



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

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CHICAGO, IL 60604-3590

NOV 01 2011

REPLY TO THE ATTENTION OF:

Cathy Stepp, Secretary
Wisconsin Department of Natural Resources
P.O. Box 7921
Madison, Wisconsin 53707-7921

Dear Ms. Stepp:

The U.S. Environmental Protection Agency would like to thank you and your staff for participating in our enforcement program review of the Clean Air Act Stationary Source program, Clean Water Act National Pollutant Discharge Elimination System program, and Resource Conservation and Recovery Act Subtitle C hazardous waste program, which included analysis of WDNR data and review of WDNR case files. We appreciate your staff's cooperation and assistance during this review.

Please see the enclosed final enforcement review report, which contains an executive summary along with detailed findings and recommended actions. In developing this final report, we considered WDNR's comments on the draft report and changed some recommended actions as a result. We also reviewed available data from fiscal years 2009 through 2011 as context for the final report, and believe that the remaining recommendations are appropriate.

We look forward to working with you to address our recommendations, and to reflect the most current information in carrying them out. We agree that EPA and WDNR should work together to use more contemporaneous data going forward. We expect that EPA will share a proposed approach for the next round of enforcement program reviews within the next several months, and welcome WDNR's participation in these discussions.

If you have any questions, please contact me at 312-886-3000 or Alan Walts, Director, Office of Enforcement and Compliance Assistance, at 312-353-8894 or walts.alan@epa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Mathur".

Bharat Mathur
Deputy Regional Administrator

Enclosure

State Review Framework

Wisconsin Round 2 Report
for Federal Fiscal Year 2008

Final 10/31/11

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U.S. EPA – Region 5 Review of Wisconsin DNR Enforcement Program

Federal Fiscal Year 2008

October 31, 2011

I. EXECUTIVE SUMMARY

Major Issues

The SRF review of Wisconsin DNR identified the following main areas where state improvement is needed:

- Data Entry – The WDNR RCRA, CWA, and CAA programs each have issues with providing complete, accurate, and/or timely data to EPA systems. Missing or inaccurate data affects the ability of both EPA and WDNR to determine enforcement program quality. It also hinders our ability to give the public a transparent and accurate account of compliance and enforcement actions by the state.
- Inspection Reports and Evaluations – RCRA, CWA, and CAA inspection reports and evaluations were not complete, and/or did not provide enough information to support compliance determinations. This can result in a failure to identify violations for follow-up action and return to compliance.
- Violation Identification and Determinations of Significant Non-Compliance – For the CWA program, a large number of violation determinations were inaccurate. This is partly due to a failure to report Single Event Violations, which are often found as a result of an inspection instead of through automated reviews of discharge reports. Both the RCRA and CWA programs had issues with consistently identifying the most significant non-compliance. Inaccurate violation identification, and failure to determine the most significant non-compliance, prevents WDNR and EPA from taking appropriate action to address important environmental problems.
- Penalty Documentation – The RCRA, CWA, and CAA programs had issues with properly documenting penalties. Files lacked economic benefit and gravity calculations, justification for the difference between the initial and final penalties, and/or evidence that penalties were collected. Insufficient documentation in each of these areas makes it difficult to determine whether penalties are being properly used as an effective enforcement tool.

Summary of Programs Reviewed

RCRA Program

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

- Element 2 – Data Accuracy
 - Finding 2-1: Zero sites were determined to be SNCs on the same day, or within a week, of the formal action – which is a positive indicator of prompt SNC

determinations. However, 11 sites in RCRAInfo were in violation for greater than 240 days without being evaluated for re-designation as SNCs.

- Finding 2-2: Twenty-eight of 35 files (80%) contained data that was accurately reflected in RCRAInfo.
- Element 3 - Timeliness of Data Entry
 - Finding 3-1: Two of four SNCs (50%) were entered into RCRAInfo 60 days or more after designation.
- Element 5 – Inspection Coverage
 - Finding 5-1: Including assistance from EPA, the national inspection goals for TSDFs (2 years) and LQGs (1 year) year were met. However, the five year LQG goal was not met.
- Element 6 – Quality of Inspection or Compliance Evaluation Reports
 - Finding 6-1: Twenty-two of 35 (63%) inspection reports reviewed were complete and provided sufficient documentation to determine compliance at the facility.
 - Finding 6-2: Thirty of 35 inspection reports (86%) were completed within a determined time frame.
- Element 7 - Identification of Alleged Violations
 - Finding 7-1: A review of data shows that 110 of 264 inspections (41.7%) produced identified violations, which seems low compared to the violation rate of Region 5 (78.4%).
- Element 8 - Identification of SNC
 - Finding 8-1: WDNR’s SNC identification rate is less than half of the national average, which is the national goal.
- Element 10 - Timely and Appropriate Action
 - Finding 10-1: According to RCRAInfo, zero of two SNCs (0%) had formal action taken within 360 days and one formal action was reported for the review year. In regard to the review of files, 16 of 20 enforcement responses for designated SNCs and SVs (80%) were timely and 19 of 20 (95%) were appropriate.
- Element 11 - Penalty Calculation Method
 - Finding 11-1: Zero of two (0%) penalty calculations reviewed for two files included case-specific calculations for economic benefit or gravity.

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

- Data Completeness (Element 1);
- Completion of Commitments (Element 4);
- Timely Identification of SNCs (Element 8);
- Enforcement Actions Promote Return to Compliance (Element 9);
- Final Penalty Assessment and Collection (Element 12)

CWA/NPDES Program

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

- Element 1 - Data Completeness
 - Finding 1-1: Review of the 26 data metrics under Element 1 shows that several of the Minimum Data Requirements (MDRs) were not complete. The remaining MDRs

were either complete or contained minor discrepancies such as those due to universe changes.

- Element 2 - Data Accuracy
 - Finding 2-1: No major facility actions were linked to violations as required in the Integrated Compliance Information System for the National Pollutant Discharge Elimination System Program (ICIS-NPDES). In 16 of 29 reviewed files (55%), data was accurately reflected in ICIS-NPDES.
- Element 3 - Timeliness of Data Entry
 - Finding 3-1: A comparison of data in Online Tracking Information System (OTIS) on 2/14/09 to data in OTIS on 9/12/09 shows that certain required data were not entered into ICIS-NPDES in a timely manner.
- Element 4 - Completion of Commitments
 - Finding 4-1: Two of three inspection commitments (67%) were met, while two of six non-inspection commitments (33%) were met.
- Element 5 - Inspection Coverage
 - Finding 5-1: Two of three inspection commitments (67%) were met.
- Element 6 - Quality of Inspection or Compliance Evaluation Reports
 - Finding 6-1: Eight of 19 reviewed inspection reports (42.1%) were complete, 11 of 19 (57.9%) provided sufficient information to lead to an accurate compliance determination, and 13 of 19 were timely (68.4%).
- Element 7 - Identification of Alleged Violations
 - Finding 7-1: Based on OTIS violation data for WDNR, it appears that violation data is not being fully reported to ICIS-NPDES and thus is not representative of actual violation identification or resolution in Wisconsin. In regard to the file review, 13 of 19 reviewed inspection files (68.4%) led to an accurate violation determination.
- Element 8 - Identification of SNC
 - Finding 8-1: Zero out of three inspection files (0%) reviewed included SEVs that were accurately identified as SNC and reported timely. WDNR's SNC rate is three point one percent (3.1%), which is lower than the national average and this a positive indicator; however, it appears that the high manual override rate and lack of SEV reporting is making this rate lower than it should be.
- Element 10 - Timely and Appropriate Action
 - Finding 10-1: OTIS reports timely action on a majority of cases. However, the high rate of manual override might be inflating timeliness numbers. In regard to appropriate enforcement actions, cases that involve SNC are not addressed with formal actions per national policy. Also, WDNR is not entering Notices of Violation (NOVs) into the national database.
- Element 11 - Penalty Calculation Method
 - Finding 11-1: Three of six cases (50%) reviewed with penalties appropriately considered gravity and economic benefit.
- Element 12 - Final Penalty Assessment and Collection
 - Finding 12-1: Zero of six files (0%) that contained penalties documented the difference between the initial and final penalty. One of six penalty cases (17%) documented collection of penalties.

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

- Enforcement Actions Promote Return to Compliance (Element 9)

CAA Program

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

- Element 1 - Data Completeness
 - Finding 1-1: Review of the 18 data metrics under Element 1 show that several of the MDRs were not complete or could not be assessed due to WDNR's "data cleanup" due to its migration to a new internal database.
- Element 2 - Data Accuracy
 - Finding 2-1: Three of three MDRs (100%) under Element 2 were accurate. The file review showed accurate data in 16 out of 28 files (57.1%).
- Element 3 - Timeliness of Data Entry
 - Finding 3-1: The national goal for entry of High Priority Violators (HPVs), compliance monitoring MDRs, and enforcement MDRs in a timely manner is one hundred percent (100%) entered in 60 days or less. WDNR's percentages were thirty-two percent (32.0%), seventy-five point seven percent (75.7%), and fifty-four point seven percent (54.7%) respectively.
- Element 4 - Completion of Commitments
 - Finding 4-1: Commitments for the number of Full Compliance Evaluations (FCEs) at Majors and SM-80 sources were not met. In addition, WDNR did not meet four out of five non-FCE enforcement-related goals in the Environmental Performance Partnership Agreement (EnPPA).
- Element 5 - Inspection Coverage
 - Finding 5-1: Commitments for the number of Full Compliance Evaluations (FCEs) at Majors and SM-80 sources were not met.
- Element 6 – Quality of Inspection or Compliance Evaluation Reports
 - Finding 6-1: Eleven of 16 FCEs reviewed (69%) met the definition of a FCE per CMS policy. Ten of 17 Compliance Monitoring Reports (CMRs) reviewed (59%) provided sufficient documentation to determine compliance at the facility.
- Element 7 - Identification of Alleged Violations
 - Finding 7-1: Fifteen of 18 CMRs (83.3%) reviewed had accurate compliance determinations. Two of five non-HPVs reviewed were timely reported to the Air Facility System (AFS).
- Element 8 - Identification of HPV
 - Finding 8-1: WDNR met three data metrics associated with HPVs under this Element, but did not meet two other data metrics. The file review showed that seven of nine files with violations (77.8%) were accurately determined to be HPVs.
- Element 9 – Enforcement Actions Promote Return to Compliance
 - Finding 9-1: One of one formal enforcement actions (100%) included required corrective action that will return facilities to compliance. However, EPA could not determine whether compliance was achieved as a result of the formal enforcement action for the remaining five penalty-only cases.
- Element 10 – Timely and Appropriate Action

- Finding 10-1: Eighty-four percent (84.1%) of HPVs are not meeting timeliness goals according to a review of AFS. In regard to a review of files, two of nine formal enforcement responses (22.2%) reviewed were addressed in a timely manner.
- Element 12 – Final Penalty Assessment and Collection
 - Finding 12-1: One of seven (14.3%) contained documentation that penalties had been collected.

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

- Penalty Calculation Method (Element 11)

II. BACKGROUND INFORMATION ON STATE PROGRAM AND REVIEW PROCESS

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

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

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

A. GENERAL PROGRAM OVERVIEW

- **Agency Structure:** WDNR has a decentralized organization, consisting of a Central office located in Madison, WI, five Regional offices located throughout the state, and multiple Area offices located within each Region. Inspections and initial enforcement response are handled predominantly at the Regional level. Escalated enforcement responses are referred to the Central office. The Central office also serves to develop related policies, provide oversight of Regional and Area offices, and maintain the State’s program databases.
- **Compliance/Enforcement Program Structure:** The program offices of WDNR (Air, Water, and Waste) conduct compliance monitoring activities as well as informal enforcement actions. Formal enforcement actions, in the form of referrals to the Wisconsin

Attorney General, are the responsibility of the Environmental Enforcement office. WDNR does not have legal authority to take formal administrative actions.

- **Roles and responsibilities:** WDNR is responsible for implementing State and State-authorized, approved, or delegated federal programs that protect and enhance Wisconsin's natural resources, and for coordinating the many State administered programs that protect the environment and provide a full range of outdoor recreational opportunities.

WDNR's environmental management responsibilities focus on improving and protecting the quality of Wisconsin's air, land, surface water, and groundwater to support a diverse environment and protect fish and other aquatic life, wildlife, and human health. WDNR, in cooperation with Region 5: prevents waste generation, pollution, and spills; implements programs to manage waste and by-products, and directs the cleanup at contaminated sites and groundwater. This is done through its wastewater management, water quality, safe drinking water, waste management, remediation and redevelopment, and air quality activities.

In achieving its responsibilities to protect human health and the environment, WDNR works in partnership with citizens, communities, businesses, advocacy groups, other state agencies and the federal government. In addition to working in partnerships, the interrelationships among air, land, and water resources require an integrated approach to ecosystem management. In its organization, WDNR has established geographic management units, based mostly on major river basins, which will be the focus of an interdisciplinary approach to environmental and natural resource management. Direct citizen participation in setting goals and priorities within these geographical management units is key to WDNR natural resource and environmental decision-making.

- **Local Agencies Included/Excluded from Review:** No local agencies are delegated directly by EPA to conduct work in the programs under the SRF. As a result, no local agencies were chosen for an independent SRF review. However, files for the WDNR review cover multiple WDNR field locations – thus representing action across the state.
- **Resources:**
 - WDNR's Environmental Enforcement staff consists of 12.5 FTE non-credentialed Environmental Enforcement Specialists and 6 FTE Environmental Wardens who are sworn law enforcement officers.
 - There are 15 FTE dedicated to RCRA compliance and enforcement, plus staff working on remediation, technical assistance and rule development.
 - WDNR has 40 staff for CWA compliance and enforcement including municipal and industrial point source, MS4s and CAFO permits. The CWA program also includes groundwater permits in addition to surface water permits.

- There are 27 FTE dedicated to Air program compliance and enforcement activities.
- **Staffing/Training:**
 - All programs are expecting retirements during the coming year.
 - WDNR hires employees through a competitive civil service process.
- **Data reporting systems/architecture:** For RCRA, data is reported through RCRA Info; for CAA, data is reported through AIRS; and for CWA, major source data is manually entered into ICIS-NPDES.

B. MAJOR STATE PRIORITIES AND ACCOMPLISHMENTS

- **Priorities:** WDNR and Region 5 share a commitment to protect Wisconsin's citizens and environment. Achieving and maintaining compliance with environmental requirements is a major part of this shared commitment. To guide the agencies in this shared responsibility, Region 5 and WDNR agree on the following objectives as guiding principles:
 - Manage for environmental results which support agency goals.
 - Encourage and maintain compliance through the most effective application of the full spectrum of tools.
 - Use our respective resources and abilities as efficiently as possible.
 - Institute joint, advance planning for the most effective coordination.
 - Enhance open and honest communication between our agencies.
- **Accomplishments:** In the RCRA Program, WDNR developed and implemented a program to educate the healthcare community regarding hazardous waste regulations using presentations and web publications.
- **Element 13:** WDNR did not submit an Element 13 request.

C. PROCESS FOR SRF REVIEW

- **Review Period:** Fiscal Year in which review was conducted was 2008.
- **Key Dates:**
 - April 22, 2009 – Region 5 and WDNR hold Opening Meeting.
 - November 3, 2009 – Region 5 sends WDNR official OTIS data pull.
 - March 2-3, 2010 – Region 5 RCRA program conduct file reviews.
 - April 5-7, 2010 - Region 5 CAA program conducts file review.
 - April 20-22, 2010 – Region 5 CWA program conducts file review.
 - May 5, 2010 – Region 5 sends official Preliminary Data Analysis.
 - October 6-7, 2010 – Region 5 CWA program conducts reviews on additional files.
- **Communication with the State:** Throughout the SRF process, Region 5 communicated with WDNR through official letters sent to the WDNR Commissioner and continual conversations by phone and email. During the Opening Meeting, Region 5 conducted a brief training of SRF Round 2 procedures and discussed issues and timelines for implementation in Wisconsin. In regard to file reviews, Region 5 opened each review with a meeting with WDNR personnel to discuss the file review steps, and then closed each review with a discussion of initial file review results.

- **List state and regional lead contacts for review.**
 - SRF Coordinators – Andrew Anderson/R5 (312-353-9681), Stephanie Cheaney/R5 (312-886-3509), Steve Sisbach/WDNR (608-266-7317)
 - CWA – Ken Gunter/R5 (312-353-9076), James Coleman/R5 (312-886-0148), Kate Balasa/R5 (312-886-6027), Cheryl Burdett/R5 (312-886-1463), Michael Lemcke/WDNR (608-266-2666)
 - RCRA – Walt Francis/R5 (312-353-4921), Brenda Whitney /R5 (312-353-4796), Paul Little/R5 (312-886-4460), Pat Chabot/WDNR (608-264-6015), Edward Lynch/WDNR (608-266-3084)
 - CAA –Jeff Gahris/R5 (312-886-6794), William Bauman/WDNR (608-267-7542)

III. STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEW

During the first SRF review of WDNR’s compliance and enforcement programs in 2006, Region 5 and WDNR identified a number of actions to be taken to address issues found during the review. The table below shows the status of actions that have not been completed as of the time of this review.

Region	State	Status	Due Date	Media	Element	Finding	Recommendation
Region 05	WI - Round 1	Long Term Resolution	12/31/2011	CWA	Insp Universe	Reports do not have sufficient information	Issue a memo for content of inspection reports.
Region 05	WI - Round 1	Long Term Resolution	12/31/2011	CWA	Insp Universe	Reports do not have sufficient information.	Update State inspection strategy.
Region 05	WI - Round 1	Long Term Resolution	12/31/2011	CWA	Insp Universe	Inspection reports do not have sufficient information.	Incorporate performance expectations regarding inspection report content into the standards of WDNR regional managers.
Region 05	WI - Round 1	Long Term Resolution	12/31/2011	CWA	Insp Universe	Inspection reports do not have sufficient information.	Include provisions for ICIS-NPDES conversion plan.
Region 05	WI - Round 1	Long Term Resolution	12/31/2011	CWA	Return to Compliance	No case closeout information in files.	Amend EMS for case closeout procedures.
Region 05	WI - Round 1	Long Term Resolution	12/31/2011	CWA	Penalty Calculations	Enforcement actions not in PCS.	Enter enforcement data into data system.
Region 05	WI - Round 1	Long Term Resolution	12/31/2011	CWA	Penalty Calculations	BEN and gravity calculations not apparent for cases.	Revise the state EMS for BEN and gravity factor.
Region 05	WI - Round 1	Long Term Resolution	12/31/2011	CWA	Data Complete	Data Entry Low or Missing	Address data entry issues.
Region 05	WI - Round 1	Long Term Resolution	12/31/2011	CAA	SNC Accuracy	Untimely HPV Reporting	Report HPVs promptly.
Region 05	WI - Round 1	Long Term Resolution	12/31/2011	CAA	SNC Accuracy	Low HPV rate	Evaluate the HPV rate.
Region 05	WI - Round 1	Long Term Resolution	12/31/2011	CAA	Timely & Appropriate Actions	CMR Template not adequate for CMS purposes.	Review and revise the CMR Template.
Region 05	WI - Round 1	Long Term Resolution	12/31/2011	CAA	Violations ID'ed Appropriately	CMR Template not adequate for CMS purposes.	Review CMR training.

IV. OVERALL FINDINGS AND RECOMMENDATIONS

This section identifies: the Findings from the review of the data and file metrics; whether the issues identified are simply being brought to the state’s attention or need corrective measures; the state’s input on the findings and recommendations; and, if corrective measures are needed, the actions agreed upon between the Region and the state.

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

Finding	Description
<p>Good Practices</p>	<p>This describes activities, processes, or policies that the SRF data metrics and/or the file reviews show are being implemented exceptionally well and which the State is expected to maintain at a high level of performance. Additionally, the report may single out specific innovative and noteworthy activities, process, 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.</p>
<p>Meets SRF Program Requirements</p>	<p>This indicates that no issues were identified under this Element.</p>
<p>Areas for State* Attention</p> <p>*Or, EPA Region’s attention where program is directly implemented.</p>	<p>This describes activities, processes, or policies that the SRF data metrics and/or the file reviews show are being implemented with minor deficiencies. The State needs to pay attention to these issues to strengthen its performance, but the issues 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. However, the state is expected to improve and maintain a high level of performance.</p>
<p>Areas for State * Improvement – Recommendations Required</p> <p>*Or, EPA Region’s attention where program is directly implemented.</p>	<p>This describes activities, processes, or policies that the metrics and/or the file reviews show are being implemented by the state that have significant problems that need to be addressed and that require follow-up or 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 that will have well defined timelines and milestones for completion. Recommendations will be monitored in the SRF Tracker.</p>

Recommended actions in the following tables are intended to resolve issues in the best way possible given the context of particular situations. EPA will routinely monitor both actions and subsequent performance to verify that issues are being addressed. EPA will also review policy or other documents produced by the state as a result of this review. If a state fails to carry out actions in this report, EPA will respond in a manner that is appropriate and designed to correct major identified issues.

