

State Review Framework

Commonwealth of Pennsylvania Round 2 Report

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I. Executive Summary

This report documents the second round SRF Program review of the Pennsylvania Department of Environmental Protection (PADEP). The U.S. Environmental Protection Agency, Region 3 conducted the SRF review of PADEP's enforcement programs performance for the Clean Air Act, Stationary Source; (CAA) Resource Conservation and Recovery Act (RCRA); and the Clean Water Act, National Pollutant, Discharge, Elimination System (NPDES). This report summarizes findings from the review and planned actions to facilitate program improvements. The review evaluated enforcement data and files from Fiscal Year 2009 for the CAA program. The review year for the RCRA and NPDES program was Fiscal Year 2010.

Major Issues for the Pennsylvania Department of the Environment (PADEP) include:

Data - Completeness and accuracy needs improvement.

- The Air program was below the national average for entering subprogram designations to NESHAP and NSPS facilities. EPA review of air enforcement data from fiscal year 2009. Since this review, PADEP's Bureau of Information Technology has developed and implemented a tool to allow regional personnel to enter and update subparts and include them in the required fields in each data extract to AFS. As of May 2012, PADEP has been completely and correctly populating these data fields. The EPA Region 3 AFS Manager has verified complete data reporting by PADEP personnel every quarter since May of 2012. Positive, enhance communications between PADEP and EPA Region 3's AFS Manager has ensured complete data reporting.
- The Resource Conservation and Recovery Act Subtitle C (RCRA) program needs to improve their data entry with regards to inspections and Significant Non-Compliance identification.
- The National Pollutant Discharge and Elimination System (NPDES) program failed to enter or upload all the NPDES minimum data elements into the national data base, ICIS.

Identifying Violations

- PADEP's RCRA program failed to identify (as violations) unpermitted thermal treatment of hazardous waste by generators. PADEP misinterpreted their Permit-By-Rule provisions and had mistakenly "authorized" this treatment under their Permit-By-Rule provisions. Units which remove water are considered thermal treatment and are required to be permitted.
- During the file review for the RCRA program, reviewers found PADEP did not consistently identify SNC or address SNC with a formal enforcement action. The file review identified formal enforcement actions in response to violations which were not accurately identified as SNC in RCRAInfo, the national data base.
- The NPDES program found 21% of PADEP inspection reports reviewed did not lead to an accurate compliance determination.
- PADEP did not accurately identify NPDES single-event violations (SEV) as SNC or non-SNC violations. None of the SNC SEVs reviewed were reported to the national database in a timely manner. PADEP does not enter SEVs into ICIS, the national data base.

- Reviewers identified 34% of NPDES facilities with unresolved permit schedule violations.
- PADEP's air program accurately identified violations including High Priority Violations.

Timely and Appropriate Enforcement

- The air program found PADEP does not consistently take timely enforcement.
- The RCRA program found PADEP does not consistently take appropriate enforcement in response to violations.
- The NPDES program found PADEP does not consistently take timely and appropriate enforcement.

Penalties

- The NPDES file review determined that PADEP does not consistently include penalty calculations in the enforcement file. Therefore, the reviewers could not determine whether individual penalties considered appropriate gravity and economic benefit.
- The air program found PADEP includes both gravity and economic benefit in their penalty calculations. PADEP files included documentation of penalty collection.
- The RCRA program found PADEP includes both gravity and economic benefit in their penalty calculations. PADEP files included documentation of penalty collection.

Additional Sector Reviews of PADEP's NPDES Programs EPA Region III conducted programmatic reviews of two separate programs, PADEP's MS4, construction and industrial storm water program, and mining program. These programs were not included in the SRF review of 2010 NPDES files. A summary of the findings for these reviews is discussed below.

Storm Water Program Review

EPA initiated a programmatic review of PADEP's MS4, construction and industrial storm water program in FY2011. Pennsylvania is one of seven jurisdictions required to develop and implement a State Watershed Implementation Plan (WIP) to outline the process by which they expect to meet the nutrient reductions required under the Chesapeake Bay Total Maximum Daily Load (TMDL). Information obtained from this review was used to help inform the evaluation of Pennsylvania's goals and commitments outlined in the State's WIP. The scope of the programmatic review was to evaluate PADEP's program implementation, capacity and capability to meet the WIP goals and commitments.

The following observations were shared with PADEP. EPA and PADEP are currently finalizing a management plan that will identify EPA and PADEP activities and expectations to support MS4 and storm water program implementation:

- PADEP has ample authority beyond the federal CWA to control storm water runoff through Pennsylvania's Clean Streams Law;
- The storm water and MS4 programs are understaffed;
- There are limited reviews of post-construction storm water management plans by Regional Offices or County Conservation Districts;

- PADEP has conducted fewer oversight reviews of the County Conservation District Offices.
- PADEP's Regional Offices are not meeting the federal NPDES Compliance Monitoring Strategy requirements for inspections of MS4s.
- PADEP lacks an electronic system to capture and track key construction and MS4 program information;
- There is minimal oversight of the Regional Offices' program implementation by the PADEP's Central Office.

Mining Program Review

In Fiscal Year 2011, EPA conducted a review of PADEP's mining program. The majority of permits issued in the mining universe are non-major permits which are not entered in the National Database. PADEP's NPDES permits are joint permits issued in conjunction with activities permitted through the Surface Mine Control and Reclamation Act (SMRCA). Preliminary findings indicate:

- PADEP does not have a system that transfers permit, compliance and enforcement information into the national database;
- PADEP fails to track minimum data requirements for minor permits;
- PADEP does not track NPDES compliance and inspection information for NPDES permits, including DMR information in a national or state database;
- The 34 inspection reports reviewed do not consistently document NPDES compliance with joint permit requirements;
- PADEP fails to take timely and appropriate enforcement;
- PADEP does not capture economic benefit of noncompliance.

