of those, two were joint inspections with EPA. The third report involved a facility with multiple violations over several inspections, and the decision was made jointly with EPA to combine them into one action.</li> </ul>
Action(s):	No further action is needed.

<b>RCRA Element 7 - Identification of Alleged Violations.</b>	
<b>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).</b>	
Finding	The vast majority of South Carolina’s inspection reports included correct compliance determinations, and inspection findings were promptly reported into RCRAInfo.
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	<p>In Metric 7a, a total of 24 inspection reports were reviewed as part of the onsite file review, and 23 (96%) included information to correctly identify violations. In one inspection report for a follow-up compliance schedule evaluation, there was no reference to the initial violations from the previous compliance inspection. It was unclear if the violations were repeat violations, which might result in an escalation of the facility to SNC status, or if these were new violations. Since this report was the only exception to the 24 reports reviewed, this does not represent an area of concern.</p> <p>In File Review Metric 7b, the files were also reviewed to assess if violations were determined within 150 days and entered into RCRAInfo. There were 20 facility inspections where violations were found, and 17 facilities (85%) were issued informal enforcement actions within 150 days after the inspection.</p>

	South Carolina accurately identifies RCRA violations and makes timely determinations, typically by issuing an initial informal enforcement action within 150 days.						
Metric(s) and Quantitative Value:	<table border="1"> <thead> <tr> <th>Metric</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>7a - % of inspection reports reviewed that led to accurate compliance determinations</td> <td>96%</td> </tr> <tr> <td>7b - % of violation determinations in the files that are reported within 150 days</td> <td>85%</td> </tr> </tbody> </table>	Metric	State	7a - % of inspection reports reviewed that led to accurate compliance determinations	96%	7b - % of violation determinations in the files that are reported within 150 days	85%
Metric	State						
7a - % of inspection reports reviewed that led to accurate compliance determinations	96%						
7b - % of violation determinations in the files that are reported within 150 days	85%						
State Response:	None						
Action(s):	No further action is needed.						

<b>RCRA Element 8 - Identification of SNC and HPV</b>	
<b>Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.</b>	
Finding	In the files reviewed, South Carolina correctly identified SNC and SV violation determinations. In FY2007, the state did not enter the majority of SNCs into RCRAInfo in a timely manner. The rate of timely SNC entry has improved since FY2007.
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
Explanation:	<p>The initial data pull indicated a drop in SNC identification rates from previous years. However, the file reviews conducted demonstrated that all of the violations were identified and classified correctly, so the drop in SNC rate did not correlate to a misclassification of violations. Therefore, this is not an area of concern.</p> <p>Data metric 8b measures the number of SNCs identified that were made within 150 days of the first day of inspection, which is the requirement in the RCRA ERP. In FY2007 (the year reviewed), South Carolina had a very low percentage of SNCs entered into RCRAInfo in a timely manner (14.3%). The national goal is 100%. The state confirmed significant staff turnover during this timeframe which contributed to the timeliness issue. In FY2008, this percentage improved from 14.3% to 41.7%, and continued to improve into FY2009. Although improved, this is an area for state attention that the South Carolina and the EPA Region 4 RCRA enforcement program will continue to monitor in their monthly conference calls.</p> <p>File Metric 8d measures the percentage of violations in the files that were accurately determined to be in SNC. In the nine final enforcement actions reviewed, 100% were correctly identified as SNCs.</p>

Metric(s) and Quantitative Value:	<u>Metric</u>	<u>State</u>
	8a - SNC identification rate	3.7%
	8b - % of SNC determinations made within 150 days	14.3%
	8d - % of violations in files reviewed that were Accurately determined to be SNC	100%
State Response:	The RCRA enforcement program experienced significant staff turnover during the review period resulting in a shortage of enforcement staff during most of the review period. Despite the lack of personnel resources, the program met its grant commitments. The enforcement program is now fully staffed.	
Action(s):	No further action is needed.	