Resource Conservation and Recovery Act

Resource Conservation and Recovery Act		
Element 1. Data Completeness. Degree to which the Minimum Data Requirements are complete. (example, correct codes used, dates are correct, etc.)		
1-1	Finding	Review of the data metrics under Element 1 shows that most of the MDRs were complete. However, the numbers of certain sites and actions in RCRAInfo appear to need correction.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	This finding is only an area of concern because the Region believes that WDNR can improve performance in this area on its own without a recommendation. Region 5 will monitor progress in the future.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> Review of the data metrics under Element 1 shows that most of the MDRs were complete. However, the numbers of certain sites (see data metrics 1a3 and 1a4) and actions (see data metrics 1f1s and 1f2s) in RCRAInfo appear to need correction.
	State Response	State did not provide a comment.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> No action needed.

Resource Conservation and Recovery Act		
Element 2. Data Accuracy. Degree to which the Minimum Data Requirements are accurate. (example, correct codes used, dates are correct, etc.)		
2-1	Finding	Zero sites were SNC-determined on the same day, or within a week, of the formal action – which is a positive indicator of prompt SNC determinations. However, 11 sites in RCRA info were in violation for greater than 240 days without being evaluated for re-designation as SNCs.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	The number of sites in violation for greater than 240 days is high. The RCRA ERP states that sites designated as secondary violators should be re-designated as SNCs if the violators do not return to compliance in 240 days.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> Data Metric 2A1S – 0 sites were SNC-determined on the day of the formal

		<p>action.</p> <ul style="list-style-type: none"> • Data Metric 2A2S – 0 sites were SNC-determined within one week of the formal action. • Data Metric 2B0S – 11 sites in RCRAInfo have been in violation for greater than 240 days without being evaluated for re-designation as SNCs.
	State Response	The finding of this element, “Area of State Improvement – Recommendations Required”, is based on DNR having 11 sites with violation for greater than 240 days. In this same timeframe, EPA Region 5 had 37 sites in violation for greater than 240 days.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • In regards to data metric 2B0S, WDNR should review their cases to determine which facilities, if any, have not yet been returned to compliance within 240 days. By January 31, 2012, WDNR should reclassify these facilities as SNCs, or take all additional actions necessary to return the violators to compliance while following the enforcement response time frames described in the ERP. Similar recommendations were made in Section 2, #5 of the SRF Round 1 final report. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.
2-2	Finding	Twenty-eight of 35 files (80%) contained data that was accurately reflected in RCRAInfo.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	In seven of the 35 files reviewed, data in RCRAInfo were incorrect for the following reasons: 1) in one file, citizen complaint should be marked as "YES" in RCRAInfo; 2) the Return to Compliance (RTC) date was the date of the facility response rather than the date the WDNR documented the facility was in compliance (i.e. date of RTC letter); 3) the RTC date was the date of the follow-up inspection instead of the RTC letter; 4) no RTC date was input in RCRAInfo at the time of the review; 5) an enforcement conference and SNY date were not entered at the time of the review; 6) the RTC date was the date of the Notice of Noncompliance (NON); and 7) the SNY date was incorrect.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • File Metric 2c – 28 of 35 files (80%) contained data that was accurately reflected in RCRAInfo.
	State Response	Based on WDNR’s comments on the underlying metrics [made on pages 6 and 7 of Appendix H of this report], WDNR requests that EPA change the RCRA program recommendations to reflect that elements 2-2, 6-1 & 6-2, 7-1, 9-1, and 10-1 “Meets SRF Program Requirements”.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • WDNR submitted a Compliance and Enforcement Improvement Plan to EPA on January 17, 2007 in response to comments made by EPA regarding Data Accuracy from Section 3, # 11 in the SRF Round 1 final report. WDNR should review this Plan, make improvements to it as necessary to continue improving data quality, and retrain staff by January 31, 2012. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Resource Conservation and Recovery Act		
Element 3. Timeliness of Data Entry. Degree to which the Minimum Data Requirements are timely.		
3-1	Finding	Two of four state-identified SNCs (50%) were entered into RCRAInfo 60 days or

		more after designation.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>A review of the data metrics shows that, as of 9/10/2009, 50% of state-identified SNCs entered into the national database in FY 08 were entered more than 60 days after designation.</p> <p>Note: The data metrics show a total of five new SNCs for WDNR. This number, however, included a facility for which a SNC designation was made but was subsequently removed. The total number of new SNCs, for purposes of analysis of this metric, is four.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> Data Metric 3A0S – 2 of 4 SNCs (50%) were entered into RCRAInfo 60 days or more after designation.
	State Response	The finding of this element “Area of State Improvement – Recommendations Required” is based on entering 50% (2 out of 4) of the SNC designations into RCRA Info more than 60 days after designation. In this same timeframe, EPA Region 5 entered only 20% (1 out of 5) of SNC designations into RCRA Info within 60 days after designation.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> Data should be entered into RCRAInfo when a compliance determination has been made. WDNR should adhere to the ERP guidance. These recommendations were made in SRF Round 1 under Section 4, #10. In response to these recommendations, WDNR submitted a Compliance and Enforcement Improvement Plan to EPA on January 17, 2007. WDNR should review this Plan, make improvements to it as necessary to continue improving data quality, and retrain staff by January 31, 2012. Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Resource Conservation and Recovery Act		
Element 4. Completion of Commitments. Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.		
4-1	Finding	WDNR met five of five (100%) non-inspection commitments in the Environmental Performance Partnership Agreement (EnPPA).
	This finding is a(n):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>WDNR committed to five actions beyond inspections in the EnPPA.</p> <ul style="list-style-type: none"> Provide inspection/enforcement files for EPA Mid-Year File Review at WDNR Regional Offices. Participate in Quarterly Enforcement Conference Calls Conduct agreed upon Joint Inspections with EPA. Hold annual meetings and respond to inquiries from Region 5 Respond to citizen complaints and follow-up as appropriate. <p>All of these actions have been accomplished.</p>

	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> File Metric 4b – WDNR met five additional commitments beyond inspections in the EnPPA.
	State Response	State did not provide a comment.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> No action needed.
4-2	Finding	WDNR met the inspection commitment in FY 08 of performing at least 50 LQGs, but did not meet the inspection commitment of inspecting 16 TSDFs in two years.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	Based on RCRAInfo data, WDNR conducted 62 LQG inspections in their State FY 08, which is 124% of their EnPPA commitment. Also based on RCRAInfo data, WDNR conducted inspections at 15 operating TSDFs over two state FYs (2007 and 2008), which is 93.8% of their commitment. During this time period, Wisconsin had 16 operating TSDFs.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> File Metric 4a – WDNR met the LQG requirements, but did not meet the TSDF commitment.
	State Response	State did not provide a comment.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> This finding is only an area of for state attention because the Region believes that WDNR can improve performance in this area on its own without a recommendation. Region 5 will monitor progress in the future.

Resource Conservation and Recovery Act		
Element 5. Inspection Coverage. Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).		
5-1	Finding	Including assistance from EPA, the national inspection goals for TSDFs (2 years) and LQGs (1 year) year were met. However, the five year LQG goal was not met.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>According to the data metrics, the national goal was 100% and the national average was 88.1% for inspection coverage of TSDFs over 2 fiscal years. WDNR recorded 93.8%. Combined with EPA, 100% of TSDFs were inspected.</p> <p>For inspection coverage of LQGs over 1 fiscal year, the national goal was 20%, and the national average was 23.6%. WDNR recorded 11.8%. Combined with EPA, the goal was exceeded at 21.3%.</p> <p>For LQG inspections over 5 fiscal years, the state-only national goal was 100% and the average was 68%. WDNR recorded 56.6%. Combined with EPA, WDNR</p>

		recorded 75.8%, which exceeded the national average of 73.3%, but did not equal the 100% goal.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 5a - WDNR inspection coverage for TSDFs (2 FY) - 93.8%. Combined WDNR/EPA coverage - 100%. • Data Metric 5b - WDNR inspection coverage for LQGs (1 FY) - 11.8%. Combined WDNR/EPA coverage - 21.3%. • Data Metric 5c - WDNR inspection coverage for LQGs (5 FY) - 56.6%. Combined WDNR/EPA coverage - 73.3%.
	State Response	We believe that the information in this element is misleading. WDNR exceeds the national average listed in the SRF metrics for inspection coverage. In addition, in 2008 WDNR had negotiated inspection commitments with EPA in our EnPPA work plan to ensure complete coverage, which is allowed under EPA's National Program Managers Guidance. We are now concerned that in the SRF 2, EPA is indicating WDNR did not provide adequate inspection coverage. Had we known this, we would have put more resources in this area. We have corrected this issue and believe that this element finding should be changed to "Meets SRF Program Requirements".
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By January 31, 2012, WDNR must submit an action plan which addresses how WDNR will meet the national goal of 20% LQG inspections every year and 100% of LQGs over five fiscal years. This plan must also include steps and timelines that WDNR will take to conduct more LQGs independent of EPA assistance per its delegation agreement. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Resource Conservation and Recovery Act		
Element 6 – Quality of Inspection or Compliance Evaluation Reports. Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.		
6-1	Finding	Twenty two of 35 (63%) inspection reports reviewed were complete and provided sufficient documentation to determine compliance at the facility.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	Using the RCRA Inspection Report Completeness Checklist located in the State Review Framework RCRA File Review Metrics Plain Language Guide, 22 of 35 (63%) inspection reports reviewed were complete. Regarding the remaining inspection reports: 1) in seven of the inspection reports, used oil and/or universal waste had been mentioned in a narrative or in a hazardous waste generator checklist; however, used oil and/or universal waste checklists were not included in the report. Please note that these two checklists were available to the inspectors for these seven inspections at the time of the inspection; 2) in one file, no narrative of the inspection was included; 3) in two files where inspections were conducted at permitted facilities, the inspection report did not include one or more of the following where necessary: checklists for hazardous waste, used oil, or universal waste generators, air emissions (BB), or transporters (see note below); 4) in one file, violations were noted in an LQG checklist, but an inspection report complete with a letter to the facility was not in the file; 5) in one file, a VSQG checklist was not complete; and 6) in one file, documentation of an NOV and enforcement conference was not included, and the inspection report consisted of a limited narrative.

		<p><i>Note:</i> According to page 57 of the Nationally Defined Values for Evaluation Type as of May 12, 2006 [http://www.scribd.com/doc/1602196/8/C8-LU-EVALUATION-TYPE (p.57)], the compliance evaluation inspection (CEI) is an on-site evaluation of a hazardous waste handler's compliance with regard to all applicable RCRA regulations and permit standards with the exception of financial assurance requirements and groundwater monitoring. The entire set of activities and associated effort is considered a single CEI.</p> <p>Also according to an October 25, 1994, Barb Zellmer Memorandum to District Solid and Hazardous Waste Program Supervisors regarding FY '95 Inspection Grant Commitments and Inspection and Enforcement Tracking, "Basic program compliance includes evaluation of facility compliance with all applicable hazardous waste provisions."</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> File Metric 6b – 22 of 35 inspection reports (63%) were considered complete and provided sufficient documentation to determine compliance at the facility.
	State Response	Based on WDNR's comments on the underlying metrics [made on pages 6 and 7 of Appendix H of this report], WDNR requests that EPA change the RCRA program recommendations to reflect that elements 2-2, 6-1 & 6-2, 7-1, 9-1, and 10-1 "Meets SRF Program Requirements".
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> In response to similar recommendations made in SRF Round 1 under Section 1, #2, WDNR provided training to its staff which included refreshers regarding completion of inspection reports (including used oil and universal waste checklists). WDNR also indicated in their January 17, 2007 Compliance and Enforcement Improvement Plan that new QA/QC procedures would be implemented including quarterly file reviews and changes to the Field Investigator Site Tracking database (FIST) that would further address this issue. WDNR should review their Plan, make improvements to it as necessary, and retrain inspectors on inspection report completion by January 31, 2012. The RCRA Inspection Report Completeness Checklist may serve as a template for inspection reports. Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.
6-2	Finding	Twenty-nine of 35 inspection reports (83%) were completed within a determined time frame.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	WDNR conducts inspections and reviews records to determine if violations occurred. This review results in an inspection report. WDNR provided EPA with a Compliance Evaluation and Enforcement Strategy on December 16, 1997 stating that, "forty-five days is the maximum time usually allowed to perform this review." This position was reiterated in the WDNR January 17, 2007, Compliance and Enforcement Improvement Plan under Action Item 3. In six of the 35 files reviewed, the 45-day inspection report completion schedule was not met.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> File Metric 6c – 29 of 35 inspection reports (83%) were completed within a determined time frame.
	State Response	Based on WDNR's comments on the underlying metrics [made on pages 6 and 7 of Appendix H of this report], WDNR requests that EPA change the RCRA program recommendations to reflect that elements 2-2, 6-1 & 6-2, 7-1, 9-1, and 10-1 "Meets SRF Program Requirements".
	Action(s) (include	<ul style="list-style-type: none"> In response to recommendations made in Section 1, #3 of the SRF Round

	any uncompleted actions from Round 1 that address this issue.)	<p>In final report, WDNR stated in Action Item 3 of their Compliance and Enforcement Improvement plan, dated January 17, 2007, that inspectors will be required to complete inspection forms within 45 days of the inspection. WDNR should review and update their Plan and retrain their inspectors by January 31, 2012.</p> <ul style="list-style-type: none"> • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.
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Resource Conservation and Recovery Act		
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).		
7-1	Finding	A review of data shows that 110 of 264 inspections (41.7%) produced identified violations. Also, 29 of 35 files (83%) produced appropriate violation determinations, while 18 of 20 (90%) were reported in a timely manner.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Identification of violations at sites with inspections seems low (41.7%) compared to the violation rate of Region 5 (78.4%). This low rate may correlate with the low SNC identification rate mentioned in Element 8 below.</p> <p>In addition, the file review showed that 86% produced appropriate violation determinations. Of the five files that did not appear to lead to appropriate compliance determinations, violations were noted in the inspection report in three files, but enforcement, which is the identification vehicle for violations, was not pursued. In two files, violations were listed as "Areas of Concern" in notices of noncompliance rather than as actual violations.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 7c – 110 out of 264 inspections (41.7%) produced identified violations. See also Finding 8-1 below. • File Metric 7a – 30 of 35 (86%) inspections produced appropriate violation determinations. • File Metric 7b – 18 of 20 (90%) violation determinations were reported in a timely manner.
	State Response	Based on WDNR's comments on the underlying metrics [made on pages 6 and 7 of Appendix H of this report], WDNR requests that EPA change the RCRA program recommendations to reflect that elements 2-2, 6-1 & 6-2, 7-1, 9-1, and 10-1 "Meets SRF Program Requirements".
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • WDNR developed the Compliance and Enforcement Improvement Plan, dated January 17, 2007. WDNR should amend their Plan in order to address accurate compliance determinations, and retrain inspectors on violation identification by January 31, 2012. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Resource Conservation and Recovery Act		
Element 8. Identification of SNC. Degree to which the state accurately identifies significant noncompliance / high priority violations and enters information into the national system in a timely manner.		
8-1	Finding	WDNR's SNC identification rate is less than half of the national average, which is the national goal. During a review of files, 19 of 20 files (95%) were correct in their determination of SNC.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	Although 95% of files reviewed were correct in their determination of SNC, WDNR's overall SNC identification rate is less than the national goal – and low SNC identification has been an historical issue in regard to WDNR. This metric relates to the violation identification rate mentioned in Element 7.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 8a – State SNC rate (0.8%) as of 9/10/09 was less than half of the national average (3.5%). • File Metric 8d - 19 out of 20 (95%) inspection reports were accurately determined to be SNC or SV.
	State Response	WDNR believes that a 95% SNC identification rate (from the data metrics) should be acceptable. Half of the SNC national SNC identification rate is 1.75%. The state's SNC rate of 0.8% falls less than 1% below that goal. There could be many reasons for this difference, one being a positive outcome from compliance and educational efforts which has resulted in Wisconsin hazardous waste generators and TSDs paying more attention to waste management issues and attending seminars and training sessions. Given the potential influences from a number of variables, WDNR is cautious about placing too much emphasis on this metric and believes that this element finding should be changed to "Meets SRF Program Requirements".
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • In response to similar recommendations made by EPA in Section 2, #4, of the SRF Round 1 final report, WDNR developed the Compliance and Enforcement Improvement Plan, dated January 17, 2007. Action Items 1 and 2 of the Plan addressed SNC identification. WDNR should review their Plan and make improvements to it as necessary in order to further address accurate compliance determinations including SNC identification. WDNR should also retrain inspectors on SNC identification by January 31, 2012. This training should also include correct identification of violations in general in conjunction with Element 7 above. WDNR should discuss identified and potential SNCs with EPA during quarterly calls. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.
8-2	Finding	Two of two SNC determinations (100%) were made within the required 150 days and one of one formal action received a prior SNC listing.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendation(s) Required

	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 8b - 2 of 2 (100%) State SNC determinations were made within 150 days. • Data Metric 8c – 1 of 1 (100%) formal actions received a prior SNC listing
	State Response	State did not provide a comment.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • No action needed.

Resource Conservation and Recovery Act		
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.		
9-1	Finding	<p>Because WDNR was in the process of developing formal enforcement, two of the three files reviewed with SNC determinations did not yet contain corrective actions that would return the facilities to compliance in a specific time frame. Because these cases were still in progress, they are not being evaluated under this Element.</p> <p>In the third file, however, the facility had been designated as a SNC, but was returned to compliance without the issuance of a formal enforcement action delineating corrective actions and assessing a penalty.</p> <p>Of the 17 files designated as SVs, 16 (94%) had returned the violator to compliance.</p>
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>In most cases, WDNR returned the violator to compliance, or would return the violator to compliance in future actions.</p> <p>In one case, however, the WDNR inspector designated the facility as a SNC and recommended formal enforcement by the Environmental Enforcement Section. After several follow-up inspections, during which violations were noted in the file but not documented in a letter to the violator, the facility was returned to compliance and the SNC designation was terminated without formal enforcement delineating violations, corrective actions, or the assessment of a penalty.</p> <p>Since this file represents the only reviewed result of final action in regard to SNC, we believe a recommended action is warranted.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • File Metric 9b - 0 of 1 file reviewed with SNC (0%) included enforcement actions with required corrective actions, including the payment of a penalty, which would return the facilities to compliance in a specific time frame. • File Metric 9c - Of the 17 files designated as SVs, 16 (94%) had returned

		the violator to compliance.
	State Response	Based on WDNR's comments on the underlying metrics [made on pages 6 and 7 of Appendix H of this report], WDNR requests that EPA change the RCRA program recommendations to reflect that elements 2-2, 6-1 & 6-2, 7-1, 9-1, and 10-1 "Meets SRF Program Requirements".
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • See Recommendation in Element 10 below.