Full Summary of Programs Reviewed

I. Clean Air Act Program

Areas for state improvement:

Element 1 – Data Completeness: Degree to which the minimum data requirements are complete.

Element 2-1 – Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

Element 3-1 – Timeliness of Data Entry: Degree to which the minimum data requirements are timely.

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

Areas meeting SRF program requirements or require state attention:

Element 2-2 – Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

Element 3-2 – Timeliness of Data Entry: Degree to which the minimum data requirements are timely.

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

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

Element 6 – Quality of Inspection or Compliance Evaluation Reports: Degree to which inspection or compliance evaluation reports are properly documented

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.

Element 8 – Identification of SNC and HPV: Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.

Element 9 – Enforcement Actions Promote Return to Compliance: Degree to which enforcement actions include required corrective action that will return facilities to compliance in a specific timeframe.

Good Practices:

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.

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.

II. Resource Conservation and Recovery Act Program

Areas for State Improvement:

Element 1 – Data Completeness: Degree to which the minimum data requirements are complete

Element 2 – Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

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

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.

Element 8 – Identification of SNC and HPV: Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.

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

Areas meeting SRF program requirements or require state attention:

Element 3 – Timeliness of Data Entry: Degree to which the minimum data requirements are timely.

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

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.

Element 9 – Enforcement Actions Promote Return to Compliance: Degree to which enforcement actions include required corrective action that will return facilities to compliance in a specific timeframe.

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.

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.

Good Practices: None

III. Clean Water Act/National Pollutant Discharge Elimination System Program

Areas for state improvement:

Element 1 – Data Completeness: Degree to which the minimum data requirements are complete.

Element 2 – Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

Element 3 – Timeliness of Data Entry: Degree to which the minimum data requirements are timely.

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

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.

Element 8 – Identification of SNC and HPV: Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.

Element 9 – Enforcement Actions Promote Return to Compliance: Degree to which enforcement actions include required corrective action that will return facilities to compliance in a specific timeframe.

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

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.

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.

Areas meeting SRF program requirements:

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

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.

Good Practices: None

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 development of findings and recommendations. Considerable consultation is built into the process to ensure EPA and the state understand the causes of issues, and to seek agreement on identifying the actions needed to address problems.

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

A. GENERAL PROGRAM OVERVIEW

The Department of Environmental Protection is structured consistent with other cabinet-level agencies within Pennsylvania state government. That is, the Secretary serves as head of the agency, with subordinate executive Deputy Secretaries, and Bureau Directors. Approximately half of PADEP’s 2,839 positions are assigned to the Field Operations Deputate, which includes six regional offices located throughout the state. The regional offices are located in Meadville, Pittsburgh, Williamsport, Harrisburg, Wilkes-Barre, and Norristown. PADEP’s mining operations are divided according to geography and function, e.g. underground mining inspectors in the Bureau of Mine Safety are assigned certain territories for inspection, and while surface mine inspectors are assigned to one of six District Mining Operations geographically located throughout the state.

Regional Office Selection for Review

EPA Region III visited various regional offices to review files in order to conduct State Review Framework of PADEP. Each program selected regional offices based on several factors. The following is the selection criteria used by the three programs:

Air

Pennsylvania Department of Environmental Protection (PADEP) – The Office of Enforcement and Permits Review in the Air Protection Division conducted file reviews at PADEP’s Northeast and South Central Offices during SRF round 2. These regional offices were chosen because the Region did not visit them in the first round, and through the Region’s regular conference calls with PADEP discovered potential problems in these two regional offices.

The Northeast Regional Office was experiencing delays issuing enforcement actions, some of which were addressing HPV violations due to the work practices of an attorney in this regional office. This resulted in HPVs not being addressed in a timely manner. The region decided to conduct file reviews at this Regional office to fully assess this issue and to assure no other problems were occurring.

- **Best Practices**

PADEP has developed and deployed an online, web-based system to improve the agency's business process and workflow of evaluating air pollution source compliance based on source emission testing. The Pennsylvania Source Test Information Management System (PSIMS) provides companies and test consultants the capability to submit source test protocol and source test result documents in electronic form to improve the review process and provide the ability to manage test data by PADEP's Source Testing Section. The web-based application guides a company in the creation of a source test protocol resulting in a much quicker approval time.

The PSIMS application also increases the efficiency of the overall source test process and improves the timeliness of source emission data made available both to the regulated community and other constituents of the Commonwealth. Improvements made to the source testing review process as a result of implementing PSIMS include:

- Consistent procedures for the receipt, imaging, indexing, and data entry for documentation and correspondence received from regulated facilities
- A central, electronic document and data repository for all source testing processes
- Automated tracking, status identification, and distribution of source testing process documentation
- On-line concurrent access to current and historical source testing process documentation for each regulated facility
- Tools for the assignment and scheduling of reviews and observations based on workload, areas of expertise or other factors
- A web-based user interface that slows both manual and automated routing of pending transaction to the appropriate staff and managers for review and approval.
- Integration with or replacement of current data repositories
- Automated generation and distribution of reports and correspondence
- A web-based submission system for Protocol and Source Test Report documents that will allow regulated facilities and their agents to log on to the system and enter or upload documents for direct importation into the PSIMS system.

PADEP reports an annual saving of \$100,000 a year with the elimination of archiving paper documents. The application cost approximately \$900,000 to develop over a 4 year period.