### RCRA Element 9 - Enforcement Actions Promote Return to Compliance

**Degree to which state enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.**

Finding	In the files reviewed, 100% of SNCs and 90% of SVs were issued enforcement responses that included corrective action to return the facilities to compliance.	
Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice	
Explanation:	<p>EPA reviewed a total of nine SNC files and ten SV facility files under Metric 9a.</p> <p>Metric 9b is the percentage of the SNC enforcement responses reviewed that returned or will return the facility to compliance. In FY2007, 100 % (9 of 9) SNC enforcement actions returned the facility to compliance.</p> <p>Metric 9c is the percentage of SV enforcement responses reviewed that returned or will return the facility to compliance. In FY2007, 90% (9 of 10) of the enforcement actions returned the SV facility to compliance. One facility did not have any enforcement response for the one violation identified during the inspection. This omission appears to be an exception to standard procedures, and is not a concern.</p>	
Metric(s) and Quantitative Value:	<u>Metric</u>	<u>State</u>
	9a - # of enforcement responses reviewed	9 SNCs 10 SVs
	9b - % of enforcement responses that returned SNCs to compliance	100% (9 of 9)
	9c - % of enforcement responses that returned SVs to compliance	90% (9 of 10)
State Response:	None	

Action(s):	No further action is needed
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**RCRA Element 10 - Timely and Appropriate Action**

**Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.**

Finding	The state takes appropriate enforcement actions. However, timely enforcement response for SNC violations is a concern for South Carolina. Information from RCRAInfo and the file review both indicate that timely response times for completing formal enforcement actions at SNC facilities were not being met in FY2007.
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Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
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Explanation:	<p>Element 10 is supported by Data Metrics 10a, and File Review Metrics 10c and 10d.</p> <p>For South Carolina, 100% of the SNC enforcement responses addressed the violations appropriately, as measured in file review metric 10d. However, some of the enforcement actions were not taken in a timely manner. The RCRA ERP criteria states that RCRA SNC facilities should be addressed through a final enforcement action within 360 days or the facility is referred to a state attorney general. The RCRA ERP also recognizes that 20 percent of the cases may exceed this timeline, in situations like the following:</p> <ul style="list-style-type: none"> <li>- Cases involving violations of two or more media;</li> <li>- Potential criminal conduct which is under investigation;</li> <li>- Site abandonment;</li> <li>- Additional sampling or information requests are required to confirm the violation(s).</li> </ul> <p>Therefore the national goal for the percentage of timely SNC enforcement cases is 80%. In FY2007, the metric 10a indicated that 0% (zero out of seven) of the South Carolina enforcement actions met the ERP timelines. However, facility data in RCRAInfo showed that three of the seven enforcement actions, or 43%, had in fact met the ERP timelines. OECA has indicated that the likely cause for these three SNCs showing up as exceeding ERP timelines is that the SNCs were not linked to the final enforcement actions in RCRAInfo, which is a data entry concern. All SNCs and corresponding enforcement actions should be linked in RCRAInfo to show the violations as being resolved.</p> <p>In data metric 10a, the state still had four of the seven enforcement cases that did not meet the ERP timelines in FY2007. South Carolina shared that a shortage of enforcement staff contributed to the delays in resolving enforcement cases. This problem continued into FY2008, when the number of cases resolved within 360 days was at 12.5%.</p>
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	<p>File review metric 10c measures the percentage of enforcement responses reviewed that are taken in a timely manner (for both SV and SNC facilities). There were nine SV files reviewed where informal enforcement was taken, and 88% (eight facilities) were taken in a timely manner (within 240 days). There were nine SNC files reviewed where final formal enforcement was taken in FY2007. Four of the nine cases, or 44%, were taken within the 360 day timeframe. Combined, there were 12 of 18 facilities, or 66%, with violations (either SV or SNC) that were addressed within the ERP timelines.</p>												
<p>Metric(s) and Quantitative Value:</p>	<table border="1"> <thead> <tr> <th data-bbox="418 491 911 520">Metric</th> <th data-bbox="919 491 1235 520">National Goal</th> <th data-bbox="1243 491 1412 520">State</th> </tr> </thead> <tbody> <tr> <td data-bbox="418 527 911 556">10a - % Timely SNC actions</td> <td data-bbox="919 527 1235 556">80%</td> <td data-bbox="1243 527 1412 556">43%</td> </tr> <tr> <td data-bbox="418 562 911 632">10c - % of enforcement actions taken in a timely manner</td> <td data-bbox="919 562 1235 632">-</td> <td data-bbox="1243 562 1412 632">66%</td> </tr> <tr> <td data-bbox="418 638 911 705">10d - % of enforcement actions that are appropriate to the violations</td> <td data-bbox="919 638 1235 705">-</td> <td data-bbox="1243 638 1412 705">100%</td> </tr> </tbody> </table>	Metric	National Goal	State	10a - % Timely SNC actions	80%	43%	10c - % of enforcement actions taken in a timely manner	-	66%	10d - % of enforcement actions that are appropriate to the violations	-	100%
Metric	National Goal	State											
10a - % Timely SNC actions	80%	43%											
10c - % of enforcement actions taken in a timely manner	-	66%											
10d - % of enforcement actions that are appropriate to the violations	-	100%											
<p>State Response:</p>	<ul style="list-style-type: none"> <li>• EPA acknowledges that the HW Enforcement Section had a manager and one staff person (but only for the first two months of the FY) and two new staff persons the last four months of FY 2007. Despite the staff shortage, ten final actions were completed during that time frame. With limited staff, SC ensured the finalized actions brought the facilities into compliance, which is the primary goal of a regulatory program.</li> <li>• EPA states in Element 9 “In FY 2007, 100% of the SNC enforcement actions returned the facility to compliance.”</li> <li>• While the ERP allows 20% of the enforcement cases to exceed the 360-day timeframe, SC continues to encounter enforcement cases where the companies are in bankruptcy, under criminal review and/or have been referred to CERCLA. While EPA is aware and understands the circumstances in these cases (they are discussed each month in conference calls with R.4), EPA continues to count them against the 20%. Then, an increased number of cases with similar circumstances causes SC to exceed the 20% allowance. Inspections conducted during the current economic state indicate the numbers of these types of cases will increase.</li> <li>• Currently, the RCRAInfo data management system only allows a “return to compliance” entry date for facilities. For facilities in the status described in the previous bullet that have not returned to compliance, SC will not enter a return to compliance date and, with no other data entry option available in the system it appears that SC is not meeting timeframes for those cases where enforcement cannot proceed. This issue has been raised to EPA, but to date a satisfactory resolution of the data entry issue has not been reached.</li> <li>• SC will continue to participate in <i>monthly</i> conference calls with EPA R.4 to discuss these issues.</li> </ul>												
<p>Action(s):</p>	<p>It is recommended South Carolina continue to utilize the monthly conference calls with the EPA Region 4 RCRA program to review the status of resolving SNCs using the ERP timelines. By March 31, 2010, the South Carolina ERP timelines will be evaluated against the baseline determined in FY2007 using the SRF process. If a backlog of enforcement cases still exists, discussions</p>												