Resource Conservation and Recovery Act		
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.		
10-1	Finding	According to RCRAInfo, zero of two SNCs (0%) had a formal action taken within 360 days and one formal action was reported for the review year. In regard to the review of files, 16 of 20 enforcement responses for SNCs and SVs eighty percent (80%) were timely and 19 of 20 (95%) were appropriate.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Based on the data and file reviews, it appears that WDNR is not consistently taking timely and appropriate action. Both the data and file metrics demonstrated issues.</p> <p>In regard to timeliness, two files had not been referred to the Wisconsin Department of Justice within 360 days and two files had not returned to compliance within 240 days.</p> <p>In regard to appropriateness, the file review demonstrated that 2 of 3 designated SNCs were to be followed up with formal enforcement. As mentioned in Element 9 above, action in regard to the third file was not appropriate given the SNC designation.</p> <p>Seventeen of 17 designated SVs were followed up with informal enforcement as required.</p> <p>According to the review of Data Metric 10b, only one new formal action was reported to RCRAInfo for the reviewed time period, which raises the question of whether some actions are not being reported, or whether SNC is not being identified appropriately and is thus not generating formal actions.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 10a – 0 of 2 SNCs (0%) had formal action taken within 360 days according to RCRAInfo. • Data Metric 10b – 1 formal action was reported to RCRAInfo. • File Metric 10c – In 16 of 20 cases (80%) for SNCs and SVs, enforcement responses were timely. • File Metric 10d – In 19 of 20 cases (95%) for SNCs and SVs, enforcement responses were appropriate.
	State Response	Based on WDNR's comments on the underlying metrics [made on pages 6 and 7 of Appendix H of this report], WDNR requests that EPA change the RCRA program recommendations to reflect that elements 2-2, 6-1 & 6-2, 7-1, 9-1, and 10-1 "Meets SRF Program Requirements".
	Action(s) (include	<ul style="list-style-type: none"> • In response to similar recommendations by EPA under Section 2, #6, in

	any uncompleted actions from Round 1 that address this issue.)	<p>the SRF Round 1 final report, WDNR developed a Compliance and Enforcement Improvement Plan dated January 17, 2007. Among other improvements for timeliness, the Plan states under Action Item 3: "Inspectors will be required to [...] follow (sic) up on any pending enforcement cases or other outstanding compliance issues every 30 days." By January 31, 2012, WDNR should expand the Plan to include periodic review and updates between the Section Chiefs of Environmental Enforcement and the Hazardous Waste Program Core Team identified under Action Item 2 to ensure that all staff who are involved with inspections and enforcement are aware of timely and appropriate enforcement actions. This plan should clearly identify actions required for SNC violations.</p> <ul style="list-style-type: none"> • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.
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Resource Conservation and Recovery Act		
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.		
11-1	Finding	Zero of two penalty calculations (0%) reviewed for two files included case-specific calculations for economic benefit or gravity.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	WDNR draft penalty calculations were not consistent with EPA RCRA Civil Penalty Policy. The calculations did not include recovery of economic benefit, were not based on case-specific factors, and were determined by comparison with completed cases. These calculations pre-date the 10/26/09 WDNR draft penalty policy.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Metric 11A – 0 of 2 (0%) penalty calculations reviewed for two files included case-specific calculations for economic benefit or gravity.
	State Response	State did not provide a comment.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • WDNR has developed a new draft Civil Penalty Policy in response to the SRF Round 1 final report, which Region 5 is currently reviewing. WDNR should finalize the policy after receiving Region 5 comments and train appropriate staff in the use of the policy, including proper calculations and documentation, by March 1, 2012. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Resource Conservation and Recovery Act		
Element 12. Final Penalty Assessment and Collection. Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.		
12-1	Finding	\$265,000 in penalties were recorded in RCRAInfo, and one of one final action in RCRAInfo (100%) contained a penalty. In regard to the file review, two of the three files designated as SNCs were in case development. The third SNC was returned to compliance without an assessed penalty. No final assessed penalties

		were available for review.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Because no final actions were available for review, this Element is only reviewed in regard to the information recorded in RCRAInfo below. See Recommendation for 11-1 in regards to the effect of the draft Civil Penalty Policy on this metric.</p> <p>This finding is only an area of concern because the Region believes that WDNR can improve performance in this area on its own without a recommendation. Region 5 will monitor progress in the future.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 12a – \$265,000 in penalties has been recorded in RCRAInfo. • Data Metric 12b – 1 of 1 final actions (100%) contained a penalty • File Metric 12a – None of the 3 files designated as a SNC had a final assessed penalty that was available for review. • File Metric 12b – None of the 3 files designated as a SNC had a final assessed penalty that was available for review.
	State Response	State did not provide a comment.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • No action needed.

Clean Water Act

Clean Water Act		
Element 1. Data Completeness. Degree to which the Minimum Data Requirements are complete. (example, correct codes used, dates are correct, etc.)		
1-1	Finding	Review of the 26 data metrics under Element 1 shows that several of the MDRs were not complete. The remaining MDRs were either complete or contained minor discrepancies such as those due to universe changes.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	Review of the data metrics indicates that in FY'08, mandatory data was not reflected in ICIS. Region 5 wants to ensure that the national database is accurate and reflective of all State activities.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> Review of the 26 data metrics under Element 1 shows that several of the MDRs were not complete. The remaining MDRs were either complete or contained minor discrepancies such as those due to universe changes.
	State Response	<p>Compliance and enforcement activities across various NPDES programs utilize the Department's SWAMP, STORM and EE Casetrack databases. In some cases it is necessary to manually download information from these databases into ICIS. We have limited staff to manually transfer data into ICIS. EPA completion of the Batch file Data Exchange (BDE) will help eliminate the need for manual entry.</p> <p>In 1985, the minimum number of data elements that were required for entry into EPA's PCS database was 11. DNR worked with EPA to submit required data when the PCS database was upgraded to the current ICIS database. The number of minimum data elements has grown to 26 of the total 62 data elements identified in the ICIS-NPDES database. The Department continues to refine and revise the collection and storage of data based upon EPA's needs, and will continue to investigate efficiencies between DNR databases to facilitate the transfer of data between databases for download into ICIS.</p> <p>When EPA has completed the BDE (target date June 30, 2012), DNR and EPA should re-evaluate DNR's performance on data completeness. The additional costs to DNR for tracking the information EPA requests should be discussed.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> By January 31, 2012, WDNR and Region 5 will discuss best options in regard to fulfilling data requirements given resource and other stated issues. Decisions on options that are chosen above must be implemented by March 1, 2012. Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Water Act		
Element 2. Data Accuracy. Degree to which the Minimum Data Requirements are accurate. (example, correct codes used, dates are correct, etc.)		
2-1	Finding	No major facility actions were linked to violations as required in ICIS-NPDES. In

		16 of 29 reviewed files (55%), data was accurately reflected in ICIS-NPDES.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	Both the data and file metrics show that the minimum data requirements were not completely accurate in ICIS.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 2A0S – No major facility actions were linked to violations. • File Metric 2B – In 16 of 29 reviewed files (55%) data was accurately reflected in the national data system.
	State Response	<p>DNR managers have emphasized with compliance staff the importance of tracking compliance and enforcement work electronically, and we are making good progress on improving database entries. DNR believes it has the information needed to run our delegated NPDES permit program.</p> <p>Inspection data is entered into our SWAMP and STORM databases. Due to the confidentiality of legal actions, our enforcement staff maintains the Casetrack database with stepped enforcement action data. As mentioned in 1-1, we currently lack the ability to transfer data between these databases and must do manual downloads of the data. We are, however, still doing the compliance and enforcement work. During the next two years, DNR will continue to evaluate ways to transfer data between these systems as part of its permit streamlining initiative.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By January 31, 2012, WDNR and Region 5 will discuss best options in regard to fulfilling data requirements given resource and other stated issues. • Decisions on options that are chosen above must be implemented by March 1, 2012. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Water Act		
Element 3. Timeliness of Data Entry. Degree to which the Minimum Data Requirements are timely.		
3-1	Finding	A comparison of data in OTIS on 2/14/09 to data in OTIS on 10/29/09 shows that certain required data were not entered into ICIS-NPDES in a timely manner.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>Comparing data pulled from OTIS on 2/14/09 to data pulled from OTIS on 10/29/09, Region 5 found that data due in ICIS-NPDES by the FY 2008 end-of-year deadline of December 15, 2008 was not entered at all (as identified in Elements 1 and 2 above), or many months later. An example is the number of informal and formal enforcement actions.</p> <p>It is important that data is entered in a timely manner to ensure transparency for the public, regulated community, and national CWA targeting / planning.</p>

	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> Data Metric 3a– A comparison of data in OTIS on 2/14/09 to data in OTIS on 9/12/09 shows that certain required data were not entered into ICIS-NPDES in a timely manner.
	State Response	Part of the problem with timely transfer of data into ICIS is that EPA has not completed the BDE and DNR must manually download the data. When EPA has completed the BDE (target date June 30, 2012), DNR and EPA should re-evaluate DNR's performance on the timeliness of data entry.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> By January 31, 2012, WDNR and Region 5 will discuss best options in regard to fulfilling data requirements given resource and other stated issues. Decisions on options that are chosen above must be implemented by March 1, 2012. Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Water Act		
Element 4. Completion of Commitments. Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.		
4-1	Finding	Two of three inspection commitments (67%) were met, while two of six non-inspection commitments (33%) were met.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>In regard to inspection commitments, WDNR met national commitments for major and non-major individual permitted sources (assuming the addition of sources missing from ICIS-NPDES).</p> <p>As required by the Region 5-WDNR EnPPA, WDNR did not submit a timely detailed inspection strategy as required for FY2008, which would have included wet weather (CAFO and storm water) sources. (A pilot inspection strategy and checklist were used for the period of May- September 2009. The final strategy was completed at the end of FY2009.)</p> <p>In regard to non-inspection commitments, WDNR did not meet commitments for complete data entry and translation and submission of inspection lists to Region 5.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> File Metric 4a – 2 of 3 inspection commitments (67%) were met. File Metric 4b – 2 of 6 non-inspection commitments (33%) were met.
	State Response	<p>DNR has significant staff shortages due to recent retirements and state economic conditions. We see the need to be more realistic when setting inspection commitments.</p> <p>To help improve the quality of inspections and subsequent data entry into SWAMP, DNR now has an inspection strategy that includes a checklist-type form currently being used by compliance staff to document inspections. We are starting to pilot a process for easy completion of the checklist and capture of the information into our SWAMP database. DNR is taking positive steps to improve documentation of inspections and recognizes that this is an EPA priority.</p>
	Action(s) (include any uncompleted actions from Round	<ul style="list-style-type: none"> By January 31, 2012, WDNR and Region 5 will discuss procedures in regard to making Region 5 aware of planned inspections on a yearly basis. Issues in relation to data entry and translation will be resolved as part of

	1 that address this issue.)	<p>actions under Elements 1, 2, and 3.</p> <ul style="list-style-type: none"> • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.
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Clean Water Act		
Element 5. Inspection Coverage. Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).		
5-1	Finding	Two of three inspection commitments (67%) were met. However an inspection plan was not submitted and all inspections were not entered into ICIS as required.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>As stated above in Element 4, WDNR met two of three national inspection commitments (assuming the addition of inspections missing in ICIS-NPDES). However, they failed to submit a plan as required by the EnPPA that would have specified source inspections and better ensured that all commitments were met.</p> <p>Also according to data metrics under this Element, not all inspections that were conducted were entered in or translated to ICIS-NPDES.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 5A0S – According to OTIS, 97 of 129 majors were inspected (75.2%). • Data Metric 5B1S – According to OTIS, 226 of 706 (32.0%) non-major individual permittees were inspected. WDNR reported that the number should actually be 274 out of 706 (38.8%). • Data Metric 5B2S – According to OTIS, no non-major general permitted were inspected. • Data Metric 5C0S – 0 of 30 sources other than above were inspected. WDNR reported that the number should actually be 3 of 30 (10%).
	State Response	<p>DNR continues to set inspection goals in the EnPPA by percent of facilities inspected, rather than identify specific facilities that will be inspected. We also identify the number of inspections performed in the EnPPA Self-Assessment Report (SAR). According to EPA’s FY2009 CWA National Data Download Report at http://www.epa.gov/compliance/resources/reports/performance/cwa/cwa-pdf-2009.pdf, DNR had a combined inspection average of majors (Data Metric 5A0S) of 69.0%. This was the highest percentage of facilities inspection for majors in EPA Region 5 states and exceeded the national average of 63.9%.</p> <p>It was once thought possible to potentially revise the inspection strategy with a facility list. This in not practical under existing staffing levels nor would it produce any additional environmental gains.</p> <p>DNR is attempting to meet its inspection strategy through planned inspection goals with a reduced workforce and does not feel it should be required to document additional information when EPA’s ICIS data shows that we have exceeded the national average in past years with the method we are currently using.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By January 31, 2012, WDNR and Region 5 will discuss procedures in regard to making Region 5 aware of planned inspections on a yearly basis. • Issues in relation to data entry and translation will be resolved as part of actions under Elements 1, 2, and 3. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Water Act		
Element 6. Quality of Inspection or Compliance Evaluation Reports. Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.		
6-1	Finding	Eight of 19 reviewed inspection reports (42.1%) were complete, 11 of 19 (57.9%) provided sufficient information to lead to an accurate compliance determination, and 13 of 19 (68.4%) were timely.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>Using the inspection checklist for the CWA review, WDNR often did not produce reports that were complete. The inspection reports also did not provide sufficient information by which to make a compliance determination.</p> <p>Incomplete reports generally did not provide enough narrative description of conducted field activities, permit or regulatory requirements, supporting information to support the observations, and corrective actions taken by the facility. These items often contributed to insufficient information to make a compliance determination.</p> <p>Since WDNR Inspection Strategy does not identify a timeliness requirement for inspection report completion, EPA’s policy was used instead as is standard with the state review framework for such situations. According to EPA’s policy, an inspection report must be completed within 30 days. WDNR often did not meet this goal.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Metric 6b – 8 of 19 (42.1%) inspections reports reviewed were complete. • Metric 6c – 11 of 19 (57.9%) inspections reports or facility files reviewed provided sufficient information to lead to an accurate compliance determination. • Metric 6d – 13 of 19 (68.4%) inspection reports reviewed were timely.
	State Response	As discussed in the state response in Element 4-1, DNR is taking positive steps to improve the quality and documentation of compliance inspections.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By January 31, 2012, WDNR must develop a plan that includes guidelines, procedures and oversight for the completion of inspection reports. • By March 1, 2012, solutions to identified issues that are included in the plan must be written into WDNR policy. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Water Act		
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).		
7-1	Finding	Based on OTIS violation data for WDNR, it appears that violation data is not being fully reported to ICIS-NPDES and thus is not representative of actual violation identification or resolution in Wisconsin. In regard to the file review, 13 of 19 reviewed inspection files (68.4%) led to an accurate violation determination.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements

		<input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>According to OTIS, WDNR has no unresolved compliance schedule violations, a high number of permit schedule violations, and one report of a Single Event Violation (SEV). However, it appears that this data is not being fully reported to OTIS and thus is not representative of actual violation identification or resolution.</p> <p>WDNR also has a high number of files that did not lead to accurate violation determinations.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 7A1C – OTIS reports 1 SEV at majors. • Data Metric 7A2C – OTIS reports 0 SEVs at non-majors. WDNR reports no discrepancies. • Data Metric 7B0C – 0 facilities have unresolved compliance schedule violations. • Data Metric 7C0C – 1 of 1 facility (100%) has an unresolved permit schedule violation. • Data Metric 7D0C – 34.9% of major facilities have DMR violations. • File Metric 7e – 13 of 19 inspection files (68.4%) led to an accurate violation determination.
	State Response	<p>The SWAMP database includes data elements to track the issuance of Notices of Violations (NOV). EPA does not view NOV's as satisfying its definition of a formal enforcement action (see EPA comments in Element 10-1). However, our enforcement actions reflect/implement the intent of the law which is to get the facility to take action that results in compliance. This conflict in the definition of a violation contributes to the difficulty in entering violation data into ICIS. As discussed in the state response in Element 1-1, due to the confidential nature of enforcement actions, stepped enforcement action data is entered into the Casetrack database and then must be manually downloaded into ICIS.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By January 31, 2012, in addition to data entry actions identified under Elements 1, 2, and 3, WDNR must review National Single Event Violation (SEV) guidance and develop a plan that addresses identification and resolution of compliance schedule, permit schedule, and documentation of SEVs in the national data base (ICIS). • By March 1, 2012, solutions to identified issues that are included in the plan must be written into WDNR policy. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Water Act		
Element 8. Identification of SNC. Degree to which the state accurately identifies Significant Noncompliance Violations/Single Event Violations and enters information into the national system in a timely manner.		
8-1	Finding	Zero out of three inspection files (0%) reviewed included SEVs that were accurately identified as SNC and reported timely. WDNR's SNC rate is three point one percent (3.1%), which is lower than the national average and this a positive indicator; however, it appears that the high manual override rate and lack of SEV reporting is making this rate lower than it should be.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern,	State SNC rate is less than the national average, which is a positive indicator.

	describe why action not required; if recommendation, provide recommended action.)	However, during the file review, the Region observed that some SEVs were not being reported and/or appropriately being identified as SNC. Also, WDNR had a high manual override rate of data. Both these factors would artificially lower the SNC rate.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 8A1C – 4 major facilities were in SNC. • Data Metric 8A2C – WDNR SNC rate (3.1%) is less than the national average (23%). • File Metric 8b – 0 out of 3 inspection files reviewed (0%) included SEVs that were accurately identified as SNC. • File Metric 8c – 0 out of 3 identified SEVs (0%) were reported timely.
	State Response	<p>EPA identifies approximately 180 situations with specific subcodes as a single event violation (SEV). We do not collect specific data on each of the 180 SEV situations in our SWAMP database. Expanding our databases to accurately collect all this information which can then be summarized into data metrics 8A1C, 8A2C, 8b and 8c for significant noncompliance violations (SNC) and SEVs has been challenging if not daunting. The high level of manual override may be reflective of the need to manually consolidate violation information to report it in ICIS or report it in ways that meet EPA data element definitions. These factors contribute to the lower SNC rate.</p> <p>DNR also takes a much more proactive approach to preventing violations in the first place. Through its Compliance Maintenance Annual Reporting Program, DNR staff work with facilities to identify when upgrades to wastewater systems may be necessary prior to their having a violation. The DNR workload associated with preventing violations is not reflected in the ICIS database; and therefore, is not used as a tool in evaluating the true success of our compliance program activities.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By January 31, 2012, in addition to data entry actions identified under Elements 1, 2, and 3, WDNR must review National Single Event Violation (SEV) guidance and develop a plan that addresses identification and resolution of compliance schedule, permit schedule, and documentation of SEVs in the national data base (ICIS). • By March 1, 2012, solutions to identified issues that are included in the plan must be written into WDNR policy. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Water Act		
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.		
9-1	Finding	Four of four enforcement responses (100%) involving SNCs have returned, or will return, the sources to compliance. Thirteen of 13 enforcement responses (100%) involving non-SNC violations have returned, or will return, the sources to compliance.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern,	Our review found that in 100% of the cases involving SNCs, sources were brought,

	describe why action not required; if recommendation, provide recommended action.)	or will have been brought, back into compliance. In 100% of the cases involving non-SNCs, the sources were brought, or will have been brought, back into compliance.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • File Metric 9b – 4 out of 4 enforcement responses involving SNCs (100%) have returned, or will return, the sources to compliance. • File Metric 9c - 13 of 13 enforcement responses involving non-SNC violations (100%) have returned, or will return, the sources to compliance.
	State Response	As noted in the report, DNR brought 100% of cases involving SNCs and non-SNCs back into compliance.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • No action needed.

Clean Water Act		
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.		
10-1	Finding	OTIS reports timely action on a majority of cases. However, the high rate of manual override might be inflating timeliness numbers. In regard to appropriate enforcement actions, cases that involve SNC are not addressed with formal actions per national policy. Also, WDNR is not entering Notices of Violation into the national database.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>WDNR use of Notices of Violation to resolve SNC does not satisfy EPA’s definition of formal enforcement actions, and is not appropriate to resolve situations involving SNC.</p> <p>Also when NOV’s are issued (appropriately or not appropriately), they are not recorded in ICIS-NPDES as required.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 10A0C – 0.8% of facilities did not have timely action. • File Metric 10b – 3 of 4 files reviewed (75%) have enforcement responses that address SNC in a timely manner. • File Metric 10c – 3 of 4 files reviewed with SNC (75%) have enforcement responses that are appropriate. • File Metric 10d – 13 of 13 files reviewed with non-SNC (100%) have enforcement responses that are appropriate. • File Metric 10e – 12 of 13 files reviewed (85%) have enforcement responses that address non-SNC in a timely manner.
	State Response	DNR is currently manually entering this information for majors only into ICIS. When BDE capabilities are completed, DNR and EPA should re-evaluate how well we are tracking this information for all facility types with consideration of staffing resources.
	Action(s) (include any uncompleted actions from Round	<ul style="list-style-type: none"> • EPA and WDNR are currently discussing alternatives to resolution of SNCs that are acceptable under EPA CWA EMS. Solutions to this issue will be written into WDNR standard operating procedures by

	1 that address this issue.)	<p>January 31, 2012.</p> <ul style="list-style-type: none"> • Effective immediately, WDNR will begin to code NOV's properly in ICIS-NPDES. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.
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Clean Water Act		
Element 11. Penalty Calculation Method. Degree to which state considers and 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.		
11-1	Finding	Three of six cases (50%) reviewed with penalties appropriately considered gravity and economic benefit.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	In the Round 1 review, EPA found issues with documentation of gravity and economic benefit. In this Round 2 review, it appears that based on the file review, more cases had proper documentation. However, EPA believes that WDNR could be more consistent in its documentation.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Metric 11a – 3 of 6 cases reviewed with penalties (50%) appropriately considered gravity and economic benefit.
	State Response	See the initial paragraph on Penalty Documentation (refer to Appendix H of this report).
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • WDNR has developed a new draft Civil Penalty Policy in response to the SRF Round 1 final report, which Region 5 is currently reviewing. WDNR should finalize the policy after receiving Region 5 comments and train appropriate staff in the use of the policy, including proper calculations and documentation, by March 1, 2012. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Water Act		
Element 12. Final Penalty Assessment and Collection. Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.		
12-1	Finding	Zero of six files (0%) that contained penalties documented the difference between the initial and final penalty. One of six penalty cases (17%) documented collection of penalties.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action	In the Round 1 review, EPA found issues with the collection of the gravity and

	not required; if recommendation, provide recommended action.)	economic benefit portions of penalties. This appears to still be an issue – as well as documenting the difference between the initial and final penalties.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • File Metric 12a – 0 of 6 files that contained penalties (0%) documented the difference between the initial and final penalty. • File Metric 12b – 1 of 6 penalty cases (17%) documented collection of penalties.
	State Response	See the initial paragraph on Penalty Documentation (refer to Appendix H of this report).
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • WDNR has developed a new draft Civil Penalty Policy in response to the SRF Round 1 final report, which Region 5 is currently reviewing. WDNR should finalize the policy after receiving Region 5 comments and train appropriate staff in the use of the policy, including proper calculations and documentation, by March 1, 2012. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Air Act