RCRA

The RCRA program selects regional offices based on SNC identification, multiple inspections at same facility, number of formal/informal enforcement actions, violations with or without addressing enforcement actions and whether the regional office was visited in a prior SRF review. The RCRA program reviewed The South East, South West and North West regional offices for the Round 1 SRF review. For Round 2 SRF the RCRA program selected the North Central, North East and South Central regional offices to conduct file reviews.

NPDES

Pennsylvania - Region III's NPDES Enforcement Branch evaluated three of PADEP's regional offices for the first SRF review, the Northeast Regional Office, South Central Regional Office and the Southwest Regional Office. The program chose two regional offices to visit for round 2 of the SRF, the Southwest Regional Office and Northwest Regional Office.

The NPDES Enforcement Branch decision to visit these regional offices was based on SRF round 1 recommendations, EPA and State quarterly enforcement calls implemented as part of a June, 2010 OECA memorandum for strengthening state partnerships, working knowledge of regional offices with respect to the size of the universe and type of NPDES facilities operating within these regions, and travel resources. These two regions of Pennsylvania have a large universe of minor and major facilities, large number of municipal wastewater treatment plants, as well as facilities required to be addressed pursuant to the National Enforcement Initiatives. Additionally, the Northwest Regional office was chosen because it was not evaluated during round 1.

The NPDES Enforcement Branch chose to return to the Southwest regional office because of the large universe of facilities, environmental impacts posed by the facilities in operation in this part of Pennsylvania and problems discovered during the first SRF.

Agency Structure

Air

PADEP's Bureau of Air Quality (BAQ), under the Deputy Secretary for Waste, Air, Radiation and Remediation Management, is responsible for coordinating implementation of Air Programs with its six regional offices. The Compliance and Enforcement Division (within the BAQ) develops most of the policy and guidance on compliance with rules, regulations and orders of the Department and tracks enforcement actions. The Air Information Management section, under the Assistant Director (within the BAQ), manages the BAQ's electronic data systems and is responsible for uploading data to EPA's Air Facility System (AFS). The Source Testing and Monitoring Division (within the Bureau of Air Quality) is responsible for providing support related to stack tests to the regional offices. The BAQ does not have direct authority over the regional offices.

The Division of Compliance & Enforcement's core responsibilities include:

- Developing policy and guidance on air quality rules and regulations.
- Oversight of the Small Business Assistance Program.

- Coordinates and tracks enforcement actions with the regional field offices.
- Operates Compliance Certification Program.
- Operates Continuous Source Emission Compliance Program.
- Operates the Pennsylvania Asbestos Notification System (PANS) used by PADEP, EPA, the Department of Labor & Industry, and the Philadelphia and Allegheny air programs

Compliance & Enforcement Program is in the Compliance Assistance and Monitoring Section. This section tracks penalties paid to the Clean Air Fund, Notices of Violation issued by the field offices, Consent Orders/Agreements that are entered into by the field offices, and compliance histories submitted by permit applicants. The Compliance and Enforcement division is also responsible for:

- Coordinating reviews of the forms with the field offices;
- Coordinating with the Division of Source Testing and Monitoring and the field offices on the implementation of Stage I and Stage II requirements;
- Developing enforcement policies;
- Developing programs for the regulation of air toxics and provides expertise on air toxic related issues to regional staff and other bureaus.

Also within the Air Quality Division is the Continuous Compliance Section. Responsibilities of this section include:

- Provides enforcement programs for attaining and maintaining compliance of major sources required to monitor emissions continuously using Continuous Source Monitoring Systems (CSMSs).
- Develops and implements CSMS compliance assurance policies, strategies and guidelines.
- Provides CSMS enforcement guidance and policy interpretations.
- Provides quarterly progress and compliance tracking and reporting of all CSMS enforcement cases for Regional Managers and EPA.
- Applies enforcement policy considerations to all CSMS quarterly data by way of the quarterly reports.
- Convenes CSMS enforcement policy development committees as needed
- Provides presentations and analysis of CSMS information and data

RCRA

PADEP's RCRA Subtitle C program is operated in a decentralized manner. Central Office oversees, coordinates, and gives direction regarding the enforcement/compliance program, which is carried out through the six Regional Offices listed above. Regional Offices conduct the field evaluation inspection and sampling, identify violations, and are responsible for the initial development of all enforcement actions.

NPDES

PADEP has primary responsibility for implementing the NPDES program for the Commonwealth of Pennsylvania (PA). PADEP administers the federal Clean Water Act and enforces Pennsylvania (PA) state environmental laws such as the Clean Streams Law. PADEP

administers the State program in accordance with Section 402 of the Federal Clean Water Act, the requirements of 40 CFR Parts 122-125, and other applicable Federal regulations. On June 30, 1978, EPA delegated PA the authority to administer the National Pollutant Discharge Elimination System (NPDES) program. The revised 1991 EPA-Pennsylvania Memorandum of Agreement sets forth the Commonwealth's responsibilities for implementing the NPDES permitting, compliance monitoring and enforcement programs in PA. PADEP's organizational structure consists of a Central Office (Headquarters) located in Harrisburg, PA, six regional offices, and 19 district offices geographically located in the six regions.