	for EPA work-sharing to address outstanding SNCs will take place at that time.
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**RCRA 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	South Carolina includes gravity-based penalty and economic benefit calculations in their initial penalty calculations. However, the economic benefit calculations are not consistent with national policy.
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Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice
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Explanation:	<p>Element 11 determines the percent of penalty calculations reviewed that consider and include a gravity portion of the penalty, and where appropriate, economic benefit. The initial penalty calculations reviewed included gravity-based calculations and economic benefit for each enforcement case. When economic benefit was included in the penalty, it was calculated as a fixed percentage of the gravity based penalty, usually 10% to 15%. The use of a fixed percentage could result in instances where the economic benefit value is greater than would be required, for example, labeling or paperwork violations. Alternatively, this method could under assess economic benefit in instances where significant control equipment upgrades were required, or where substantial delays of performance have occurred.</p> <p>The RCRA Civil Penalty Policy (RCPP) requires that economic benefit be calculated using the BEN model or other method that produces results consistent with national policy. The economic benefit can result from delaying or avoiding compliance costs, or when an illegal competitive advantage is achieved through noncompliance. In Section VIII of the RCPP (page 28), the policy provides penalty thresholds for pursuing economic benefit, an example being 10% of the gravity-based and total penalty for amounts between \$30,001 to \$49,999. South Carolina is using this percentage to calculate economic benefit, rather than as the threshold above which economic benefit should be pursued.</p>
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Metric(s) and Quantitative Value:	<table border="1"> <thead> <tr> <th>Metric</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>11a - % of penalty calculations reviewed that consider and include where appropriate gravity and economic benefit consistent with national policy</td> <td>0%</td> </tr> </tbody> </table>	Metric	State	11a - % of penalty calculations reviewed that consider and include where appropriate gravity and economic benefit consistent with national policy	0%
Metric	State				
11a - % of penalty calculations reviewed that consider and include where appropriate gravity and economic benefit consistent with national policy	0%				