Clean Air Act		
Element 1. Data Completeness. Degree to which the Minimum Data Requirements are complete. (example, correct codes used, dates are correct, etc.)		
1-1	Finding	Review of the 18 data metrics under Element 1 shows that several of the MDRs were not complete or could not be assessed due to WDNR’s “data cleanup” due to its migration to a new internal database.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>EPA realizes that the percentages established in the SRF report do not reflect the whole picture of the compliance and enforcement activities conducted by WDNR, but they provide a process to effectively manage oversight, and suggest recommendations to WDNR for improvements in order to run a more efficient compliance and enforcement State program.</p> <p>In 2006, EPA conducted the Round 1 SRF, which covered WDNR’s enforcement and compliance activities reported to AFS in FY’05. WDNR agreed to continue its efforts to improve data quality, and to submit information that we may request on a periodic "audit" basis.</p> <p>In FY’08, WDNR was in the midst of implementing its transition to its new WARP database. The time period of our review captured the transition phase of implementing WARP, and is thus reflected in some of the numbers.</p>
	Metric(s) and Quantitative Values	Review of the 18 data metrics under Element 1 shows that several of the MDRs were not complete. The remaining MDRs were either complete or contained minor discrepancies that were due to universe changes.
	State Response	This problem has been eliminated. Aside from continued work to accumulate subprogram data and corrections to existing inspection data no additional corrective actions are required. The MDR data that were identified as incorrect or incomplete have been corrected or completed as needed. The exceptions are MACT, NESHAP and NSPS subprogram designations which are incomplete in AFS but are being compiled by the state and added as they are available. Also, although the data indicate that facilities that are subject to MACT, NESHAP and NSPS programs are not meeting inspection frequency requirements the actual problem is that subprogram data have not been included with inspection actions. Those missing data are now being added to AFS. Facilities subject to these programs are meeting inspection frequency requirements (>98%).
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By January 31, 2012, EPA will pull OTIS data to verify that any issues related to the transition to WARP have been resolved. • By March 1, 2012, if issues above are not resolved, EPA and WDNR will agree on a plan regarding data entry and translation. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Air Act		
Element 2. Data Accuracy. Degree to which the Minimum Data Requirements are accurate. (example, correct codes used, dates are correct, etc.)		
2-1	Finding	<p>Three of three MDRs (100%) covered under Element 2 were accurate.</p> <p>The file review showed accurate data in 16 out of 28 files (57.1%). Issues found in the other files included information that was not found in the files to support AFS entries. A major example of this is lack of Title V certifications, which may be kept in the district offices only. In one instance an NOV was not found in the file. In another, the FCE result was not reported.</p>
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>EPA realizes that the percentages established in the SRF report do not reflect the whole picture of the compliance and enforcement activities conducted by WDNR, but they provide a process to effectively manage oversight, and suggest recommendations to WDNR for improvements in order to run a more efficient compliance and enforcement state program.</p> <p>In 2006, EPA conducted the Round 1 SRF, which covered WDNR's enforcement and compliance activities reported to AFS in FY'05. WDNR agreed to continue its efforts to improve data quality, and to submit information that we may request on a periodic "audit" basis.</p> <p>In FY'08, WDNR was in the midst of implementing its transition to its new WARP database. The time period of our review captured the transition phase of implementing WARP, and is thus reflected in some of the numbers.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 2A0S – the number of HPVs divided by the number of non-compliant sources is 26.3%. The national goal is <=50 percent. • Data Metric 2B1S – the number of stack test results at federally-reportable sources without pass/fail results is 0.8%. The national goal is 0%. • Data Metric 2B2S – OTIS reported 17 stack test failures. • File Metric 2C – 16 of 28 files (57.1%) contained data that was completely accurate in AFS.
	State Response	<p>This problem has been eliminated. No additional corrective action is required. The significant issue here was the missing 2008 Title V compliance certification data. All of these data have now been entered in AFS and the error in the state's transfer program which caused the problem has been corrected.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By January 31, 2012, EPA will pull OTIS data to verify that any issues related to the transition to WARP have been resolved. • By March 1, 2012, if issues above are not resolved, EPA and WDNR will agree on a plan regarding data entry and translation. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Air Act		
Element 3. Timeliness of Data Entry. Degree to which the Minimum Data Requirements are timely.		
3-1	Finding	<p>The national goal for entry of HPVs, compliance monitoring MDRs, and enforcement MDRs in a timely manner is one hundred percent (100%) entered in 60 days or less. WDNR's percentages were thirty-two percent (32.0%), seventy-five</p>

		point seven percent (75.7%), and fifty-four point seven percent (54.7%) respectively.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>EPA realizes that the percentages established in the SRF report do not reflect the whole picture of the compliance and enforcement activities conducted by WDNR, but they provide a process to effectively manage oversight, and suggest recommendations to WDNR for improvements in order to run a more efficient compliance and enforcement state program.</p> <p>In 2006, EPA conducted the Round 1 SRF, which covered WDNR's enforcement and compliance activities reported to AFS in FY'05. WDNR agreed to continue its efforts to improve data quality, and to submit information that we may request on a periodic "audit" basis.</p> <p>In FY'08, WDNR was in the midst of implementing its transition to its new WARP database. The time period of our review captured the transition phase of implementing WARP, and is thus reflected in some of the numbers.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 3A0S – 32.0% of HPVs are entered <= 60 days after designation. Data Metric 3B1S – 75.7% of compliance monitoring-related MDR actions are reported <= 60 days after designation. • Data Metric 3B2S – 54.7% of enforcement-related MDR actions are reported <= 60 days after designation.
	State Response	All timeliness issues have not been resolved. The percent of HPVs entered in <= 60 days, while only at 32.0%, is essentially the same as the national average (32.9%). The percent of enforcement-related MDR actions reported <= 60 days after designation is 54.7% which is only slightly lower than the national average (68.8%). The national averages suggest that the 60 day timeline requirements are unreasonable.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By January 31, 2012, EPA will pull OTIS data to verify that any issues related to the transition to WARP have been resolved. • By March 1, 2012, if issues above are not resolved, EPA and WDNR will agree on a plan regarding data entry and translation. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Air Act		
Element 4. Completion of Commitments. Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.		
4-1	Finding	WDNR did not meet the commitment for the number of FCEs at Majors and SM-80s. In addition, WDNR did not meet non-inspection commitments in regard to fully supporting AFS and implementing the HPV policy with timely enforcement actions.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required

	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	In WDNR's FY08 CMS Plan, it committed to FCEs of 252 Major sources and 141 of SM-80 sources. It completed 213 (84.5%) and 119 (84.4%) respectively. In regard to non-inspection commitments, WDNR did not enter ensure completion of all MDRs, did not consistently make accurate HPV determinations, and did not fully implement timely and appropriate requirements for HPVs. Another commitment specified increasing the percentage of SM-80s meeting CMS FCE frequencies. While WDNR donated more sources to this, they still did not meet their DM-80 commitment.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> File Metric 4a – WDNR did not meet its commitments for FCEs at Majors and SM-80s. File Metric 4b – WDNR met one of five commitments (20.0%) pursuant to the EnPPA in effect during FY'08.
	State Response	This problem has been eliminated. No additional corrective action is required. Completion of FCEs has improved and will be 98.9% for majors and 100% for SM80s for FY11.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> Solutions to issues with commitments regarding data entry will be resolved under Elements 1, 2, and 3 in this report. Solutions to issues with commitments regarding determining source compliance and reporting compliance status will be resolved under Elements 7 and 8 in this report. By January 31, 2012, Region 5 and WDNR will discuss the many possible reasons that FCE commitments were not met and determine whether this continues to be an issue. If this is still an issue, Region 5 and WDNR will create a plan that ensures that commitments are met in the future. Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Air Act		
Element 5. Inspection Coverage. Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).		
5-1	Finding	WDNR did not meet the commitment for the number of FCEs at Majors and SM-80s.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>In WDNR's FY08 CMS Plan, it committed to FCEs of 252 Major sources and 141 of SM-80 sources. It completed 213 (84.5%) and 119 (84.4%) respectively, thus not meeting FCE commitments.</p> <p>Data from OTIS below also seems to indicate that FCE commitments are not being met over a multi-year schedule.</p> <p>The number of sources with unknown status compliance in AFS is large. A pull of OTIS data from years after 2008 shows that this number has substantially decreased.</p>

		The number of self-certifications is very low compared to the universe of Title V sources. A pull of OTIS data from 2010 shows that WDNR is now entering self-certifications into AFS.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 5A1S – 80.6% CMS Major Full FCE coverage (2 FY CMS cycle) • Data Metric 5A2S – 83.1% CMS Major Full FCE coverage (most recent 2 FY) – state corrected to 86%. • Data Metric 5B1S – 36.4% Synthetic Minor FCE coverage (5 FY CMS cycle) – state corrected value to 80.3%. • Data Metric 5E0S – Number of Sources of Unknown Status Compliance is 110. • Data Metric 5G0S – 7 of 7 Title V self-certifications were reviewed.
	State Response	This problem has been eliminated. No additional corrective action is required. Inspection data that were missing due to the database transition process have been added to AFS. All inspection and compliance certification data are now current. As of 8/22/11 Wisconsin has 72 facilities with unknown status. With the data corrections and completion of the FY11 commitment we will have only three facilities with unknown compliance status.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By January 31, 2012, Region 5 and WDNR will discuss the many possible reasons that FCE commitments were not met and determine whether this continues to be an issue. If this is still an issue, Region 5 and WDNR will create a plan that ensures that commitments are met in the future. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Air Act		
Element 6. Quality of Inspection or Compliance Evaluation Reports. Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.		
6-1	Finding	Eleven of 16 FCEs (68.8%) reviewed met the definition of a FCE per CMS policy. Ten of 17 CMRs (59%) reviewed provided sufficient documentation to determine compliance at the facility.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>During the file review, 11 of 16 FCEs reported had documentation in the files that indicated all of the required elements of an FCE were not met per the CMS policy. Some compliance evaluations conducted revealed they did not cover all regulations, observe all emission units, review all required reports and records, etc. Additionally, 10 of 17 CMRs did have certain information. Examples included stack test reports and other supporting documentation, a description of monitoring activities, certain observations, and an inventory of emission units.</p> <p>EPA’s initial review of FCEs and CMRs seemed to indicate that many FCEs and CMRs did not contain all the required elements as described in the national CMS policy. However, EPA noted that WDNR used a template for FCEs and CMRs that effectively captured much, if not all, of the information needed to make compliance determinations.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • File Metric 6b – 11 of 16 FCEs reviewed (68.8%) met the definition of a FCE per CMS policy. • File Metric 6c – 10 of 17 CMRs or facility files reviewed (58.8 %) provided sufficient documentation to determine compliance at

		the facility.
	State Response	The program has developed a FCE report template which contains the elements U.S. EPA Region V has requested during our SRF post-discussions to be placed in the template. We believe the current version of the FCE Report template, February 2011, meets the needs of the national CMS policy. The program is willing to entertain a conference call or meeting to discuss the current template, if need be.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By January 31, 2012, EPA and WDNR must meet to discuss and analyze WDNR's FCE/CMR template to ensure that it contains the required elements of FCEs and CMRs. • If it is found that the template and/or procedure to use the template need to be updated, WDNR will complete the update by March 1, 2012. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Air Act		
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).		
7-1	Finding	Of the facilities with a failed stack test, sixty-four point three percent (64.3%) had noncompliance status, which exceeds the national goal of half the national average. Fifteen of 18 CMRs (83.3%) reviewed had accurate compliance determinations. Two of five non-HPVs reviewed were timely reported to AFS.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>During the SRF file review, EPA found that one facility needing an emissions test to confirm compliance.</p> <p>EPA also found that three of five files reviewed that had potential violations identified in CMRs or documentation in the facility files that were not reported to AFS. The violations included sources that had unclear and unreported compliance status, and sources that had been found by WDNR to be in compliance.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 7C2S – 64.3% of facilities with a failed stack test had noncompliance status, which exceeds the national goal of ½ the national average. • File Metric 7a – 15 of 18 CMRs reviewed (83.3%) led to accurate compliance determinations in AFS. • File Metric 7b – 2 of 5 CMRs (non-HPV) were timely reported to AFS.
	State Response	Both metrics for Element 7 (7C1S and 7C2S) are indicated in the chart as appears acceptable. Issues regarding timely reporting are addressed under other Elements. There is no problem requiring correction here.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • Solutions to issues with commitments regarding data entry will be resolved under Elements 1, 2, and 3 in this report. • By March 1, 2012, WDNR should train staff in making accurate violation and HPV determinations. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Air Act		
Element 8. Identification of HPV. Degree to which the state accurately identifies significant noncompliance / high priority violations and enters information into the national system in a timely manner.		
8-1	Finding	WDNR met three data metrics associated with HPVs under this Element, but did not meet two other data metrics. The file review showed that 7 of 9 files with violations (77.8%) were accurately determined to be HPVs.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>WDNR met three data metrics associated with HPVs under this Element, but did not meet two other data metrics. The file review showed that 7 of 9 files with violations (77.8%) were accurately determined to be HPVs.</p> <p>One thing that EPA discovered affected HPV determinations was the fact that WDNR did not always report them to AFS as required by national policy. WDNR's issues with timeliness of reporting HPVs to AFS are related to its transition to the WARP database in FY'08.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 8A0S – WDNR's HPV rate for Majors was 2.9% • Data Metric 8B0S – WDNR's HPV rate for Synthetic Minors was 0.6% • Data Metric 8C0S – 66.7% of formal actions for Majors had a prior HPV listing. • Data Metric 8D0S – 57.1% of informal enforcement actions for Majors did not have a prior HPV listing. • Data Metric 8E0S – 30.3% of sources with failed stack test actions received an HPV listing (Majors and Synthetic Minors). • File Metric 8h – 7 of 9 files (77.8%) with violations were accurately determined to be HPVs.
	State Response	Wisconsin meets three of the five metrics. The National Goal for rate of discovery of High Priority Violations in major sources is to be above half of the national average. At a state rate of 2.9% we fall only 1.2 % below half of the 8.3% national average. This may just reflect real differences in compliance rates between the universes of majors (and the types of facilities that comprise those universes) in different states. For the last metric, Percent of Informal Enforcement Actions without Prior HPV (major facilities only), Wisconsin is above the national average. The reason for this is unclear.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • Solutions to issues with commitments regarding data entry will be resolved under Elements 1, 2, and 3 in this report. • By March 1, 2012, WDNR should train staff in making accurate violation and HPV determinations. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Air Act		
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.		
9-1	Finding	One of one formal enforcement actions (100%) included required corrective action that will return facilities to compliance. However, EPA could not determine

		whether compliance was achieved as a result of the formal enforcement action for the remaining five penalty-only cases.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	Although six formal enforcement cases were reviewed, EPA determined that there was only one case in which it was clear that the action required corrective action. The others were not included in the universe of cases for this metric because it appeared that many cases had already come into compliance, thereby becoming “penalty only” cases. In some instances, we could not determine whether compliance was achieved as a result of the formal enforcement action.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> File Metric 9b – One of one formal enforcement responses (100%) included a required action that would return the facility back to compliance.
	State Response	Of the 6 cases reviewed only one was determined by EPA to require corrective action and Wisconsin took corrective action in that case (100%). By the EPA's own measure, this should be considered Good Practice and require no state improvement.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> By January 31, 2012, EPA and WDNR should discuss procedures in regard to verifying compliance of sources that are subject to formal enforcement through state courts. If issues exist, EPA and WDNR will agree on a solution by March 1, 2012. Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Air Act		
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.		
10-1	Finding	Eighty-four percent (84.1%) of HPVs are not meeting timeliness goals according to a review of AFS. In regard to a review of files, two of nine formal enforcement responses (22.2%) reviewed were addressed in a timely manner. Eight of ten responses (80.0%) for HPVs were appropriately addressed.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>A review of both data and file metrics show that there are issues with meeting timeliness goals associated with HPVs.</p> <p>Region 5 believes that most actions involving HPVs were addressed appropriately. WDNR has been referring cases to its Department of Justice, with good results overall, as indicated by Data Metric 12B0S.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> Data Metric 10A0S – 84.1% of HPVs are not meeting timeliness goals. File Metric 10b – 2 of 9 formal enforcement responses (22.2%) reviewed were addressed in a timely manner.

		<ul style="list-style-type: none"> File Metric 10c – 8 of 10 enforcement responses (80%) for HPVs were appropriately addressed.
	State Response	Staff numbers in the Wisconsin Air Program have been declining for a number of years due to state hiring freezes and retirements. The same is true of the Wisconsin Environmental Enforcement Program. Given this it is simply not possible to process enforcement actions quickly enough to meet EPA timelines. Cases are discussed monthly with EPA during conference calls. The EPA staff on these calls generally approves of the states handling of enforcement cases and they are aware of the timeliness issues.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> By January 31, 2012, EPA and WDNR’s compliance and enforcement programs will discuss reasons for non-timely actions and options for improving ability to meet timeliness goals. Solutions found from these discussions will be implemented by March 1, 2012. Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

Clean Air Act		
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.		
11-1	Finding	Seven of seven files (100.0%) documented initial penalty calculations that included both gravity and economic benefit.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	During the completion of the file review, EPA observed that the proposed penalties are maintained, but they are kept in a file separate from the formal case file in order to assure enforcement confidentiality.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> File Metric 11a – For 7 of 7 files (100.0%), WDNR provided documentation that economic benefit and gravity were considered in the penalty calculation.
	State Response	The state concurs with the EPA finding that no action is needed.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> No action needed.

Clean Air Act		
Element 12. Final Penalty Assessment and Collection. Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.		
12-1	Finding	Up to ninety percent (90.0%) of HPV actions contain a penalty, which exceeds the national goal of at least eighty percent (80.0%). In regard to the file review, six of seven cases (85.7%) with penalties contained documentation of the difference between the initial and final penalties; one of seven (14.3%) contained documentation that penalties had been collected.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	After a case has been referred to the Wisconsin Department of Justice, the final decision on the final assessed penalty is determined by the judge. As a result, WDNR does not keep detailed documentation in the case files regarding the difference between the initial and final penalties. The file will indicate, however, the final penalty assessed by the judge.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 12A0S – Counts of actions with penalties are much different between OTIS and WDNR. All cases may not have been captured. • Data Metric 12B0S – 85% (WDNR's figure is 90%) of HPV actions contain a penalty, which exceeds the national goal of at least 80%. • File Metric 12a – 6 of 7 cases (85.7%) with penalties reviewed contain documentation of the difference between the initial and final penalties. • File Metric 12b – 1 of 7 files (14.3%) with penalties reviewed contained documentation that penalties had been collected.
	State Response	The difference between the final penalty assessed by the court and the initially proposed penalty is always available by subtracting the difference contained in court settlement documents from the original civil penalty calculation document, which are located in different files. Satisfactions of Judgment documenting the collection of penalties are normally kept in the enforcement files but the Department's Enforcement staff can in the future provide a copy of these documents to the respective programs when they are received from the Department of Justice.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • WDNR has developed a new draft Civil Penalty Policy in response to the SRF Round 1 final report, which Region 5 is currently reviewing. WDNR should finalize the policy after receiving Region 5 comments and train appropriate staff in the use of the policy, including proper calculations and documentation, by March 1, 2012. EPA does not object to WDNR applying a penalty policy that determines a higher penalty than EPA's civil penalty policies. • Progress will be monitored by the region and steps will be taken as necessary to review implementation of actions.

APPENDIX A: STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of WDNR's compliance and enforcement programs, Region 5 and Wisconsin identified a number of actions to be taken to address issues found during the review. The table below shows the status of progress toward completing those actions.