The regional program offices perform compliance monitoring e.g., inspections, DMR review and sampling, case development/enforcement, emergency response, permit writing and data entry within assigned areas. Compliance monitoring and enforcement staff for individual NPDES programs is located in both the regional and district offices. Every regional office is assigned a specific number of counties taking into consideration workload within the counties and river basin boundaries. While the regional NPDES program offices are generally organized in a universal and consistent manner, each regional office is not necessarily identical in structure. NPDES programs in both the Water Management and Watershed Management regional program offices utilize staff inspectors to conduct compliance monitoring activities and identify violations of NPDES permits and state environmental regulatory requirements. Upon completion of an inspection, and in consultation with the supervisory inspector, and the Regional Counsel's office, the NPDES inspector identifies and confirms violation(s) and when appropriate, the case is assigned to a compliance specialist for case development. The compliance specialist works in consultation with the inspector and Regional Counsel's office to develop a civil administrative enforcement action and negotiate a settlement.

Legal support for the NPDES compliance monitoring and enforcement programs is provided in each region by the Regional Counsel's office. Regional Counsel provides counseling and represents the programs in permitting, enforcement and litigation matters. In support of the NPDES programs, Counsel's office will consult with the program staff to determine violations, assist in the development of civil enforcement actions, and negotiate settlements with facilities. PADEP has legal authority for a range of civil administrative enforcement responses to address violations at NPDES-regulated facilities. The following represents the typical range of responses utilized by PADEP to address NPDES noncompliance: a Compliance Notice (CN) is the least formal response available to address minor or less serious violations that do not meet the general criteria for a more formal enforcement response e.g., a DMR violation (an inspection report is considered a CN). A CN is issued for violations that are not resolved within 14 calendar days from the date of violation identification; a Notice of Violation (NOV) is issued to address more serious violations and is considered appropriate when a violator can return to compliance within 180 days from issuance of the NOV; a Civil Assessment and Civil Penalty (CACP) assesses a civil penalty to the violator for one-time, single event violations (SEV) or violations that have already been corrected by the facility; and a Consent Order and Agreement (CO&A) addresses the most serious, long-term violations and will generally contain an upfront penalty and compliance schedule. In addition, the CO&A will also contain provisions for stipulated penalties for future non-compliance.

In each PADEP region, a Water Management Program office implements the NPDES compliance and enforcement program regulating point sources including Publically Owned Water Treatment Works (POTW), industrial waste water, and industrial storm water. In addition, local county health departments have responsibility for inspection and oversight of sewage treatment plants as well as their collection and conveyance systems. The Watershed Management Program office in each region implements the MS4, CAFO and Construction Storm Water NPDES programs. The regional construction storm water program is also assisted by local area conservation districts that perform erosion and sediment control inspections at construction sites.

The NPDES point source program is administered and managed through PADEP's Central Office located in Harrisburg, PA. The Office of Water Management (OWM) plans and directs state programs associated with the management and protection of the Commonwealth's water resources. Charged with protecting and managing the quantity and quality of Pennsylvania's water resources, the OWM oversees departmental programs involving surface and ground water as well as soil and conservation planning. The office also coordinates policy, procedures, and regulations for public water supply, sewage facility planning, point source municipal and industrial discharges, control of storm water and non-point source pollution, encroachments upon waterways and wetlands, and earth disturbance activities. Regulations, policies, program guidance, and compliance assistance manuals for the NPDES program are developed by OWM. The OWM Depurate is divided into three Bureau level organizations and the Water Planning Office. Program management responsibility for the NPDES point source compliance monitoring and enforcement programs in PADEP's Central Office is primarily divided between the Bureau of Water Standards and Facility Regulation and the Office of Field Operations. For NPDES non-point sources, the Bureau of Watershed Management is responsible for program implementation.

The Bureau of Water Standards and Facility Regulation (BWSFR) is responsible for oversight of the NPDES point source program including Publically Owned Water Treatment Works (POTW), industrial wastewater, and industrial storm water. BWSFR also maintains responsibility for the drinking water program. The BWSFR organization has 20 full time employees allocated to the NPDES point source program, and is comprised of six divisions: 1) Division of Bureau Business Management; 2) Data Systems and Analysis; 3) Water Quality Standards; 4) Planning and Permits; 5) Operations Monitoring and Training; and 6) Technical and Financial Assistance. The Division of Operations, Monitoring and Training (OMT) manages many critical NPDES compliance monitoring and enforcement functions within PADEP. As a headquarters office, OMT establishes operation standards for wastewater treatment facilities, develops surveillance strategies that direct field inspector activities and directs compliance and enforcement responses to violations identified at wastewater treatment facilities. OMT also develops and delivers training programs for PADEP staff and wastewater treatment operators.

The Office of Field Operations is the second Central Office Depurate with responsibility for managing the NPDES compliance monitoring and enforcement program. The Field Operations office oversees the NPDES program compliment, workload, and cross-program issues. PADEP regional and district field staff report directly to the Field Operations office. In addition, Field Operations is responsible for coordinating activities with local county health departments.

The NPDES non-point source programs including municipal separate storm sewer system (MS4), Concentrated Animal Feeding Operations (CAFO) and construction storm water are managed in the Central Office by the Bureau of Watershed Management's (BWM). BWM's mission is to restore and protect Pennsylvania's watersheds through proper planning and management of water resources. The BWM is responsible for reducing the impacts of nonpoint sources of pollution on water resources, and regulating activities for soil conservation. OWM is comprised of 4 divisions: 1) Water Use and Planning; 2) Conservation Districts and Nutrient Management; 3) Watershed Protection; and 4) Waterways, Wetlands, and Storm water Management. In addition, OWM coordinates with the PA County Conservation Districts to implement the states construction erosion and sediment control program.

Local Agencies

There are two local air agencies in Pennsylvania, Allegheny County Department of Health (ACHD) and the City of Philadelphia – Air Management Services (AMS).