State Response:	<ul style="list-style-type: none"> <li>Page 28 of the <i>RCRA Civil Penalty Policy</i> includes a chart indicating when economic benefit (EBN) should be pursued. SC has implemented use of the BEN model for calculation of economic benefit where appropriate.</li> <li>Where appropriate, SC will continue to pursue economic benefit for those</li> </ul>
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	sites not meeting the BEN model criteria, but meeting State criteria.
Action(s):	South Carolina should revise its civil penalty calculation methods to include, where appropriate to the action, economic benefit calculated using the BEN model or a state method that is equivalent to and consistent with national policy.

**RCRA Element 12 - Final Penalty Assessment and Collection**

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

Finding	South Carolina does not have documentation to show the difference between initial and final penalties. All enforcement orders reviewed had documentation that the penalty was collected in a SCDHEC financial database.						
Is this finding a(n) (select one):	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/> Good Practice						
Explanation:	<p>As standard procedures, South Carolina does not maintain final RCRA penalty calculations in their records. It is important that documentation of any differences and rationale between initial and final penalty calculations are maintained to determine if appropriate penalties have been recovered for the violations cited in the enforcement actions. For example, a downward adjustment of the penalty in the final enforcement action may take place due to new information provided in settlement negotiations, or a facility’s inability to pay a penalty. Without the final penalty calculation, it cannot be determined if economic benefit and a gravity portion of the penalty is recovered in the final enforcement order.</p> <p>South Carolina does maintain records of all penalty collections through a central financial database, as reported in metric 12b. Of the enforcement orders reviewed as part of the SRF, all had documentation that penalties were collected.</p>						
Metric(s) and Quantitative Value:	<table border="1"> <thead> <tr> <th>Metric</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>12a - % of formal enforcement actions that document the difference and rationale between initial and final assessed penalty</td> <td>0%</td> </tr> <tr> <td>12b - % of final formal actions that document the collection of the final penalty</td> <td>100%</td> </tr> </tbody> </table>	Metric	State	12a - % of formal enforcement actions that document the difference and rationale between initial and final assessed penalty	0%	12b - % of final formal actions that document the collection of the final penalty	100%
Metric	State						
12a - % of formal enforcement actions that document the difference and rationale between initial and final assessed penalty	0%						
12b - % of final formal actions that document the collection of the final penalty	100%						
State Response:	SC takes exception with the statement that it maintains incomplete penalty documentation. SC will continue to work with EPA R.4 for clarification on the format, content, and description of penalty documentation.						
Action(s):	In Round 1 of the SRF, EPA made the recommendation that the South Carolina RCRA program “provide penalty documentation and consider the implementation of a policy that would include all penalty support documentation in the case file, consistent with EPA guidance.” In Round 2,						



	incomplete penalty documentation is a continuing concern. It is recommended that by the December 31, 2009, South Carolina modify their RCRA penalty documentation procedures to include initial and final penalty calculation, and the rationale for any adjustments.
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**V. ELEMENT 13** – SCDHEC elected not to submit information under Element 13.

**V. APPENDICES**

- A. Status of Recommendations from Previous Reviews**
- B. Official Data Pull**
- C. Preliminary Data Analysis & File Selection**
- D. File Review Analysis**
- E. Program Grant Workplans (FY2007)**

**South Carolina Department of Health & Environmental Control  
Final Report, State Review Framework, Round 2**

There is not a 508-compliant copy of the appendices for this report. For a PDF copy, please contact Shannon Maher at [maher.shannon@epa.gov](mailto:maher.shannon@epa.gov).