State	Status	Due Date	Media	Element	Title	Finding
WI - Round 1	Completed	3/31/2007	RCRA	Insp Universe	100% of LQGs not inspected in five year period.	Use EnPPA to describe how WI will inspect all LQGs at least once in 5 years
WI - Round 1	Completed	3/31/2007	RCRA	Violations ID'ed Appropriately	Inspection reports incomplete	Update inspection guidance to ensure a clear description of the elements of a complete report.
WI - Round 1	Completed	3/31/2007	RCRA	Violations ID'ed Appropriately	Inspection reports incomplete	Provide staff with training on elements of inspection report
WI - Round 1	Completed	3/31/2007	RCRA	Violations ID'ed Timely	Inspection reports are not timely	Ensure inspection reports are completed within 45 days
WI - Round 1	Completed	1/31/2007	RCRA	SNC Accuracy	5 SVs should be SNCs	Re-evaluate 5 SVs to see if they are SNCs
WI - Round 1	Completed	3/31/2007	RCRA	SNC Accuracy	SNC identification rate is low	Assess policies and procedures for low SNC rate and develop a plan to improve
WI - Round 1	Completed	3/31/2007	RCRA	SNC Accuracy	Low SNC identification rate	Provide RCRA staff with training on SNC Identification, reporting, and taking action
WI - Round 1	Completed	12/31/2006	RCRA	Return to Compliance	4 Violators not returned to compliance	Follow up on 4 violators not returned to compliance
WI - Round 1	Completed	9/30/2007	RCRA	Timely & Appropriate Actions	Non-timely actions for formal enforcement	Follow timelines for formal enforcement
WI - Round 1	Completed	9/30/2007	RCRA	Timely & Appropriate Actions	Reclassification of SV to SNC not happening	Reclassify SV as SNC when 240 days have passed without compliance
WI - Round 1	Completed	12/31/2010	RCRA	Penalty Calculations, Penalties Collected	Penalty calculation, documentation, and collection insufficient.	Develop a plan to improve penalty calculation, documentation, and collection.
WI - Round 1	Completed	9/30/2007	RCRA	Data Timely	Late RCRAInfo entry.	Data should be entered into RCRAInfo when violation determination is made.
WI - Round 1	Completed	9/30/2007	RCRA	Data Accurate	Return to Compliance date incorrect	Return to Compliance date should be date that WDNR Determines
WI - Round 1	Completed	10/30/2006	RCRA	Data Accurate	Data entered into RCRAInfo is not good enough quality	Develop and implement a data quality plan for data entry into RCRAInfo.
WI - Round 1	Completed	9/29/2007	CWA	Insp Universe	Inspection quality not checked	EPA performs 6 oversight inspections by the end of FY08.
WI - Round 1	Long Term Resolution	12/31/2011	CWA	Insp Universe	Reports do not have sufficient information	Issue a memo describing expectations for content of inspection reports and their provisions to permittees, and incorporate guidance into next update of the State's inspection strategy.
WI - Round 1	Long Term Resolution	12/31/2011	CWA	Insp Universe	Reports do not have sufficient information.	Update State inspection strategy to include guidance for content of inspection reports and their provision to permittees.
WI - Round 1	Long Term Resolution	12/31/2011	CWA	Insp Universe	Inspection reports do not have sufficient information.	Incorporate performance expectations regarding inspection report content into the standards of WDNR regional managers.

WI - Round 1	Long Term Resolution	12/31/2011	CWA	Insp Universe	Inspection reports do not sufficient information.	Include provisions for entering data on CAFO and stormwater inspections into ICIS-NPDES as part of WDNR's ICIS-NPDES conversion plan.
WI - Round 1	Long Term Resolution	12/31/2011	CWA	Return to Compliance	No case closeout information in files.	WDNR amend its ES to specify the procedures and documentation needed for closing out of enforcement actions.
WI - Round 1	Long Term Resolution	12/31/2011	CWA	Penalty Calculations	Enforcement actions not in PCS.	Enter enforcement data for enforcement actions housed in CASETRACK into PCS.
WI - Round 1	Long Term Resolution	12/31/2011	CWA	Penalty Calculations	BEN and gravity calculations not apparent for cases.	Revise the state ES (or issue supplemental policy memorandum) to require BEN and gravity factors be included in calculating proposed penalties.
WI - Round 1	Long Term Resolution	12/31/2011	CWA	Data Complete	Data Entry Low or Missing	Address issues regarding high manual override rate, low entry rate for majors, and no entry of compliance schedule/permit schedule violations in transition plan for PCS to ICIS-NPDES.
WI - Round 1	Completed	9/30/2006	CAA	Insp Universe	Low inspection numbers.	Submit a list of planned source inspections for FY2007.
WI - Round 1	Completed	3/31/2007	CAA	Insp Universe	High number of sources with "unknown" compliance status.	Work with EPA to come up with solutions for inspecting synthetic minors.
WI - Round 1	Completed	3/31/2007	CAA	Insp Universe	No verification of Title V compliance certification review.	Ensure all Title V compliance certifications are reviewed and conduct appropriate follow-up enforcement.
WI - Round 1	Long Term Resolution	12/31/2011	CAA	SNC Accuracy	Untimely HPV Reporting	Report HPVs promptly without waiting for enforcement actions.
WI - Round 1	Completed	3/31/2007	CAA	SNC Accuracy	Not enough information provided about HPV progress.	Provide more detailed explanations of progress toward resolution of cases during monthly calls or in writing.
WI - Round 1	Long Term Resolution	12/31/2011	CAA	SNC Accuracy	Low HPV rate	Evaluate the HPV rate to determine reasons for low HPC rate.
WI - Round 1	Completed	3/31/2007	CAA	Return to Compliance	Lack of procedures and documentation for No Further Actions (closeouts)	Review procedures and documentation for No Further Actions (closeouts)
WI - Round 1	Completed	3/31/2007	CAA	Timely & Appropriate Actions	In the absence of APO authority, the referral process is lacking	Review referral process and update Enforcement Handbook as necessary.
WI - Round 1	Completed	3/31/2007	CAA	Penalty Calculations	Lack of documentation for calculating economic benefit.	Document calculation (or not) of economic benefit
WI - Round 1	Completed	3/31/2007	CAA	Grant Commitments	CMS plans not being followed.	Use EnPPA or other vehicle to ensure following of CMS Plan.
WI - Round 1	Completed	3/31/2007	CAA	Data Timely	Non-timely notification of HPVs to sources and AFS.	Put a plan in place to ensure timely reporting of HPVs.
WI - Round 1	Completed	3/31/2007	CAA	Data Timely	Non-timely reporting of CMRs	Amend procedures to assure CMRs be prepared and entered into CMS within 60 days, and stack test reports reviewed and entered within 120 days of the test.
WI - Round 1	Completed	3/31/2007	CAA	Data Accurate	Inaccurate data in AFS	Correct inaccuracies in AFS and discuss QA procedures with EPA
WI - Round 1	Completed	9/29/2007	CAA	Insp Universe	Low inspection numbers.	Work with EPA to develop a strategy with milestones for increased enforcement FTEs.
WI - Round 1	Long Term Resolution	12/31/2011	CAA	Timely & Appropriate Actions	CMR Template not adequate for CMS	Review and revise the CMR Template.

					purposes.	
WI - Round 1	Long Term Resolution	12/31/2011	CAA	Violations ID'ed Appropriately	CMR Template not adequate for CMS purposes.	Review CMR training procedures/plans, ensure all inspectors have met training requirements, and address opportunities for refresher training.
WI - Round 1	Completed	3/30/2007	CAA	Penalties Collected	Settlements outside court process not documented.	Document settlements outside court process.
WI - Round 1	Long Term Resolution	12/31/2011	CWA	Insp Universe	Reports do not have sufficient information.	Update State inspection strategy to include guidance for content of inspection reports and their provision to permittees.
WI - Round 1	Completed	12/31/2006	RCRA	Data Complete	Accuracy of Element 12 Metrics data is questionable	Reconcile any differences between EPA and WDNR Element 12 data

APPENDIX B: OFFICIAL DATA PULL

See Appendix E.

APPENDIX C: PDA TRANSMITTAL LETTER

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

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

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

Matthew Frank, Secretary
Wisconsin Department of Natural Resources
P.O. Box 7921
101 South Webster Street
Madison, Wisconsin 53707-7921

Dear Mr. Frank:

On November 3, 2009, the U.S. Environmental Protection Agency, Region 5, sent the Wisconsin Department of Natural Resources (WDNR) a letter stating its intention to begin a review of WDNR enforcement programs under the State Review Framework (SRF). We thank you for sending us your response to the official data metric results that accompanied the letter.

As the next step in the process, Region 5 analyzed the data against set goals and commitments and is now providing the results with this letter. Please note that the preliminary findings are largely based only on the data metrics results themselves. Final findings may be significantly different based upon the results of the file review and the ongoing discussions with you and your staff.

We are also providing a list of files for the file reviews. For all programs that will be reviewed, we used the file selection tool in EPA's Online Tracking Information System (OTIS).

If you have any questions about the data analysis or file selections, please contact Alan Walts at (312) 353-8894 or walts.alan@epa.gov.

Sincerely,

Bharat Mathur
Acting Regional Administrator

APPENDIX D: PRELIMINARY DATA ANALYSIS CHART

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

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

RCRA

Original Data Pulled from Online Tracking Information System (OTIS)							EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	Initial Findings
1A3S	Number of active SQGs in RCRAInfo	Data Quality	State			4,058	Major discrepancy between, state corrected number and the given data.
1F1S	Formal action: number of sites (1 FY)	Data Quality	State			1	Only one formal action for the year.
1F2S	Formal action: number taken (1 FY)	Data Quality	State			1	Only one formal action for the year.
2B0S	Number of sites in violation for greater than 240 days	Data Quality	State			11	High numbers of sites remain in violation.
5C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	68.0%	56.6%	State not meeting national average or national goal.
5C0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	73.3%	75.8%	State not meeting national goal.

7C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			41.7%	Violation identification rate is 36.7% lower than EPA.
8A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	3.5%	0.8%	SNC rate does not meet 1/2 of National Average.
10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	27.0%	0.0%	Below National Goal, and National Average.
10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			1	Only one formal action for the year.
12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	79.0%	100.0%	Only one formal action for the year.
12B0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 National Avg	78.3%	100.0%	Only one formal action for the year.

Clean Water Act

Original Data Pulled from Online Tracking Information System (OTIS)							EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	Initial Findings
1B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	92.3%	85.9%	Below national goal and average. Problems with DMR translation process in FY08
1B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			75.0%	Over ride rate is high. May be related to DMR translation problem.
1F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			0	This is a Required Data element that is missing. State indicated that there was a discrepancy with the data, but provided no corrected information.
1F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	This is a Required Data element that is missing. State indicated that there was a discrepancy with the data, but provided no corrected information.
1G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			0	Data required but missing.
1G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$0	Data is required but missing.
1G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	Data is required for state Judicial actions. Need to review state files.
1G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$0	Data is required. Penalties for administrative actions are not collected because the state does not have administrative penalty authority, but civil judicial action penalties must be here.
2A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		0 / 0	Formal actions are required to be linked to violations.
5B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			32.0%	Approximately 48 inspections missing from ICIS.

5B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			0 / 0	Based on SWAMP data more than 30% traditional EnPPA permitted minors were inspected, however the universe of General permits is over 25,000.
7A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			1	Value appears low. State conducted 97 compliance inspections at majors without violations.
7B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		32.7%	0 / 0	Data not entered. Formal compliance orders require compliance schedules.
7C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		28.1%	100.0%	Rate is high. Only 1 permit schedule violation. Are schedules tracked?
8A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			4	High manual override rate and lack of SEV reporting appears to impact SNC reporting.
8A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		23.0%	3.1%	Manual override reduced SNC rate. See 8A1C
10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	14.1%	0.8%	Meets national goal, however manual overrides (see 8A1c) may obscure timely action numbers. Facilities in SNC have a required timeframe for action to be taken.

Clean Air Act

Original Data Pulled from Online Tracking Information System (OTIS)							EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	Initial Findings
1A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			489	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
1A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			458	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
1B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			1,083	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
1C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			161	There are many MACT designations. Are all being covered?
1C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	78.8%	100.0%	There should be more than one source here. (There is only one listed in the universe to produce 100%).
1C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	36.3%	0.0%	State not reporting.
1C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	91.9%	0 / 0	State not reporting.
1F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			37	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
1F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			28	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
1G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			25	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
1G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			22	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.

1H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	50.7%	72.0%	Below the national goal.
1H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	69.3%	28.0%	Well below the national goal and average.
1H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	70.0%	68.0%	Below the national goal.
1I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			19	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system. There is also a question as to whether some informal actions are being coded as formal actions.
1I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			16	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system. There is also a question as to whether some informal actions are being coded as formal actions.
1J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$3,200,000	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
1K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		12	High # of sources missing CMS Policy Applicability.
3A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	32.9%	32.0%	Well below national goal.
3B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	57.9%	75.7%	Below national goal.
3B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	68.8%	54.7%	Well below national goal.
5A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	90.7%	80.6%	Below national goal.

5A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	State	100%	81.3%	83.1%	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system. Also well below the national goal.
5B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	70.0%	36.4%	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system. Also well below the national goal.
5B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	88.9%	70.5%	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system. Also well below the national goal.
5E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			110	High number of sources with unknown compliance status.
5G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	93.5%	100.0%	There should be a bigger universe of self-certifications. (There were only 7 listed to get this percentage).
8A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	8.3%	2.9%	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system. Also below the national goal.
8B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.7%	0.6%	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
8D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	40.7%	57.1%	Not meeting the national goal.
10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		36.9%	84.1%	High number of HPVs not meeting timeliness goals.
12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			11	There are potentially more penalty cases than indicated.

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

RCRA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Metric	Metric Description	Metric Type	Agency	National Goal	National Average	WI Metric	Count	Universe	Not Counted	WI Metric Frozen	Count Frozen	Universe Frozen	Not Counted Frozen	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
2	R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			16	NA	NA	NA	16	NA	NA	NA	No				Appears acceptable	
3	R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			505	NA	NA	NA	621	NA	NA	NA	No				Appears acceptable	
4	R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			4,058	NA	NA	NA	4,513	NA	NA	NA	Yes	1,246	SHWMIS	RCRAInfo needs updating	Potential concern	Major discrepancy between state corrected number and the given data.
5	R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			9,221	NA	NA	NA	9,102	NA	NA	NA	Yes	9484 VSQGs	SHWMIS	RCRAInfo needs updating	Minor issue	Data metric includes CESQGs and all other active sites. State VSQGs outnumber metric.
6	R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			484	NA	NA	NA	484	NA	NA	NA	No				Appears acceptable	
7	R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			293	NA	NA	NA	291	NA	NA	NA	No				Appears acceptable	
8	R01B1E	Compliance monitoring: number of inspections (1 FY)	Data Quality	EPA			52	NA	NA	NA	51	NA	NA	NA	No				Appears acceptable	
9	R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			264	NA	NA	NA	262	NA	NA	NA	No				Appears acceptable	
10	R01B2E	Compliance monitoring: sites inspected (1 FY)	Data Quality	EPA			51	NA	NA	NA	50	NA	NA	NA						
11	R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			161	NA	NA	NA	157	NA	NA	NA	No				Appears acceptable	

Columns G-J contain data from RCRAInfo dated 9/10/09. Columns K-N contain data from RCRAInfo dated 2/9/09.

RCRA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	Metric	Metric Description	Metric Type	Agency	National Goal	National Average	WI Metric	Count	Universe	Not Counted	WI Metric Frozen	Count Frozen	Universe Frozen	Not Counted Frozen	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings	
12	R01C1E	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA			71	NA	NA	NA	64	NA	NA	NA							
13	R01C2S	Number of sites with violations determined during the FY	Data Quality	State			110	NA	NA	NA	102	NA	NA	NA	No				Appears acceptable		
14	R01C2E	Number of sites with violations determined during the FY	Data Quality	EPA			40	NA	NA	NA	32	NA	NA	NA							
15	R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State			110	NA	NA	NA	105	NA	NA	NA	No				Appears acceptable		
16	R01D1E	Informal actions: number of sites (1 FY)	Data Quality	EPA			29	NA	NA	NA	29	NA	NA	NA							
17	R01D2S	Informal actions: number of actions (1 FY)	Data Quality	State			115	NA	NA	NA	108	NA	NA	NA	No				Appears acceptable		
18	R01D2E	Informal actions: number of actions (1 FY)	Data Quality	EPA			31	NA	NA	NA	31	NA	NA	NA							
19	R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			2	NA	NA	NA	2	NA	NA	NA	No				Appears acceptable		
20	R01E1E	SNC: number of sites with new SNC (1 FY)	Data Quality	EPA			5	NA	NA	NA	5	NA	NA	NA							

RCRA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Metric	Metric Description	Metric Type	Agency	National Goal	National Average	WI Metric	Count	Universe	Not Counted	WI Metric Frozen	Count Frozen	Universe Frozen	Not Counted Frozen	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
21	R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State			4	NA	NA	NA	4	NA	NA	NA	No				Appears acceptable	
22	R01E2E	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA			6	NA	NA	NA	6	NA	NA	NA						
23	R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA	No				Potential concern	Only one formal action for the year.
24	R01F1E	Formal action: number of sites (1 FY)	Data Quality	EPA			1	NA	NA	NA	1	NA	NA	NA						
25	R01F2S	Formal action: number taken (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA					Potential concern	Only one formal action for the year.
26	R01F2E	Formal action: number taken (1 FY)	Data Quality	EPA			2	NA	NA	NA	2	NA	NA	NA						
27	R01G0S	Total amount of final penalties (1 FY)	Data Quality	State			\$265,000	NA	NA	NA	\$265,000	NA	NA	NA					Appears acceptable	
28	R01G0E	Total amount of final penalties (1 FY)	Data Quality	EPA			\$50,000	NA	NA	NA	\$50,000	NA	NA	NA						
29	R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA					Appears acceptable	
30	R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA					Appears acceptable	

RCRA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Metric	Metric Description	Metric Type	Agency	National Goal	National Average	WI Metric	Count	Universe	Not Counted	WI Metric Frozen	Count Frozen	Universe Frozen	Not Counted Frozen	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
31	R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			11	NA	NA	NA	18	NA	NA	NA					Potential concern	High number of sites remain in violation.
32	R02B0E	Number of sites in violation for greater than 240 days	Data Quality	EPA			37	NA	NA	NA	33	NA	NA	NA						
33	R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			40.0%	2	5	3	40.0%	2	5	3					Appears acceptable	
34	R03A0E	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	EPA			20.0%	1	5	4	20.0%	1	5	4						
35	R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	88.1%	93.8%	15	16	1	93.8%	15	16	1					Minor issue	States must inspect operating TSDFs once every two years.
36	R05A0C	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100%	92.4%	100.0%	16	16	0	100.0%	16	16	0					Minor issue	States must inspect operating TSDFs once every two years.
37	R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	23.6%	11.8%	57	484	427	11.8%	57	484	427						
38	R05B0C	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	26.0%	21.3%	103	484	381	21.3%	103	484	381						
39	R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	68.0%	56.6%	274	484	210	56.6%	274	484	210					Potential concern	State not meeting national average or national goal.
40	R05C0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	73.3%	75.8%	367	484	117	75.8%	367	484	117					Potential concern	State not meeting national goal.

RCRA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Metric	Metric Description	Metric Type	Agency	National Goal	National Average	WI Metric	Count	Universe	Not Counted	WI Metric Frozen	Count Frozen	Universe Frozen	Not Counted Frozen	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
41	R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			7.8%	316	4058	3742	6.8%	306	4513	4207					Appears acceptable	
42	R05D0C	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined			8.2%	331	4058	3727	7.0%	317	4513	4196						
43	R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only	State			718	NA	NA	NA	715	NA	NA	NA					Appears acceptable	
44	R05E1C	Inspections at active CESQGs (5 FYs)	Informational Only	Combined			732	NA	NA	NA	726	NA	NA	NA						
45	R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			118	NA	NA	NA	119	NA	NA	NA					Appears acceptable	
46	R05E2C	Inspections at active transporters (5 FYs)	Informational Only	Combined			134	NA	NA	NA	135	NA	NA	NA						
47	R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			5	NA	NA	NA	5	NA	NA	NA					Appears acceptable	
48	R05E3C	Inspections at non-notifiers (5 FYs)	Informational Only	Combined			5	NA	NA	NA	5	NA	NA	NA						
49	R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			14	NA	NA	NA	13	NA	NA	NA					Appears acceptable	
50	R05E4C	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	Combined			15	NA	NA	NA	13	NA	NA	NA						

RCRA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Metric	Metric Description	Metric Type	Agency	National Goal	National Average	WI Metric	Count	Universe	Not Counted	WI Metric Frozen	Count Frozen	Universe Frozen	Not Counted Frozen	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
51	R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			41.7%	110	264	154	38.9%	102	262	160					Potential concern	Violation identification rate is 36.7% lower than EPA.
52	R07C0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA			78.4%	40	51	11	64.0%	32	50	18						
53	R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	3.5%	0.8%	2	264	262	0.8%	2	262	260					Potential concern	SNC rate does not meet 1/2 of National Average.
54	R08A0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 National Avg	3.8%	2.4%	7	294	287	2.4%	7	291	284						
55	R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	80.6%	100.0%	2	2	0	100.0%	2	2	0					Appears acceptable	For FY2008, timely identification of SNCs above the National Average.
56	R08B0E	Percent of SNC determinations made within 150 days (1 FY)	Goal	EPA	100%	65.5%	20.0%	1	5	4	0.0%	0	725	725						
57	R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	58.1%	100.0%	1	1	0	100.0%	1	1	0					Appears acceptable	

RCRA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	Metric	Metric Description	Metric Type	Agency	National Goal	National Average	WI Metric	Count	Universe	Not Counted	WI Metric Frozen	Count Frozen	Universe Frozen	Not Counted Frozen	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings	
58	R08C0E	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	EPA	1/2 National Avg	81.5%	100.0%	2	2	0	100.0%	2	2	0							
59	R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	27.0%	0.0%	0	2	2	0.0%	0	2	2					Potential concern	Below National Goal, and National Average.	
60	R10A0C	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	Combined	80%	25.1%	0.0%	0	7	7	0.0%	0	7	7							
61	R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			1 NA	NA	NA	NA	1 NA	NA	NA	NA					Potential concern	Only one formal action for the year.	
62	R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$265,000	NA	NA	NA	\$265,000	NA	NA	NA					Potential concern	Only one formal action for the year.	
63	R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	79.0%	100.0%	1	1	0	100.0%	1	1	0					Potential concern	Only one formal action for the year.	
64	R12B0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 National Avg	78.3%	100.0%	2	2	0	100.0%	2	2	0							

CWA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Metric	Metric Description	Metric Type	Agency	National Goal	National Average	WI Metric	Count	Universe	Not Counted	WI Metric Frozen	Count Frozen	Universe Frozen	Not Counted Frozen	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
2	P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			129	NA	NA	NA	122	NA	NA	NA	No		WDNR SWAMP database	129 is the correct number. The lower frozen universe total may have been due to the permit status being changed in ICIS to "expired" only because a permit application received date had not been entered.	Appears Acceptable	
3	P01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	NA	NA	NA	0	NA	NA	NA	No				Appears Acceptable	
4	P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			736	NA	NA	NA	642	NA	NA	NA	No			736 is estimated to be correct. WDNR has historically reported the number of individual surface water discharge WPDES permits for EPA reporting purposes. The WPDES permit universe within ICIS is gradually being expanded to include permits with special regulatory components that are not surface water discharges (i.e. CAFOs) that are tracked in the WDNR SWAMP database. The correct number of minors for the period ending FY08 can only be estimated at this time.	Appears Acceptable	
5	P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			0	NA	NA	NA	0	NA	NA	NA	Yes			WDNR has 18 active General Permits covering approximately 25,000 facilities.	Inconclusive	This information is not required in (ICIS/PCS) however the Region should know how the state manages this information.