Pennsylvania has delegated limited legal authority to local agencies that support key NPDES compliance monitoring and enforcement functions in PA's implementation of the NPDES program. In the point source program, county health departments support PADEP regional offices by performing inspections and taking enforcement for NPDES violations at sewage treatment plants and investigating related sanitary sewer overflows and combined sewer overflows (SSO/CSO) issues. In the non-point source storm water program, erosion and sediment control for storm water construction is delegated to the local county conservation districts. Districts are responsible for technical plan review, permitting assistance, site inspection and compliance through a delegation agreement with the PADEP. For the purposes of this SRF, EPA reviewed a facility file that included an inspection and informal enforcement performed by the Allegheny County Health Dept (SWRO).

Compliance and Enforcement Program

Criminal violations are prosecuted by PADEP's Office of Chief Counsel and/or the PA Office of Attorney General. Under the Commonwealth Attorneys Act, the Office of Attorney General has jurisdiction to prosecute criminal charges referred by PADEP. Employees of PADEP authorized to conduct inspections are declared to be law enforcement officers with the authority to conduct inspections or investigations and issue or file citations for summary offenses. The Pennsylvania Office of Attorney General prosecutes cases that are referred to it by another jurisdiction. PADEP has maintained a close working relationship with the Environmental Crimes Section (ECS) of the Office of Attorney General. PADEP continues to provide support and assistance to the ECS through the analysis of samples, the services of the PADEP response van, and the assistance of the PADEP Bureau of Investigations during the execution of search warrants. Additionally, the ECS calls upon the technical and legal expertise of PADEP's Central and Regional Offices, as well as the PADEP Office of Chief Counsel.

The Pennsylvania Environmental Hearing Board (EHB) functions as a statutorily established trial court of state-wide jurisdiction and hears select types of environmental cases. The EHB hears appeals of permits and enforcement actions taken by the PADEP, and holds non-jury trials

similar to state and federal courts. The Board also issues legal opinions and orders on dispositive and non-dispositive motions. PADEP may also issue certain types of legal actions before the EHB.

NPDES Program Delegations

PADEP received delegation of the NPDES permit program from EPA on June 30, 1978. On August 2, 1991, PADEP received delegation of authority to administer the NPDES General Permits program. Currently, EPA administers the Pretreatment program in Pennsylvania because the Commonwealth has not accepted delegation authority. The NPDES and Pretreatment programs both regulate POTWs creating an overlap between the two programs without a clear distinction between the two programs. For example, some NPDES violations at a POTW may also be considered violations under the pretreatment program.

The Pretreatment program requires close coordination between EPA and PADEP to ensure that any enforcement action addresses both pretreatment and NPDES issues that result in the violations. EPA developed a standard set of pretreatment requirements required for every NPDES permit for a POTW with an approved pretreatment program. In this situation, PADEP is responsible for issuing NPDES permits and coordinates with EPA to review the facility's pretreatment conditions in the permit. EPA will often tailor the permit's pretreatment conditions to address specific issues with a particular POTW. For non-delegated or new programs, EPA is the "Approval Authority" under federal regulations and the final decision maker on requiring a POTW to implement a pretreatment program.

The dual program responsibility creates a multi-layer regulatory process for EPA, PADEP and the regulated community. PADEP issues the NPDES permit with EPA approving the permit's pretreatment conditions. EPA possesses the legal authority to enforce violations of the NPDES permit's pretreatment conditions while PADEP has primary authority to enforce the NPDES portion of the permit. From the POTW's perspective, they are required to coordinate activities and report to 2 different agencies. For example, the federal permitting regulations require that before a POTW accepts a new Industrial User discharge, it must notify the "Director" prior to accepting the discharge. This has been interpreted to mean that the POTW must report to both EPA and the state, where the state has the NPDES program but not the pretreatment program. PADEP possesses a greater working knowledge of the NPDES-regulated POTWs in the state. EPA coordinates the permit's pretreatment conditions in consultation with PADEP. Authorization to implement the Pretreatment program will consolidate regulatory oversight of POTW's in one primary agency thereby increasing efficiencies and effectiveness currently lost in transaction costs associated with dual implementation of the two programs. In addition, consolidating regulatory responsibilities for POTWs will enable PADEP to more closely align the overlapping programs, and develop a unified strategy for addressing interrelated issues associated with compliance monitoring and enforcement at POTWs with pretreatment conditions in their NPDES permits.

PADEP Regional Resources

Air: As of November, 2010, the Northeast Regional Office in Wilkes-Barre has one district office located in Bethlehem. There was one Air Operations Chief and one District Supervisor.

The region had ten inspectors and one compliance specialist and one position currently vacant. Compared to the first round SRF, this region lost four positions. See Appendix K of this report for further details. At the time of the second round SRF review, the Northeast region had a source universe of 86 majors (As), and 79 synthetic minors (SMs) of which 76 are 80% Synthetic Minors (SM80s).

The South Central Regional Office in Harrisburg has four district offices. The district offices are located in Altoona, York, Reading and Lancaster. There is one Air Operations Chief, three District Supervisors, ten inspectors, and one compliance specialist. The following vacancies existed at the time of the SRF review in December 2010, one Air Operations Chief, one District Supervisor for the Harrisburg/York office, one inspector in the Altoona office, and one inspector in the Reading office. This Region lost 6 positions. See Appendix K of this report for further details. At the time of the second round the South Central region had a source universe of 142 majors (As), and 239 synthetic minors (SMs) of which 233 are 80% Synthetic Minors (SM80s).

PADEP Air Enforcement Resource Distribution

	PADEP Regional Office							
	Southeast		Northeast		South Central		North Central	
	May 2006	Nov. 2010	May 2006	Nov. 2010	May 2006	Nov. 2010	May 2006	Nov. 2010
Air Operation Chiefs	1	1	1	1	1	1	1	1
Inspectors	13	12	12	10	14	10	6	4
Compliance Specialists	3	2	2	1	1	1	1	0
District Supervisors	3	3	2	1	4	3	1	1
Others	1	1	0	0	1	0	0	0
Total	21	19	17	13	21	15	9	6

	PADEP Regional Office					
	Southwest		Northwest		PADEP Staff Totals	
	May 2006	Nov. 2010	May 2006	Nov. 2010	May 2006	Nov. 2010
Air Operation Chiefs	1	1	1	1	6	6
Inspectors	10	8	12	9	67	53
Compliance Specialists	2	1	0	2	9	7
District Supervisors	2	2	3	2	15	12
Others	0	0	0	0	2	1
Total	15	12	16	14	99	79

RCRA: During Federal Fiscal Year 2010, 52 FTEs were devoted to the RCRA hazardous waste program by PADEP employees from the Department's Central and Regional Offices. The majority of that effort was contributed by Waste Management Program staff in the following offices: Central Office (17.9 FTE); Southeast Region (9.9 FTE); Northeast Region (3.9 FTE); South Central Region (6.8 FTE); North central Region (1.3 FTE); Southwest Region (5.2 FTE); and Northwest Region (5.1 FTE). The remaining 2 FTEs of effort supporting Pennsylvania's hazardous waste program were attributable to various support offices within PADEP, including but not limited to: central and regional office attorneys under the Office of Chief Counsel (0.3 FTE); regional environmental cleanup program (1.1 FTE); and other program areas such as laboratory, fiscal, personnel, information services, etc. (0.6 FTE). No particular resource constraints presented major obstacles to implementation of Pennsylvania's hazardous waste program.

PADEP's hazardous waste program did not experience negative impact due to vacancies in FY2010, nor is it expected to be impacted in the future. As vacancies open, positions have been filled and training provided either in-house or by attending the periodic EPA Region 3 RCRA Inspector Workshops and other EPA training events or Webinars. PADEP has sent a full complement of inspectors, as provided for in our RCRA Hazardous Waste Program Grant, to each of the very beneficial EPA-sponsored inspector workshops.

NPDES: The total number of PADEP regional and district office resources allocated to activities associated with the implementation of the NPDES point source compliance monitoring, permitting and enforcement programs is approximately 115 full time employees (FTE). The regional breakdown of staff ranges from a minimum of 15 staff (managers, permitting, inspectors, compliance specialists, and biologists) in the NWRO to a maximum of 22 staff in the SCRO. In 2009, PADEP experienced a 27% reduction in its general fund budget. The current general fund budget is below 1994 funding levels. Between July 2003 and June 2010, PADEP's full time salaried employees decreased by 446 positions or 14.9%.

Staffing and Training

PADEP hires staff according to the rules and regulations pertaining to the PA Civil Service Commission. Approximately 97% of DEP's workforce is civil service. Therefore, hiring, promotions, and many other employment actions are subject to the State Civil Service Act and Rules. Recruitment efforts include participation in college and job fairs, advertising in print and on-line media, and the seasonal intern program.

PADEP maintains a general training program for all new scientific and technical staff. Training includes basic information on environmental programs implemented by PADEP as well as training on the field inspector's role in environmental protection. In addition, new technical staff is subject to a 12 month probationary period during which a formal on-the-job training program specific to the employee's duties is developed by the supervisor. Staff training on program initiatives and new regulation/policy implementation is usually conducted via staff meetings. Technical training is available through private training providers or conference attendance although PADEP staff training has been limited due to budget constraints.

PADEP participates in the Commonwealth's Licensure Incentive Program, whereby additional compensation is provided for employees in select jobs who possess or obtain licensure as a Professional Engineer (PE) or Professional Geologist (PG), or certification as an Engineer-in-Training (EIT).

Data Reporting Systems/Architecture

PADEP currently uses the Environmental Facility Application Compliance Tracking (eFACTS)/Air Information Management System (AIMS) to enter and house their compliance and enforcement data. That data is then converted using the Universal Interface and uploaded to AFS.

The PADEP Regional staff is responsible for entering their own data activity into eFACTS/ AIMS. The Regional staff is trained by the PADEP AFS Data Steward on what is federally reportable and the MDRs; and as a result, the staff is expected to know the applicable reporting requirements. The staff is aware of what data and when that data should be entered into both systems. For example, a notice of violation (NOV) or a full compliance evaluation (FCE) need only be entered into eFACTS. The eFACTS does not have a place to enter detailed information, so some MDRs like stack test and title V annual certifications are entered into both systems.

The PADEP AFS Data Steward, who is located in the Central Office, is responsible for uploading PADEP's data to AFS and action linking. The data steward has set QA/QC procedures in place to ensure that the data is being consistently, accurately and completely reported. Upon verification, twice a month the AFS data steward completes an upload to AFS.

On a daily basis, PADEP's Regional Office staff input Compliance Monitoring and Enforcement (CM&E) data into DEP's eFACTS data tracking and reporting system. The data is then translated into EPA's RCRAInfo database on a weekly basis. PADEP performs frequent quality assurance and data quality checks (QA/QC) in accordance with PADEP's EPA-approved "RCRAInfo QA/QC Plan." PADEP maintains strict adherence to its RCRAInfo QA/QC Plan. Data quality checks are performed weekly. Incomplete, missing, outdated, and/or otherwise incorrect data is corrected within a maximum 30 day period. In addition, program staff regularly runs an eFACTS report to perform QA on inspection data entries before the data is translated into RCRAInfo.