CWA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
6	P01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=: 95%	94.9%	100.0%	122	122	0	100.0%	122	122	0	Yes			128 of the 129 major facilities universe had current limits coded in ICIS by FY08 end (99%).	Appears Acceptable	
7	C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=: 95%	92.3%	85.9%	328	382	54	85.9%	328	382	54	Yes			DMRs are generated by the WDNR SWAMP database. SWAMP records show all DMRs for 129 majors were received for FY08.	Potential Concern	Below national goal and average. Problems with DMR translation process in FY08
8	C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=: 95%	91.0%	100.0%	122	122	0	100.0%	122	122	0	Yes			DMRs are generated by the WDNR SWAMP database. SWAMP records show all DMRs for 129 majors were received for FY08.	Appears Acceptable	
9	P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			75.0%	9	12	3	16.7%	2	12	10	No			Use of manual overrides was needed to resolve old data discrepancies in archived PCS data.	Potential Concern	Over ride rate is high. May be related to DMR translation problem.
10	P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			2.0%	13	642	629	2.0%	13	642	629	No			Minors limits and DMR reporting are done in the WDNR SWAMP database but were not in ICIS in FY08. Of the 13 facilities referenced here that are in ICIS, 11 are tribal land permits that are under Region 5 oversight.	Appears Acceptable	Metric is information-only and permit limits data are not required.
11	C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			39.3%	11	28	17	39.3%	11	28	17	Yes			WDNR SWAMP records show 100% of forms due were received for 736 minors in FY08	Appears Acceptable	Metric is information-only and permit limits data are not required.
12	C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			1.4%	9	642	633	1.4%	9	642	633	Yes			WDNR SWAMP records show 100% of 736 minors submitted their DMRs in FY08	Appears Acceptable	Metric is information-only and permit limits data are not required.
13	P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			40.6%	299	736	437	43.0%	276	642	366	Yes	374			Appears Acceptable	Metric is information-only and permit limits data are not required.

CWA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
14	C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	0	0	0	0 / 0	0	0	0	No				Appears Acceptable	CY08 ANCR submitted as required. 365 identified as with Category I & II non-compliance.
15	P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			8	NA	NA	NA	8	NA	NA	NA	Yes	0			Appears Acceptable	Metric is information-only and permit limits data are not required.
16	P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			3	NA	NA	NA	0	NA	NA	NA	No				Inconclusive	Data entry not timely. Three NONs are currently in the system. Low numbers need to be confirmed.
17	P01E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA						
18	P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			3	NA	NA	NA	0	NA	NA	NA	No				Inconclusive	See above 1E1S
19	P01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA						
20	P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA	Yes	44			Inconclusive	Data not required to be reported for minors at this time. Need to review state files.
21	P01E3E	Informal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA						
22	P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA	Yes	56			Inconclusive	Data not required to be reported for minors facilities at this time. Need to review state files.
23	P01E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA						

CWA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
24	P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA	Yes				Potential Concern	This is a Required Data element that is missing. State indicated that there was a discrepancy with the data, but provided no corrected information.
25	P01F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA						
26	P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA	Yes				Potential Concern	This is a Required Data element that is missing. State indicated that there was a discrepancy with the data, but provided no corrected information.
27	P01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA						
28	P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA	No	16			Inconclusive	Data not required for minors. Need to review state files.
29	P01F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA						
30	P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA	No	27			Inconclusive	Data not required for minors. Need to review state files.
31	P01F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA						
32	P01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA	No				Potential concern suppl file review	Data required but missing.
33	P01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA						
34	P01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$0	NA	NA	NA	\$0	NA	NA	NA	No				Potential Concern suppl file review	Data is required but missing.

CWA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
35	P01G2E	Penalties: total penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA	\$0	NA	NA	NA						
36	P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA	NA	\$0	NA	NA	NA	No				Potential Concern suppl file review	Data is required for state Judicial actions. Need to review state files.
37	P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$0	NA	NA	NA	\$0	NA	NA	NA						
38	P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$0	NA	NA	NA	\$0	NA	NA	NA	No				Appears Acceptable.	Data is required. However, penalties for administrative actions are not collected because the state does not have administrative penalty authority.
39	P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$0	NA	NA	NA	\$0	NA	NA	NA						
40	P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$0	NA	NA	NA	\$0	NA	NA	NA	No				Potential Concern suppl file review	Data is required. Penalties for administrative actions are not collected because the state does not have administrative penalty authority, but civil judicial action penalties must be here.
41	P01G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA	\$0	NA	NA	NA						
42	P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=: 80%		0 / 0	0	0	0	0 / 0	0	0	0	No				Potential Concern	Formal actions are required to be linked to violations.
43	P02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	>=: 80%		0 / 0	0	0	0	0 / 0	0	0	0						

CWA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
44	P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	58.9%	75.2%	97	129	32	77.0%	94	122	28	No				Appears Acceptable	Above national average. Above 70% traditional EnPPA commitment
45	P05A0E	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100%	5.9%	2.3%	3	129	126	2.5%	3	122	119						
46	P05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	61.8%	76.0%	98	129	31	77.9%	95	122	27						
47	P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State		32.0%		226	706	480	32.1%	199	619	420	Yes	274			Potential Concern;sup pl file review	Approximately 48 inspections missing from ICIS.
48	P05B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA		0.3%		2	706	704	0.3%	2	619	617						
49	P05B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined		32.2%		227	706	479	32.3%	200	619	419						
50	P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State		0 / 0		0	0	0 / 0		0	0	0	No				Potential Concern;sup pl file review	Based on SWAMP data more than 30% traditional EnPPA permitted minors were inspected, however the universe of General permits is over 25,000.
51	P05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA		0 / 0		0	0	0 / 0		0	0	0						
52	P05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined		0 / 0		0	0	0 / 0		0	0	0						

Columns G-J contain data from ICIS-NPDES dated 9/12/09. Columns K-N contain data from ICIS-NPDES dated 2/14/09.

CWA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
53	P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.0%	0	30	30	0.0%	0	23	23	Yes	3		3 of the 30 inspected in FY08	Inconclusive	Metric relates to inspection coverage for permits that solely address Stormwater, pretreatment, CAFOs or CSOs. Need to review state files.
54	P05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			0.0%	0	30	30	0.0%	0	23	23						
55	P05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			0.0%	0	30	30	0.0%	0	23	23						
56	P07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			1 NA	NA	NA	NA	1 NA	NA	NA	NA	No				Potential Concern	Value appears low. State conducted 97 compliance inspections at majors without violations.
57	P07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0 NA	NA	NA	NA	0 NA	NA	NA	NA	No				Appears Acceptable	data not required
58	P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		32.7%	0 / 0	0	0	0	0 / 0	0	0	0	No				Potential Concern	Data not entered. Formal compliance orders require compliance schedules.
59	P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		28.1%	100.0%	1	1	0	100.0%	1	1	0	No				Potential Concern	Rate is high Only 1 permit schedule violation. Are schedules tracked?
60	P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		54.5%	34.9%	45	129	84	33.6%	41	122	81	No				Appears Acceptable	Below the National average Metric indicates that 34.9% of the majors have at least one DMR violation.
61	P08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			4 NA	NA	NA	NA	16 NA	NA	NA	NA	No				Potential Concern	High manual override rate and lack of SEV reporting appears to impact SNC reporting.

CWA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
62	P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		23.0%	3.1%	4	129	125	13.1%	16	122	106	No				Potential concern	Manual override reduced SNC rate. See 8A1C
63	P10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	14.1%	0.8%	1	129	128	0.8%	1	122	121	No				Potential Concern	Meets national goal, however manual overrides (see 8A1c) may obscure timely action numbers. Facilities in SNC have a required timeframe for action to be taken.

CAA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Metric	Metric Description	Metric Type	Agency	National Goal	National Average	WI Metric	Count	Universe	Not Counted	WI Metric Frozen	Count Frozen	Universe Frozen	Not Counted Frozen	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
2	A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			489	NA	NA	NA	565	NA	NA	NA	Yes	464	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
3	A01A1C	Title V Universe: AFS Operating Majors (Current)	Data Quality	Combined			489	NA	NA	NA	565	NA	NA	NA						
4	A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			458	NA	NA	NA	542	NA	NA	NA	NO				Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
5	A01A2C	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	Combined			458	NA	NA	NA	542	NA	NA	NA						
6	A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			1,083	NA	NA	NA	1,210	NA	NA	NA	Yes	238	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
7	A01B1C	Source Count: Synthetic Minors (Current)	Data Quality	Combined			1,083	NA	NA	NA	1,210	NA	NA	NA						
8	A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			51	NA	NA	NA	41	NA	NA	NA	NO				Appears acceptable	
9	A01B2C	Source Count: NESHAP Minors (Current)	Data Quality	Combined			51	NA	NA	NA	41	NA	NA	NA						

CAA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
10	A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			105	NA	NA	NA	78	NA	NA	NA	NO				Appears acceptable	
11	A01B3C	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	Combined			105	NA	NA	NA	78	NA	NA	NA						
12	A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			524	NA	NA	NA	552	NA	NA	NA	NO				Appears Acceptable	
13	A01C1C	CAA Subprogram Designations: NSPS (Current)	Data Quality	Combined			524	NA	NA	NA	552	NA	NA	NA						
14	A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			315	NA	NA	NA	318	NA	NA	NA	NO				Appears Acceptable	
15	A01C2C	CAA Subprogram Designations: NESHAP (Current)	Data Quality	Combined			315	NA	NA	NA	318	NA	NA	NA						
16	A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			161	NA	NA	NA	144	NA	NA	NA	NO			Potential concern	There are many MACT designations. Are all being covered?	
17	A01C3C	CAA Subprogram Designations: MACT (Current)	Data Quality	Combined			161	NA	NA	NA	144	NA	NA	NA						
18	A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	78.8%	100.0%		1	1	0	0	0	0	0	NO		Potential concern	There should be more than one source here.	
19	A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	36.3%	0.0%		0	1	1	0	0	1	1	NO		Potential concern	State not reporting	
20	A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	91.9%	0 / 0		0	0	0	0	0	0	0	NO		Potential concern	State not reporting	

CAA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
21	A01C6C	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	Combined	100%	89.4%	0 / 0	0	0	0	0 / 0	0	0	0						
22	A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			346	NA	NA	NA	347	NA	NA	NA	NO				Appears Acceptable	
23	A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			413	NA	NA	NA	355	NA	NA	NA	NO				Appears Acceptable	
24	A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			491	NA	NA	NA	480	NA	NA	NA	NO				Appears Acceptable	
25	A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			345	NA	NA	NA	345	NA	NA	NA	NO				Appears Acceptable	
26	A01E0C	Historical Non-Compliance Counts (1 FY)	Data Quality	Combined			362	NA	NA	NA	362	NA	NA	NA						
27	A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			37	NA	NA	NA	30	NA	NA	NA	Yes	36	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
28	A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			28	NA	NA	NA	26	NA	NA	NA	Yes	33	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
29	A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			25	NA	NA	NA	24	NA	NA	NA	Yes	20	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.

CAA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
30	A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			22	NA	NA	NA	21	NA	NA	NA	Yes	19	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
31	A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	50.7%	72.0%	18	25	7	75.0%	18	24	6	NO				Potential concern	Below the national goal.
32	A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	69.3%	28.0%	7	25	18	25.0%	6	24	18	NO				Potential concern	Well below the national goal and average.
33	A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	70.0%	68.0%	17	25	8	66.7%	16	24	8	NO				Potential concern	Below the national goal.
34	A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			19	NA	NA	NA	13	NA	NA	NA	Yes	9	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system. There is also a question as to whether some informal actions are being coded as formal actions.

Columns G-J contain data from AFS dated 9/12/09. Columns K-N contain data from AFS dated 2/14/09.

CAA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
35	A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			16	NA	NA	NA	13	NA	NA	NA	Yes	7	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system. There is also a question as to whether some informal actions are being coded as formal actions.
36	A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$3,200,00 0	NA	NA	NA	\$2,435,00 0	NA	NA	NA	Yes	\$1,325,946	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
37	A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		12	NA	NA	NA	20	NA	NA	NA	NO				Potential concern	High # of sources missing CMS Policy Applicability.
38	A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	65.2%	26.3%	25	95	70	26.2%	27	103	76	NO				Appears acceptable	
39	A02A0C	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	Combined	<= 50%	65.4%	29.8%	31	104	73	28.9%	33	114	81						
40	A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.4%	0.8%	2	251	249	0.7%	1	136	135	NO				Appears acceptable	
41	A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State				17	NA	NA	NA	15	NA	NA	NO				Appears acceptable	
42	A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	32.9%	32.0%	8	25	17	33.3%	8	24	16	NO				Potential concern	Well below national goal.

CAA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
43	A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	57.9%	75.7%	1,140	1,505	365	88.6%	1,148	1,295	147	NO				Potential concern	Below national goal.
44	A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	68.8%	54.7%	29	53	24	73.2%	30	41	11	NO				Potential concern	Well below national goal.
45	A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	90.7%	80.6%	358	444	86	41.0%	218	532	314	NO				Potential concern	Below national goal.
46	A05A1C	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	Combined	100%	91.0%	80.6%	358	444	86	41.0%	218	532	314						
47	A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	81.3%	83.1%	412	496	84	79.2%	448	566	118	Yes	FY 08-09: 401/464 = 86 %	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system. Also well below the national goal.
48	A05A2C	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	Combined	100%	81.8%	83.1%	412	496	84	79.2%	448	566	118						
49	A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	70.0%	36.4%	183	503	320	26.1%	189	725	536	Yes	FY05-09: 191/238 = 80%	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system. Also well below the national goal.

CAA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
50	A05B1C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	Combined	20% - 100%	70.4%	36.4%	183	503	320	26.1%	189	725	536						
51	A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	88.9%	70.5%	384	545	161	100.0%	119	119	0	Yes	FY05 - 09:191/238 = 80%	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system. Also well below the national goal.
52	A05B2C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	Combined		89.1%	70.5%	384	545	161	100.0%	119	119	0						
53	A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.7%	82.1%	934	1,138	204	76.0%	926	1,219	293	NO				Appears acceptable	
54	A05C0C	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	Combined		79.9%	82.3%	937	1,139	202	76.1%	929	1,220	291						
55	A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		29.3%	5.0%	66	1,307	1,241	3.0%	37	1,215	1,178	NO				Appears acceptable	
56	A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			110	NA	NA	NA	145	NA	NA	NA	NO				Potential concern	High number of sources with unknown compliance status.
57	A05E0C	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	Combined			110	NA	NA	NA	145	NA	NA	NA						
58	A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA	0	NA	NA	NA	NO				Appears acceptable	
59	A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	93.5%	100.0%	7	7	0	100.0%	7	7	0	NO				Potential concern	There should be a bigger universe of self-certifications.

CAA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
60	A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	20.8%	54.5%	235	431	196	57.2%	238	416	178	NO				Appears acceptable	
61	A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	41.7%	64.3%	9	14	5	64.3%	9	14	5	NO				Appears acceptable	
62	A07C2E	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	EPA	> 1/2 National Avg	50.0%	0 / 0	0	0	0	0 / 0	0	0	0						
63	A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	8.3%	2.9%	14	489	475	2.7%	15	565	550	Yes	12/464= 2.6%	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system. Also below the national goal.
64	A08A0E	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	EPA		0.6%	1.4%	7	489	482	1.2%	7	565	558						
65	A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.7%	0.6%	6	1,083	1,077	0.3%	4	1,210	1,206	Yes	6/238= 2.5%	WARP: State database	Major revisions in state data in the past year. AFS not yet corrected.	Potential concern	WDNR is in the midst of cleaning up incorrect data that resulted from a move to a new internal data system.
66	A08B0E	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0.0%	0.1%	1	1,083	1,082	0.0%	0	1,210	1,210						
67	A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	74.0%	72.7%	8	11	3	66.7%	6	9	3	NO				Appears acceptable	
68	A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	40.7%	57.1%	8	14	6	53.3%	8	15	7	NO				Potential concern	Not meeting the national goal.

CAA Preliminary Data Analysis (based on OTIS data pull of 10/29/09)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
69	A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 National Avg	45.1%	30.3%	10	33	23	0.0%	0	32	32	NO				Appears acceptable	
70	A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		36.9%	84.1%	58	69	11	85.3%	58	68	10	NO				Potential concern	High number of HPVs not meeting timeliness goals.
71	A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			11	NA	NA	NA	7	NA	NA	NA	NO				Potential concern	There are potentially more penalty cases than indicated.
72	A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	85.0%	90.0%	9	10	1	85.7%	6	7	1	NO				Appears acceptable	

APPENDIX F: FILE SELECTION

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

A. File Selection Process

Resource Conservation and Recovery Act

Region 5 used a combination of tools including the file selection tool in OTIS, which follows the SRF File Selection Protocol to select files. The universe of files (compliance monitoring and enforcement) from which to pick was 363. According to the Protocol, the range of files to select for a universe that size is 20 to 35. As a result, Region 5 picked 35 files to use for its random, representative file selection. From the universe of 363 files and based on information in RCRAInfo, 3 files included formal enforcement actions (Badger Corrugating, Land O Lakes, and Dennis Truck and Auto Salvage) and 3 files included SNC determination (Design Homes, Menards Onalaska and Wausau Tile). Region 5 then used the OTIS file selection tool and an Excel spreadsheet random number application to select 17 files that focused on compliance monitoring and 18 files that focused on identified violations. Of the 18 enforcement files selected using the OTIS file selection tool, 1 file indicated an inspection occurred in FY 2008 where violations were identified without subsequent enforcement, and 3 files indicated an inspection occurred with subsequent enforcement; however, a return to compliance date had not been entered in RCRAInfo. These 4 files include: Design Homes; MasterMold; WRR Environmental Services; and Vyskocil Brothers Builders. The 35 files are from a mix of the categories below and are geographically distributed across the state:

- ◆ Generator status (LQG (14), SQG (14), VSQG (2), Non-Generator (1) and TSD (4))
- ◆ Violations (18) and no violations (17)
- ◆ Evaluations (35)
- ◆ SNYs (2)
- ◆ Informal or formal actions (17)
- ◆ Penalties or no penalties.

Clean Water Act

Region 5 used the file selection tool in OTIS, which follows the SRF File Selection Protocol. The universe of files (compliance monitoring and enforcement) from which to pick was 546. According to the Protocol, the range of files for a universe that size is 20 to 35. As a result, Region 5 picked 19 files to use for its random, representative file selection and 13 supplemental files – for a total of 32 files. The supplemental files were chosen to review files in which informal and formal actions were identified by Wisconsin as issued but not recorded in ICIS-NPDES or OTIS. Sixteen of these files focused on compliance monitoring and the remainder focused on enforcement. These files are from a mix of the categories below and are geographically distributed across the state:

For all files, the manner in which the records were selected involved sorting the overall universe into the following categories:

- ◆ Majors or Minors
- ◆ Inspections or no inspections
- ◆ SNCs or no SNCs
- ◆ Informal or formal actions
- ◆ Different permit types
- ◆ Violation and no violations
- ◆ Penalties or no penalties
- ◆ Geographic location

Clean Air Act

Region 5 used the file selection tool in OTIS, which follows the SRF File Selection Protocol. The universe of files (compliance monitoring and enforcement) from which to pick was 1022.

According to the Protocol, the range of files for a universe that size is 25 to 40. As a result, Region 5 picked 30 files to use for its random, representative file selection. These files are from a mix of the categories below and are geographically distributed across the state:

- ◆ Major sources, synthetic minor sources that emit or have a potential to emit at or above 80%, and federally reportable minor sources
- ◆ Full and Partial Compliance Evaluations (FCEs/PCEs)
- ◆ Violations and no violations
- ◆ Stack tests
- ◆ Title V deviations
- ◆ High Priority Violations (HPVs) and no HPVs
- ◆ Informal and formal actions
- ◆ Penalties and no penalties

B. File Selection Table

Resource Conservation and Recovery Act

Name	Program ID	City	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
ADVANCED FIBERGLASS TECHNOLOGIES INC	WIR000130740	WISCONSIN RAPIDS	1	0	0	0	0	0	SQG	Representative
AIR PRODUCTS PERFORMANCE MFG INC	WID002987865	MILTON	1	0	0	0	0	0	LQG	Representative
ALCOA WHEEL PRODUCTS - BELOIT	WI0001020551	BELOIT	1	3	0	1	0	0	LQG	Representative
ALGOMA HARDWOODS INC	WID030199434	ALGOMA	1	3	0	1	0	0	LQG	Representative
AMERY TECHNICAL PRODUCTS INC (AMTEC)	WID981100530	AMERY	1	0	0	0	0	0	SQG	Representative
BAKER MFG CO	WID006072979	EVANSVILLE	1	0	0	0	0	0	LQG	Representative
BALL CONTAINER LLC	WID988570040	FORT ATKINSON	1	0	0	0	0	0	SQG	Representative
BIRDEYE VENEER	WID982645798	BUTTERNUT	1	0	0	0	0	0	CES	Representative
CAR CRAFT AUTO BODY	WID134841477	LADYSMITH	1	0	0	0	0	0	CES	Representative
CEDARBURG PHARMACEUTICALS, LLC	WIR000031583	GRAFTON	1	6	0	0	0	0	LQG	Representative
D AND S MFG CO INC	WID023160724	BLACK RIVER FALLS	1	9	0	1	0	0	SQG	Representative
DESIGN HOMES INC DHSAT DIV	WID003971926	PRAIRIE DU CHIEN	1	20	1	0	0	0	SQG	Representative
DINGS CO	WID988567236	MILWAUKEE	1	0	0	0	0	0	SQG	Representative
ELITE FINISHING LLC	WID006097364	MILWAUKEE	1	4	0	1	0	0	LQG	Representative
EVONIK GOLDSCHMIDT CORP	WID094361458	JANESVILLE	1	2	0	1	0	0	LQG	Representative
FLINT HILLS RESOURCES LP JUNCTION CITY TERM	WID000713107	JUNCTION CITY	1	0	0	0	0	0	LQG	Representative
FORT HOWARD STEEL INC	WID006141402	GREEN BAY	1	0	0	0	0	0	TSD(LDF)	Representative
GRAPHIC DISPLAY SYSTEMS INC	WIR000131136	AMERY	1	3	0	1	0	0	SQG	Representative
GRAPHIC PACKAGING INT'L INC -MENASHA FAC	WID003912284	MENASHA	1	3	0	1	0	0	SQG	Representative
HARLEY DAVIDSON MOTOR CO TOMAHAWK	WID001780139	TOMAHAWK	1	0	0	0	0	0	LQG	Representative
HOME DEPOT USA HD4930	WIR000119016	RHINELANDER	1	1	0	1	0	0	SQG	Representative
HYDRITE CHEMICAL CO	WID000808824	COTTAGE GROVE	1	0	0	0	0	0	TSD(TSF)	Representative
INPRO CORP	WID006552046	MENOMONEE FALLS	1	0	0	0	0	0	LQG	Representative
KUHN NORTH AMERICA INC	WID006083240	BRODHEAD	1	3	0	0	0	0	LQG	Representative
MASTERMOLD LLC PLT #3 MAUSTON	WIR000101154	MAUSTON	1	1	0	1	0	0	LQG	Representative
MERCURY MARINE - PLANT 36	WID052906393	FOND DU LAC	1	0	0	0	0	0	SQG	Representative
OMNI GLASS & PAINT INC	WIR000130021	OSHKOSH	1	0	0	0	0	0	SQG	Representative

Name	Program ID	City	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
PLASTICS ENGINEERING CO N 15TH ST PLANT	WIT560011629	SHEBOYGAN	1	4	0	1	0	0	LQG	Representative
SEAGRAVE FIRE APPARATUS LLC	WID006142376	CLINTONVILLE	1	2	0	0	0	0	LQG	Representative
STAINLESS UNLIMITED INC	WID988591400	OMRO	1	4	0	1	0	0	SQG	Representative
UNIVAR USA INC	WID040784936	WEST ALLIS	1	1	0	1	0	0	TSD(TSF)	Representative
US OIL MILWAUKEE CENTRAL TERMINAL	WID082806399	MILWAUKEE	1	0	0	0	0	0	LQG	Representative
UW STEVENS POINT	WID980904452	STEVENS POINT	1	0	0	0	0	0	LQG	Representative
VYSKOCIL BROTHERS BUILDERS	WIR000135517	PHILLIPS	1	1	0	0	0	0	NON	Representative
WRR ENVIRONMENTAL SERVICES CO INC	WID990829475	EAU CLAIRE	3	1	0	0	0	0	TSD(TSF)	Representative

Clean Water Act

Name	Program ID	City	Permit Component	Inspection	Violation	SEV	SNC	Informal Action	Formal Action	Penalty	Universe	Select
ALTO DAIRY COOPERATIVE-ALTO	WI0002003	ALTO		3	4	0	4	0	0	0	Minor	Representative
EDGERTON WASTEWATER TREATMENT	WI0020346	EDGERTON	POT	2	2	0	2	0	0	0	Minor	Representative
FOREMOST FARMS USA COOP REEDSB	WI0000035	REEDSBURG		1	0	0	0	0	0	0	Minor	Representative
GEORGIA PACIFIC CONSUMER PROD	WI0001261	GREEN BAY		1	0	0	0	0	0	0	Major	Representative
MERRILL CITY WWTF	WI0020150	MERRILL	BIO POT	1	4	0	1	0	0	0	Major	Representative
MILTON CITY	WI0060453	MILTON	POT	1	0	0	0	0	0	0	Minor	Representative
NEXTERA ENERGY POINT BEACH LLC	WI0000957	TWO RIVERS		1	4	0	0	0	0	0	Major	Representative
OCONOMO WOC CITY WWTF	WI0021181	OCONOMO WOC	BIO POT	1	6	0	0	0	0	0	Major	Representative
PLYMOUTH PRODUCTS INC	WI0001635	SHEBOYGAN		1	0	0	0	0	0	0	Minor	Representative
RACINE WASTEWATER UTILITY	WI0025194	RACINE	BIO POT PRE	2	0	0	0	0	0	0	Major	Representative
RICE LAKE CITY WWTF	WI0021865	RICE LAKE	BIO POT	1	8	0	1	0	0	0	Major	Representative
RIVER FALLS CITY WWTF	WI0029394	RIVER FALLS	BIO POT	2	0	0	0	0	0	0	Major	Representative
ST PAPER LLC	WI0000531	OCONTO FALLS		1	12	0	2	0	0	0	Major	Representative
WALWORTH COUNTY METRO WWTF	WI0031461	DELAVAN	PRE POT BIO	1	1	0	0	0	0	0	Major	Representative
WASHBURN WASTEWATER TREATMENT	WI0022675	WASHBURN	POT	1	2	0	0	0	0	0	Minor	Representative
WI ELECTRIC POWER CO VALLEY PO	WI0000931	MILWAUKEE		2	2	0	0	0	0	0	Major	Representative
CLEVELAND WASTEWATER TREATMENT	WI0030848	CLEVELAND	POT	0	2	0	0	0	0	0	Minor	Supplemental

Name	Program ID	City	Permit Component	Inspection	Violation	SEV	SNC	Informal Action	Formal Action	Penalty	Universe	Select
CLYMAN WASTEWATER TREATMENT FA	WI0020702	CLYMAN	POT	0	2	0	0	0	0	0	Minor	Supplemental
FONKS HOME CENTER INC FONK MHP	WI0026689	YORKVILLE TN		1	4	0	0	0	0	0	Minor	Supplemental
JACKSON SEWAGE TREATMENT PLANT	WI0021806	JACKSON	POT BIO	3	4	0	0	1	0	0	Major	Representative
KENOSHA CITY WWTF	WI0028703	KENOSHA	PRE POT BIO	4	0	0	0	0	0	0	Major	Supplemental
TREGA FOODS INC											Minor	Supplemental
PRAIRIE REDI MIX INC											Minor	Supplemental
MILWAUKEE METRO SEW DIST COMBI	WI0036820	MILWAUKEE	PRE BIO CSO POT	2	0	0	0	0	0	0	Major	Supplemental
NEILLSVILLE WWTF	WI0021202	NEILLSVILLE CITY	POT	1	0	0	0	0	0	0	Minor	Supplemental
ORE-IDA FOODS INC / MCCAIN FOODS USA INC.	WI0054518	PLOVER-ALMOND TN		1	0	0	0	0	0	0	Minor	Supplemental
PLYMOUTH UTILITY COMM WWTF	WI0030031	PLYMOUTH	POT BIO	2	0	0	0	0	0	0	Major	Supplemental
POPLAR WWTF	WI0049760	POPLAR	POT	0	0	0	0	0	0	0	Minor	Supplemental
SOUTH MILWAUKEE CITY WWTF	WI0028819	SOUTH MILWAUKEE	PRE POT BIO	1	3	0	0	1	0	0	Major	Representative
STOCKBRIDGE WASTEWATER TRTMNT	WI0021393	STOCKBRIDGE	POT	0	0	0	0	0	0	0	Minor	Supplemental
WAUSAU PAPER SPECIALTY PRODUCT	WI0003026	RHINELANDER		1	2	0	0	1	0	0	Major	Representative
UNITED LIQUID WASTE RECYCLING, INC.		CLYMAN									Minor	Supplemental

Clean Air Act

Name	Program ID	City	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	In formal Action	Formal Action	Penalty	Universe	Select
APOGEE WAUSAU GROUP INC., LINETEC DIVISI	5507300051	WAUSAU	1	0	3	0	1	1	1	0	0	MAJR	Representative
BADGER CORRUGATING CO	5506300302	LA CROSSE	1	0	0	0	0	1	0	1	185,000	MAJR	Representative
BELMARK, INC. PLANTS 1 AND2	5500914782	DE PERE	2	0	0	0	0	0	0	0	0	SM80	Representative
C. A. LAWTON CO	5500900038	DE PERE	0	1	1	0	0	0	1	0	0	SM80	Representative
CAMPBELL SOUP SUPPLY CO. LLC	5507900416	MILWAUKEE	0	1	0	0	0	0	0	0	0	SM80	Representative
CARGILL	5511700039	SHEBOYGAN	0	0	0	0	1	0	0	0	0	SM80	Representative
DANE MFG CO INC.	5502518912	DANE	0	1	0	0	0	0	0	0	0	FRMI	Representative
DELCO ELECTRONICS CORPORATION	5507900455	OAK CREEK	2	0	0	0	0	0	0	0	0	FRMI	Representative
DIDION MILLING-CAMBRIA	5502108152	CAMBRIA	0	0	4	1	0	1	4	0	0	SM80	Representative
FISHER HAMILTON INC. MAIN PLANT	5507100021	TWO RIVERS	0	1	2	0	0	0	0	0	0	MAJR	Representative
FOREMOST FARMS USA	5507300008	ROTHSCHILD	0	1	2	3	0	1	1	0	0	SM80	Representative
HANSEN MUELLER, INC. ELEVATOR 'M'	5503100013	OMAHA	1	1	4	0	0	0	0	0	0	SM	Representative
JACOB LEINENKUGEL BREWING CO.	5501700051	CHIPPEWA FALLS	1	1	0	0	0	0	0	0	0	SM80	Representative
KIEL FOUNDRY CO INC	5501500015	KIEL	1	0	0	0	0	0	0	0	0	SM	Representative
LOUDSPEAKER COMPONENTS LLC	5504300015	LANCASTER	0	0	2	0	1	1	1	0	0	SM80	Representative
MAGNA-MATIC CORPORATION	5511711108	WALDO	0	0	0	0	0	0	1	0	0	OMIN	Representative
MARSHFIELD DOOR SYSTEMS	5514100003	MARSHFIELD	1	0	4	0	0	0	0	1	30,000	MAJR	Representative
MOTOR CASTINGS CO - PLANT 1	5507900035	MILWAUKEE	1	0	4	0	0	0	0	0	0	MAJR	Representative
R C PAVERS LLC	5577703787	WESTON	0	0	4	0	0	0	1	0	0	SM	Representative
RIPON FOODS, INC.	5503904600	RIPON (TOWN OF FOND DU LAC)	0	0	1	0	0	0	0	0	0	FRMI	Representative
U.S. OIL FOX RIVER TERMINAL	5500900045	GREEN BAY	0	1	1	0	0	0	0	1	450,000	SM	Representative
U.S. OIL MILWAUKEE CENTRAL TERMINAL	5507900121	MILWAUKEE	0	0	1	0	0	0	0	1	450,000	MAJR	Representative
UNITED ETHANOL, LLC	5510514454	MILTON	1	0	2	3	0	1	1	0	0	SM80	Representative
USG INTERIORS, INC.	5512700004	WALWORTH	3	0	4	0	0	0	0	0	0	MAJR	Representative

Name	Program ID	City	FCE	PCE	Viol ation	Stack Test Failure	Title V Dev iation	HPV	In formal Action	Formal Action	Penalty	Universe	Select
WASTE MANAGEMENT OF WIS, INC.	5507990550	FRANKLIN	1	0	0	0	2	1	1	0	0	MAJR	Representative
WEATHER SHIELD MFG - LADYSMITH DIV	5510700007	LADYSMITH	1	0	0	0	0	0	0	0	0	MAJR	Representative
WEST BROWN COUNTY LANDFILL	5500901373	ONEIDA	2	0	0	0	0	0	0	0	0	MAJR	Representative
WISCONSIN PUBLIC SERVICE CORPORATION- WE	5507300034	ROTHSCHILD	1	1	2	0	1	4	0	1	225,000	MAJR	Representative
WPL - EDGEWATER GENERATING STATION	5511700001	SHEBOYGAN	1	0	0	0	1	0	0	0	0	MAJR	Representative
XCEL ENERGY- FRENCH ISLAND GENERATING PLA	5506300011	LA CROSSE	2	0	0	1	1	0	0	0	0	MAJR	Representative

APPENDIX G: FILE REVIEW ANALYSIS

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

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

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

Clean Air Act Program

Name of State: Wisconsin

Review Period: 2008

CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	16/28 = 57%	The file review showed accurate data in 16 out of 28 files. Issues found in the other files included information that was not found in the files to support AFS entries.
Metric 4a	% of planned evaluations (negotiated FCEs, PCEs, investigations) completed for the review year pursuant to a negotiated alternative plan.	0/2 = 0%	OTIS and state-corrected data show that WDNR did not meet its inspection commitments.
Metric 4b	Delineate the air compliance and enforcement (c/e) commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The C/E commitments should be delineated.	1/5 = 20%	WDNR met one of five commitments it made in the EnPPA process.
Metric 6a	# of files reviewed with FCEs.	16	
Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	11/16 = 69%	Eleven of 16 FCEs reviewed contained all of the required elements that met the definition of FCE per the CMS policy.
Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	10/17 = 59%	Ten of 17 Compliance Monitoring Reports reviewed provided sufficient documentation to determine compliance at the facility.
Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	15/18 = 83%	Fifteen of 18 CMRs had accurate compliance determinations.
Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	2/5 = 40%	Two of 5 CMRS were timely reported to AFS.
Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	7/9 = 78%	The file review showed that seven of 9 files with violations were accurately determined to be HPVs.
Metric 9a	# of formal and informal enforcement responses reviewed.	6	
Metric 9b	% of formal enforcement responses that have returned or will return a source to physical compliance.	1/1= 100%	One of 1 formal enforcement response reviewed included a required action to bring the source back into compliance.
Metric 10b	% of HPVs reviewed that are addressed in a timely manner.	2/9 = 22%	Two of 9 HPVs reviewed were addressed in a timely manner.
Metric 10c	% of enforcement responses reviewed at HPVs that are appropriate. The number of appropriately addressed HPVs over the number of HPVs addressed during the review year.	8/10 = 80%	Eight of 10 enforcement responses reviewed were appropriate. WDNR has been referring cases to the state Department of Justice with good results overall.
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	7/7 = 100%	Seven of 7 penalty calculations reviewed provided documentation that economic benefit and gravity were considered in the calculation.

Metric 12c	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	6/7 = 86%	Six of 7 penalty calculations reviewed documented the difference and rationale between the initial and final assessed penalty.
Metric 12d	% of penalties reviewed that document the collection of the assessed penalty.	1/7 = 14%	One of 7 penalty calculations reviewed documented the collection of the assessed penalty.

CWA Program

Name of State: Wisconsin

Review Period: 2008

CWA Metric #	CWA File Review Metric Description:	Metric Value	Initial Findings
Metric 2b	% of files reviewed where data is accurately reflected in the national data system.	55%	16 out of 29 files had data accurately reflected in PCS. This may be due to data not being translated correctly between the WDNR SWIMS database and ICIS.
Metric 4a	% of planned inspections completed. Summarize using the Inspection Commitment Summary Table in the CWA PLG.	77%	WDNR exceeds National CMS (70%) expectations but did not meet all commitments agreed to in EnPPA
Metric 4b	Other Commitments. Delineate the commitments for the FY under review and describe what was accomplished.	33%	Two of 6 commitments in the EnPPA were completely met. Two of the commitments appeared acceptable and four were classified as potential concern.
Metric 6a	# of inspection reports reviewed.	20	
Metric 6b	% of inspection reports reviewed that are complete.	42%	8 out of 19 inspection reports were complete. WDNR does not consistently produce complete inspection reports.
Metric 6c	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.	58%	11 out of 19 inspection reports provided sufficient information to lead to an accurate compliance determination.
Metric 6d	% of inspection reports reviewed that are timely.	68%	13 out of 19 reports reviewed were timely according to WDNR timelines in staff performance standards.
Metric 7e	% of inspection reports or facility files reviewed that led to accurate compliance determinations.	68%	13 out of 19 inspection reports led to accurate compliance determinations.
Metric 8b	% of single event violation(s) that are accurately identified as SNC	0%	Zero out of three files contained SEVs that were accurately identified as SNC. WDNR does not identify SEVs, or SEVs, in its database.
Metric 8c	% of single event violation(s) identified as SNC that are reported timely.	0%	Zero out of three files contained SEVs that were SNC and reported timely as a result of no identification of SNCs at all.
Metric 9a	# of enforcement files reviewed		13 files reviewed
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	4 out of 4 files with SNC violations had enforcement responses that returned sources to compliance
Metric 9c	% of enforcement responses that have returned or will returned a source with non-SNC violations to compliance.	100%	13 out of 13 files with non-SNC violations returned the source to compliance or were on a schedule to return to compliance.
Metric 10b	% of enforcement responses reviewed that address SNC that are taken in a taken in a timely manner.	75%	3 out of 4 files had timely enforcement responses
Metric 10c	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	75%	3 out of 4 files had appropriate enforcement actions
Metric 10d	% of enforcement responses reviewed that appropriately address non-SNC violations.	100%	13 out of 13 non-SNC enforcement actions were appropriate

Metric 10e	% enforcement responses for non-SNC violations where a response was taken in a timely manner.	85%	12 out of 13 non -SNC enforcement actions were timely
Metric 11a	% of penalty calculations that consider and include where appropriate gravity and economic benefit.	50%	3 out of 6 initial penalty calculations included economic benefit and gravity
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	0%	0 out of 6 files document the difference between the initial and assessed penalties
Metric 12b	% of enforcement actions with penalties that document collection of penalty.	17%	1 out of 6 files reviewed have evidence that a penalty was collected

RCRA Program

Name of State: Wisconsin

Review Period: 2008

RCRA Metric #	RCRA File Review Metric Description:	Metric Value	Initial Findings
Metric 2c	% of files reviewed where mandatory data are accurately reflected in the national data system	80%	Data entries for a total of 7 files out of 35 reviewed were incorrect. In 7 of the 35 files reviewed (16, 20, 21, 28, 29, 34, 35), dates for enforcement actions were either inaccurate or missing from RCRAInfo.
Metric 4a	Planned LQG inspections completed	124%	WDNR completed 62 LQG CEIs. Under the Wisconsin EnPPA commitment for 2007-2009, WDNR was to conduct at least 50 LQGs (not counted as TSDs).
Metric 4a	Planned TSD inspections completed	94%	WDNR completed 15 TSD inspections over 2 FY out of 16 TSDs, which is 94%.
Metric 4b	Planned commitments completed	100%	2007 - 2009 EnPPA , Section D, Waste Management - Hazardous Waste Program, Inspection/Compliance Assistance, State Lead Activities - Conduct statutorily mandated inspections, goal of inspecting 20% of LQG universe, and WDNR will respond to citizen complaints and follow-up as appropriate.
Metric 6a	Number of inspection reports reviewed	35	Of the 35 files selected for review, 35 included portions of, if not complete, inspection reports.
Metric 6b	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility	63%	Inspection reports appeared complete in 22 out of 35 reports reviewed. In regard to the 13 incomplete inspection reports 1) In seven of the reports (11, 12, 13, 19, 30, 32, 33), used oil and/or universal waste had been mentioned in a narrative or in a hazardous waste generator checklist; however, used oil and/or universal waste checklists were not included in the report. The used oil checklist was available for use as of May 2008, and the universal waste checklist was available for use as of February 2008. For each of these seven files, the inspections were conducted after the checklists were developed by WDNR; 2) In one report (20), no narrative of the inspection was included; 3) Two inspection reports for permitted facilities (14, 29) did not include one or more of the following where necessary: checklists for hazardous waste, used oil, or universal waste generators, air emissions (BB), or transporters; 4) In one file (3), violations were noted in a checklist, but an inspection report complete with a letter to the facility was not in the file; 5) In one file (17), a VSQG checklist was not complete; and 6) In one file (35), documentation of an NOV and enforcement conference was not included, and the inspection report consisted of a limited narrative.
Metric 6c	Inspection reports completed within a determined time frame	83%	Of the 35 inspection reports reviewed, 29 were completed within an agreed time frame of 45 days (3, 8, 11, 13, 30, and 31). Chapter 30 of WDNR's Environmental Enforcement Handbook allows 45 days for completing an inspection review and report.
Metric 7a	% of accurate compliance determinations based on inspection reports	86%	Of the 35 files selected for review, 30 appeared to result in accurate compliance determinations based on the inspection reports. Of the five files that did not appear to lead to appropriate compliance determinations, violations were noted in the inspection reports of four files (2, 3, 8, 15), but enforcement was not pursued. In two files (31, 32), violations were noted as "Areas of Concern" in notices of noncompliance.
Metric 7b	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days)	90%	Of the 20 files where enforcement was pursued, 18 violation or compliance determinations were reported to the national database within 150 days (29, 35).
Metric 8d	% of violations in files reviewed that were accurately determined to be SNCs	95%	Of the 20 files reviewed where enforcement was pursued, the Region determined that 19 files were correctly classified. The Region determined that one file designated as an SV should have been classified as a SNC (30).