EPA evaluated data present in the National data base, ICIS, and the PADEP's data system e-FACTS. PADEP's NPDES data management is an agency-wide Oracle database and web-based forms application called e-FACTS. Managing data for approximately 10,000 facilities, PADEP has been directly entering NPDES-related data into an EPA database for 25 years as part of the CWA delegation and Section 106 grant agreements. The e-FACTS data system contains 80 of the Water Enforcement National Database (WENDB) required NPDES permitting, monitoring and enforcement data elements. PADEP does not enter data for the pretreatment program; this program is administered by EPA. The majorities of the remaining minimum required data elements are entered into EPA's national data base, ICIS by extracting information from paper applications, permits, and discharge monitoring reports (DMR's). In addition, PADEP exports additional WENDB data from e-FACTS to Excel spreadsheets and uploads the data to the EPA Waterscape portal. PADEP regional offices are responsible for data entry including compliance

monitoring and enforcement data for NPDES major and non-major facilities. PADEP Central Office enters facility and permit information for NPDES majors and non-majors. In an effort to assist PADEP with a backlog of data entry for non-major facilities, Region III is entering a limited amount of facility and compliance monitoring data for non-majors.

In 2007, PADEP implemented an electronic DMR system (e-DMR) to store monitoring data and developed the NPDES Management System (NMS) data system to store permit information. Both systems have significantly reduced the number of WENDB data elements that were previously electronically unavailable. PADEP now transfers DMR data electronically to the ICIS system thus reducing the PADEP resources required for manual entry. WENDB data elements for the pretreatment program are not available through any of PADEP's enterprise data systems. In addition, while PADEP develops its new e-DMR system, WENDB elements for Combined Sewer Overflows (CSO), Sanitary Sewer Overflows (SSO), Biosolids, and CAFOs remain unavailable in any data system.

B. MAJOR STATE PRIORITIES AND ACCOMPLISHMENTS

Priorities

Air

- Ensure consistency in statewide implementation of Clean Air Act Stationary Source Compliance Monitoring Strategy (CMS) policy.
- Implement the October 2005 EPA-DEP Title V Operating Permits and Air Compliance Program Memorandum of Understanding.
- Facilitate statewide conformance with PADEP's *Guidelines for Identifying, Tracking and Resolving Violations for Air Quality*.
- Coordinate with EPA to provide instruction to the PADEP Regional Air Quality Programs, to ensure that enforcement history and compliance certification history is accurately reflected in inspection reports and data entry to AFS.
- Provide training to the PADEP Regional Air Quality Programs in continuous emission monitoring training, visible emissions certification, and timeliness expectations under the MOU between PADEP and EPA Region 3 for the Title V Operating Permits and Air Compliance programs and EPA's T&A Policy, to reinforce the importance of meeting these requirements.
- Coordinate regional implementation of new CEMS programs and provide technical support for CEMS reporting and systems operations administered by the BAQ's Continuous Emissions Monitoring staff.

NPDES

PADEP has the primary responsibility of establishing State NPDES program priorities that are consistent with EPA's national goals and objectives. PADEP's overriding goal in implementing the Clean Water Act and Clean Streams Law is to preserve and improve water quality for the protection of public health, animal and aquatic life, industrial consumption, and recreation. The BWSFR is responsive to numerous demands and priorities by various segments of the public, the legislature, federal agencies, and interstate agencies in carrying out its compliance monitoring program. The objectives of the PADEP NPDES point source compliance monitoring program are as follows: prevent water pollution and protect public health; determine compliance with laws, regulations, permits, and schedules; maintain a regulatory presence and deter noncompliance; support criminal, civil, and administrative actions; support water quality assessments; meet federal performance requirements; and improve discharger performance by providing advice and technical assistance.

Accomplishments

Air

Improvements in Air Contaminant Emissions to the Atmosphere

Year	CO ₂ *	NO _x	EGU NO _x *	PM ₁₀	SO _x	EGU SO _x *	HAPs
2007	123,585,266	243,779	178,655	31,517	986,718	951,186	31,964
2008	119,393,275	235,433	175,218	30,133	864,731	831,914	30,348
2009	114,331,904	162,256	110,218	27,916	589,873	573,619	21,671

*Data extracted from the U. S. Environmental Protection Agency Acid Rain Database; all other data from the Pennsylvania Air Information Management System. CO₂ is Carbon Dioxide. NO_x are Nitrogen Oxides; EGUs are electric generating units; PM₁₀ is particulate matter < 10 microns; SO_x are sulfur dioxides; HAPs are hazardous air pollutants.

Electric Generating Unit Controls

New NO_x Control Technology Systems:

- **Shawville:** RRI Energy (now GenOn Energy) installed Selective Non-Catalytic Reduction (SNCR) on four EGUs at the Shawville Power Plant in Bradford Township, Clearfield County, at a cost of approximately \$2.4 Million.

New SO₂ Control Technology Systems:

Owners and operators of EGUs in Pennsylvania have installed 11 flue gas desulfurization (FGD) systems, commonly referred to as "scrubbers" since 2000; this technology is used to remove SO₂ from the exhaust flue gases of coal or oil-fired power plants. FGD systems or "scrubbers" were recently installed at the following electric generation facilities in the Commonwealth:

- New SO₂ Scrubbers at the PPL Montour and Brunner Island Power Stations, installed in 2007-09 at a combined cost of approximately \$1.4 Billion, have reduced SO₂ emissions at Montour by approximately 100,000 tons per year and are expected to reduce SO₂ emissions at Brunner Island by about 85,000 tons per year.
- New SO₂ Scrubbers at RRI (GenOn) Cheswick and Keystone Power Stations, installed in 2007-09 at a combined cost of approximately \$850 Million, are expected to reduce SO₂ emissions by about 68,000 tons per year.
- New SO₂ Scrubbers installed in 2009 at Allegheny Energy, Hatfield Power Station, at a cost of approximately \$560 Million, are expected to reduce SO₂ emissions by about 68,000 tons per year.