Metric 9a	Number of enforcement responses reviewed	20	Of the 35 files reviewed, 20 contained some form of enforcement.
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance	0%	Of the 3 files for which a SNC designation was made (29, 35), two were not in the position for the source to be returned to compliance and were not evaluated under this metric. WDNR/WDOJ was in the process of developing formal enforcement. No corrective action or injunctive relief had been agreed upon. In one case, however, where the facility was designated as a SNC (8), enforcement notices delineating violations, corrective actions, and penalties were not issued to the facility before the SNC determination was terminated and the facility was returned to compliance.
Metric 9c	% of enforcement responses that have returned or will return Secondary Violators (SVs) to compliance	94%	Of the 17 files designated as SVs, 16 had returned the violator to compliance (16).
Metric 10c	% of enforcement responses reviewed that are taken in a timely manner.	80%	Of the 20 files that involved enforcement, 16 were completed in a timely manner. Of the four files that were not completed in a timely manner, two files (8, 29) had not been referred to the Wisconsin Department of Justice within 360 days and two files had not returned to compliance within 240 days (16, 28).
Metric 10d	% of enforcement responses reviewed that are appropriate to the violations	95%	Of the 20 files reviewed that involved enforcement, 19 responses were appropriate. Informal enforcement was pursued in 17 cases which had been designated as secondary violators, and formal enforcement was pending in two cases designated as significant non-compliers. In one case (8) where the facility was designated as a SNC, formal enforcement was never taken and a penalty was not assessed before the facility was placed in SNN status.
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit	0%	Of the three designated SNC files reviewed, two included draft penalties (29, 35). Neither of those two cases included independent calculations based on the particular factors of the individual cases. Penalties were determined by comparison with cases that had already been finalized. In one file, the respondent's inability to pay was discussed without documentation from the facility to support the claim. The facility in the third file (8) was returned to compliance without the assessment of a penalty.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty	Insufficient data	Two of the three files designated as SNCs were in case development (29, 35). Final assessed penalties were not available for review. The facility in the third file (8) was returned to compliance without the assessment of a penalty.
Metric 12b	% of files that document collection of penalty	Insufficient data	Two of the three files designated as SNCs were in case development (29, 35). Final assessed or collected penalties were not available for review. The facility in the third file (8) was returned to compliance without the assessment of a penalty.

APPENDIX H: CORRESPONDENCE

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September 22, 2011

Mr. Bahrat Mathur, Deputy Regional Administrator
US Environmental Protection Agency
Region 5
77 West Jackson Blvd.
Chicago, IL 60604-3590

Subject: U.S. EPA Review of WDNR's NPDES, RCRA, and Air Enforcement Programs

Dear Mr. Mathur:

Thank you for providing WDNR with an opportunity to comment on the draft U.S. EPA Review of the Wisconsin Department of Natural Resources NPDES, RCRA and Air Management programs dated August 11, 2011.

Enclosed is the Department's response which provides our comments by individual program. While the draft report and our comments do identify areas where both Wisconsin and the U. S. EPA can work towards greater efficiency in program implementation and information sharing, we believe the review as a whole shows that Wisconsin is meeting its responsibilities to implement the programs in a manner that protects public health and the environment. It should also be recognized that the data used in the review is from FY 08 and a number of the issues discussed in the review were previously identified through other forums such as monthly program specific conference calls, and have already been addressed. Prior to the next SRF, we encourage discussions between EPA and the States on ways to more efficiently develop a contemporaneous assessment of programs.

We appreciate the positive working relationship that exists between our agencies and look forward to working with Region 5 to jointly enhance our ability to meet future environmental challenges.

Sincerely,

Matt Moroney,
Deputy Secretary

C: Ann Coakley – WA/5
Ed Lynch – WA/5
Bill Baumann – AM/7
Andy Seeber – AM/7
Susan Sylvester – WT/3
Mike Lemcke – WT/3
Tom Mugan – WT/3

Wisconsin DNR Comments on the U.S. EPA - Region 5 State Framework Review Draft Findings Dated August 18, 2011

Penalty Documentation

Several issues raised in the draft report pertained to penalty documentation; stating that the files lacked economic benefit and gravity calculations, that there was no justification of the difference between initial and final penalties and/or evidence that the final penalty was collected. The review covered FY 2008, which is prior to the implementation of the new DNR penalty policy. Enforcement files since this time contain a more formal penalty recommendation for cases that are referred to the Wisconsin Department of Justice. DNR does not calculate the difference between the initial and final penalty but this can be readily determined by comparing the penalty calculation with the judgment. It is important to remember that the penalty recommendation is an estimate that is calculated by staff who are not financial experts and who have only limited access to financial information. In situations where we believe that the defendant has derived significant economic benefit from their violations, the State has employed financial experts to review available information and make recommendations. Further, it is within the purview of the Department of Justice to increase or decrease the penalty sought depending upon the number of violations alleged, sufficiency of proof, ability to pay and a number of other litigation factors. Ultimately, if the case proceeds to trial, the penalty is determined by the court. While it is important to use a methodical process to estimate penalties, we are cautious about drawing significant conclusions between proposed and final penalties. Satisfactions of Judgment document payment of the penalty and are contained in the enforcement files. DNR Enforcement staff will make a more concerted effort to ensure that Satisfactions of Judgment are also provided to the programs upon receipt from the Department of Justice.

Clean Water Act Comments

Element 1-1: Data Completeness

Compliance and enforcement activities across various NPDES programs utilize the Department's SWAMP, STORM and EE Casetrack databases. In some cases it is necessary to manually download information from these databases into ICIS. We have limited staff to manually transfer data into ICIS. EPA completion of the Batch file Data Exchange (BDE) will help eliminate the need for manual entry.

In 1985, the minimum number of data elements that were required for entry into EPA's PCS database was 11. DNR worked with EPA to submit required data when the PCS database was upgraded to the current ICIS database. The number of minimum data elements has grown to 26 of the total 62 data elements identified in the ICIS-NPDES database. The Department continues to refine and revise the collection and storage of data based upon EPA's needs, and will continue to investigate efficiencies between DNR databases to facilitate the transfer of data between databases for download into ICIS.

When EPA has completed the BDE (target date June 30, 2012), DNR and EPA should re-evaluate DNR's performance on data completeness. The additional costs to DNR for tracking the information EPA requests should be discussed.

Element 2-1: Data Accuracy

DNR managers have emphasized with compliance staff the importance of tracking compliance and enforcement work electronically, and we are making good progress on improving database entries. DNR believes it has the information needed to run our delegated NPDES permit program.

Inspection data is entered into our SWAMP and STORM databases. Due to the confidentiality of legal actions, our enforcement staff maintains the Casetrack database with stepped enforcement action data. As mentioned in 1-1, we currently lack the ability to transfer data between these databases and must do manual downloads of the data. We are, however, still doing the compliance and enforcement work. During the next two years, DNR will continue to evaluate ways to transfer data between these systems as part of its permit streamlining initiative.

Element 3-1: Timeliness of Data Entry

Part of the problem with timely transfer of data into ICIS is that EPA has not completed the BDE and DNR must manually download the data. When EPA has completed the BDE (target date June 30, 2012), DNR and EPA should re-evaluate DNR's performance on the timeliness of data entry.

Element 4-1: Completion of Commitments

DNR has significant staff shortages due to recent retirements and state economic conditions. We see the need to be more realistic when setting inspection commitments.

To help improve the quality of inspections and subsequent data entry into SWAMP, DNR now has an inspection strategy that includes a checklist-type form currently being used by compliance staff to document inspections. We are starting to pilot a process for easy completion of the checklist and capture of the information into our SWAMP database. DNR is taking positive steps to improve documentation of inspections and recognizes that this is an EPA priority.

Element 5-1: Inspection Coverage

DNR continues to set inspection goals in the EnPPA by percent of facilities inspected, rather than identify specific facilities that will be inspected. We also identify the number of inspections performed in the EnPPA Self-Assessment Report (SAR). According to EPA's FY2009 CWA National Data Download Report at <http://www.epa.gov/compliance/resources/reports/performance/cwa/cwa-pdf-2009.pdf>, DNR had a combined inspection average of majors (Data Metric 5AOS) of 69.0%. This was the highest percentage of facilities inspection for majors in EPA Region 5 states and exceeded the national average of 63.9%.

It was once thought possible to potentially revise the inspection strategy with a facility list. This is not practical under existing staffing levels nor would it produce any additional environmental gains.

DNR is attempting to meet its inspection strategy through planned inspection goals with a reduced workforce and does not feel it should be required to document additional information when EPA's ICIS data shows that we have exceeded the national average in past years with the method we are currently using.

Element 6-1: Quality of Inspection of Compliance Evaluation Reports.

As discussed in the state response in Element 4-1, DNR is taking positive steps to improve the quality and documentation of compliance inspections.

Element 7-1: Identification of Alleged Violations.

The SWAMP database includes data elements to track the issuance of Notices of Violations (NOV). EPA does not view NOVs as satisfying its definition of a formal enforcement action (see EPA comments in Element 10-1). However, our enforcement actions reflect/implement the intent of the law which is to get the facility to take action that results in compliance. This conflict in the definition of a violation contributes to the difficulty in entering violation data into ICIS. As discussed in the state response in Element 1-1, due to the confidential nature of enforcement actions, stepped enforcement action data is entered into the Casetrack database and then must be manually downloaded into ICIS.

Element 8-1: Identification of SNC.

EPA identifies approximately 180 situations with specific subcodes as a single event violation (SEV). We do not collect specific data on each of the 180 SEV situations in our SWAMP database. Expanding our databases to accurately collect all this information which can then be summarized into data metrics 8A1C, 8A2C, 8b and 8c for significant noncompliance violations (SNC) and SEVs has been challenging if not daunting. The high level of manual override may be reflective of the need to manually consolidate violation information to report it in ICIS or report it in ways that meet EPA data element definitions. These factors contribute to the lower SNC rate.

DNR also takes a much more proactive approach to preventing violations in the first place. Through its Compliance Maintenance Annual Reporting Program, DNR staff work with facilities to identify when upgrades to wastewater systems may be necessary prior to their having a violation. The DNR workload associated with preventing violations is not reflected in the ICIS database; and therefore, is not used as a tool in evaluating the true success of our compliance program activities.

Element 9-1: Enforcement Actions Promote Return to Compliance.

As noted in the report, DNR brought 100% of cases involving SNCs and non-SNCs back into compliance.

Element 10-1: Timely and Appropriate Action.

DNR is currently manually entering this information for majors only into ICIS. When BDE capabilities are completed, DNR and EPA should re-evaluate how well we are tracking this information for all facility types with consideration of staffing resources.

Element 11-1: Penalty Calculation Method.

See the initial paragraph on Penalty Documentation.

Element 12-1: Final Penalty Assessment and Collection.

See the initial paragraph on Penalty Documentation.

Air Program

Virtually all of the data problems identified in the SRF report have already been corrected and require no additional state action (Elements 1, 2 and 3). The remaining data issue is the incompleteness of MACT, NESHAP and NSPS program data which are currently being compiled to meet EPA standards.

Element 1 - Data completeness

This problem has been eliminated. Aside from continued work to accumulate subprogram data and corrections to existing inspection data no additional corrective actions are required. The MDR data that were identified as incorrect or incomplete have been corrected or completed as needed. The exceptions are MACT, NESHAP and NSPS subprogram designations which are incomplete in AFS but are being compiled by the state and added as they are available. Also, although the data indicate that facilities that are subject to MACT, NESHAP and NSPS programs are not meeting inspection frequency requirements the actual problem is that subprogram data have not been included with inspection actions. Those missing data are now being added to AFS. Facilities subject to these programs are meeting inspection frequency requirements (>98%).

Element 2 - Data Accuracy

This problem has been eliminated. No additional corrective action is required. The significant issue here was the missing 2008 Title V compliance certification data. All of these data have now been entered in AFS and the error in the state's transfer program which caused the problem has been corrected.

Element 3 - Timeliness of Data Entry

All timeliness issues have not been resolved. The percent of HPVs entered in <= 60 days, while only at 32.0% is essentially the same as the national average (32.9%). The percent of enforcement-related MDR actions reported <= 60 days after designation is 54.7% which is only slightly lower than the national average (68.8%). The national averages suggest that the 60 day timeline requirements are unreasonable.

Element 4 - Completion of Commitments

This problem has been eliminated. No additional corrective action is required. Completion of FCEs has improved and will be 98.9% for majors and 100% for SM80s for FY11.

Element 5 - Inspection Coverage

This problem has been eliminated. No additional corrective action is required. Inspection data that were missing due to the database transition process have been added to AFS. All inspection and compliance certification data are now current. As of 8/22/11 Wisconsin has 72 facilities with unknown status. With the data corrections and completion of the FY11 commitment we will have only three facilities with unknown compliance status.

Element 6 - Quality of Inspection or Compliance Evaluation Reports

The program has developed a FCE report template which contains the elements U.S. EPA Region V has requested during our SRF post-discussions to be placed in the template. We believe the current version of the FCE Report template, February 2011, meets the needs of the national CMS policy. The program is willing to entertain a conference call or meeting to discuss the current template, if need be.

Element 7 - Identification of Alleged Violations

Both metrics for Element 7 (7C1S and 7C2S) are indicated in the chart as appears acceptable. Issues regarding timely reporting are addressed under other Elements. There is no problem requiring correction here.

Element 8 - Identification of HPV

Wisconsin meets three of the five metrics. The National Goal for rate of discovery of High Priority Violations in major sources is to be above half of the national average. At a state rate of 2.9% we fall only 1.2 % below half of the 8.3% national average. This may just reflect real differences in compliance rates between the universes of majors (and the types of facilities that comprise those universes) in different states. For the last metric, Percent of Informal Enforcement Actions without Prior HPV (major facilities only), Wisconsin is above the national average. The reason for this is unclear.

Element 9 - Enforcement Actions Promote Return to Compliance

Of the 6 cases reviewed only one was determined by EPA to require corrective action and Wisconsin took corrective action in that case (100%). By the EPA's own measure, this should be considered Good Practice and require no state improvement.

Element 10 - Timely and Appropriate Action

Staff numbers in the Wisconsin Air Program have been declining for a number of years due to state hiring freezes and retirements. The same is true of the Wisconsin Environmental Enforcement Program. Given this it is simply not possible to process enforcement actions quickly enough to meet EPA timelines. Cases are discussed monthly with EPA during conference calls. The EPA staff on these calls generally approves of the states handling of enforcement cases and they are aware of the timeliness issues.

Element 11 - Penalty Calculation Method

The state concurs with the EPA finding that no action is needed.

Element 12 - Final Penalty Assessment and Collection

The difference between the final penalty assessed by the court and the initially proposed penalty is always available by subtracting the difference contained in court settlement documents from the original civil penalty calculation document, which are located in different files. Satisfactions of Judgment documenting the collection of penalties are normally kept in the enforcement files but the Department's Enforcement staff can in the future provide a copy of these documents to the respective programs when they are received from the Department of Justice.

RCRA Comments

Attached is an email from January 4, 2011 sent to Andy Anderson and Walt Francis of EPA-Region 5 from Ed Lynch of the DNR's hazardous waste program, commenting on the preliminary RCRA portion of the Data SRF 2 report. This preliminary draft report was provided to WDNR by EPA in October, 2010. WDNR comments included corrections to metrics 2c, 4a, 6b, 6c, and 7a and we expressed agreement with some metrics. In that same message we commented on the need to clarify definitions used in the metric evaluations. Subsequent to the submission of those comments, on January 25, 2011 WDNR hazardous waste program staff had a conference call with EPA staff to discuss these comments as well as the contents of the December 23, draft SFR report sent by EPA.

It appears that our previously submitted comments were not reflected in the draft report. We request that EPA address our comments which are reiterated here along with some new comments:

The draft document should be modified to reflect the comments submitted related to metrics 2c, 4a, 6b, 6c, and 7a. These metrics do affect the findings and recommendations of the draft report and need to be reflected in the final report as they affect the both the finding and recommendations for the various elements. These were discussed with EPA on our January 25 conference call. Please see the Excel spreadsheet and the three tabs in the spreadsheet for the detailed comments.

Based on WDNR's comments on the underlying metrics, WDNR requests that EPA change the RCRA program recommendations to reflect that elements 2-2, 6-1 & 6-2, 7-1, 9-1, and 10-1 "Meets SRF Program Requirements".

WDNR did not have the opportunity to comment on metrics that apply to some other elements that EPA has listed as "Areas for State Improvement – Recommendations Required". Here are our comments on these elements.

- **Element 2-1:** The finding of this element, "Area of State Improvement – Recommendations Required", is based on DNR having 11 sites with violation for greater than 240 days. In this same timeframe, EPA Region 5 had 37 sites in violation for greater than 240 days.
- **Element 3-1:** The finding of this element "Area of State Improvement – Recommendations Required", is based on entering 50% (2 out of 4) of the SNC designations into RCRA Info more than 60 days after designation. In this same timeframe, EPA Region 5 entered only 20% (1 out of 5) of SNC designations into RCRA Info within 60 days after designation.
 - **Element 5-1:** We believe that the information in this element is misleading. WDNR exceeds the national average listed in the SRF metrics for inspection coverage. In addition, in 2008 WDNR had negotiated inspection commitments with EPA in our EnPPA work plan to ensure complete coverage, which is allowed under EPA's National Program Managers Guidance. We are now concerned that in the SRF 2, EPA is indicating WDNR did not provide adequate inspection coverage. Had we known this, we would have put more resources in this area. We have corrected this issue and believe that this element finding should be changed to "Meets SRF Program Requirements".
 - **Element 8-1:** WDNR believes that a 95% SNC identification rate (from the data metrics) should be acceptable. Half of the SNC national SNC identification rate is 1.75%. The state's SNC rate of 0.8% falls less than 1% below that goal. There could be many reasons for this difference, one being a positive outcome from compliance and educational efforts which has resulted in Wisconsin hazardous waste generators and TSDs paying more attention to waste management issues and attending seminars and training sessions. Given the potential influences from a number of variables, WDNR is cautious about placing too much emphasis on this metric and believes that this element finding should be changed to "Meets SRF Program Requirements".

Please again review the attached information. While we believe that improvements in process and efficiency can be made to our hazardous waste program, WDNR does not agree with the findings that many areas of the WDNR's RCRA hazardous waste program need improvement.

Thank you for the opportunity to comment.