Revised Model Conditions and Format to Establish Continuous Emission Monitoring (CEM) Requirements in Plan Approvals and Operating Permits were distributed to PADEP Region Air Quality Programs and Philadelphia Air Management Services on July 19, 2007. This internal guidance was developed to assist permit writers in establishing enforceable requirements for CEMs, and supplements the *Continuous Source Monitors* policy, TGD # 275-2101-016, effective February 23, 1996, which establishes standard wording for conditions for CEMs.

Continuous Emission Monitoring Program: A total of 1,562 Continuous Source Monitoring Systems quarterly facility reports were processed and distributed in 2007 through 2010, summarizing source performance, emissions, violations and penalty considerations regarding 18 different pollutants and parameters, for over 1000 Department-certified continuous emission monitoring systems, at more than 111 facilities, operated by at least 93 companies and institutions.

RCRA

PADEP also exceeded its FY2010 hazardous waste grant work plan waste minimization grant commitments. The Commonwealth's Mercury Thermostat Program was immensely successful in FY2010 with approximately 8,695 mercury thermostats (85.7 pounds of mercury) being collected throughout the Commonwealth and recycled. The grant targets were 5,000 mercury thermostats and 30 pounds of mercury. PADEP also continued its school chemical cleanout activities in FY2010 by sending a survey to 1,200 Pennsylvania science teachers. A Chemical Safety Manual for Pennsylvania Schools was developed during FY2010 and posted on the PADEP website. Another significant waste minimization milestone was reached in FY2010 when Ferro Corporation of Washington, PA, a National Partnership for Environmental Priorities (NPEP) partner, accomplished its goal for reducing 20,000 lbs. of Lead and 1500 lbs. of Cadmium.

C. PROCESS FOR SRF REVIEW

EPA focused the file selection for this review on core NPDES compliance and enforcement files. A separate programmatic review was conducted to evaluate PADEP's MS4 construction and industrial storm water and mining compliance and enforcement programs. Additional information and a summary of the findings for the programmatic reviews are discussed further in Appendix F File Selection.

- Review Period: Federal Fiscal Year 2009 for Air data
- Review Period: Federal Fiscal Year 2010 for RCRA and NPDES data

- **Key Dates Air:**
 - The Preliminary Data Analysis (PDA) data pull from EPA's Online tracking Information System (OTIS) was completed on 09/21/10.
 - On 10/07/10, EPA Region III met with PADEP to discuss the data metrics and EPA's PDA, and to present the selection of files to be reviewed as part of the file review metrics.
 - On 11/01/10 through 11/03/10, EPA Region III conducted the on-site file review at the Northeast Regional Office in Wilkes Barre.
 - On 11/15/10 through 11/17/10, EPA Region III conducted the on-site file review at the South Central Regional Office in Harrisburg.
 - On January, 13, 2011, EPA Region III met with the PADEP Central Office to discuss remaining questions/issues found during the Regional Office on-site reviews.
 - On March 31, 2011, EPA Region III met with the management and staff of the PADEP BAQ to discuss the preliminary draft SRF report.

- **Key Dates RCRA:**
 - RCRA data pull sent to PADEP 5/20/11
 - RCRA file review

- **Key Dates NPDES:**
 - March 22, 2011 EPA transmits request for SRF report information
 - April 28, 2011 EPA-PADEP Kick-off Meeting in Harrisburg, PA
 - May 9, 2011 EPA Region III transmits letter to PADEP to clarify CWA portion of SRF review
 - May 31, 2011 EPA transmits Official Data Pull, Preliminary Data Analysis (PDA) and SRF File Selection Request
 - June 13-16, 2011 EPA Region III conducts file review in PADEP Southwest and Northwest Regional Offices

- **Communication with the State:**

On April 28, 2011, EPA Region III conducted a SRF opening meeting with PADEP senior managers from each media program office. Region III Deputy Regional Administrator William Early and John Hines, PADEP Deputy Secretary for Water Management, chaired the meeting in the Harrisburg, PA Central Office. The EPA SRF team presented a general briefing on the SRF process followed by program-specific presentations by each Region III media office. Throughout the Round 2 SRF process, EPA and PADEP communicated closely regarding the scope of the SRF, compilation of background materials and coordination of file review activities.

- **State and Regional Lead Contacts**
 - EPA SRF-CWA Coordinator – Christopher Mennen (215-814-2368)

- EPA SRF-CWA Review Team – Ingrid Hopkins (215-814-5437), Rebecca Crane (215-814-2389), Christopher Menen (215-814-2368)
- PADEP SRF-CWA Coordinator – Dawn Hissner (717-772-2189)

State and Federal Documents Reviewed

The SRF review team reviewed multiple state and federal policy/guidance documents relevant to the authorization, delegation and implementation of the NPDES compliance monitoring and enforcement program in the Commonwealth of PA. Two documents critical to the implementation and oversight of PA’s NPDES program are the annual CWA Section 106 Grant Work Plan and the PA-EPA MOA (revised 1991). The Section 106 Grant Work Plan identifies the Commonwealth’s projected use of Section 106 Water Pollution Control Grant funds and sets forth the strategies and priorities for issuance, compliance monitoring, and enforcement of NPDES permits as established in the 1991 Memorandum of Agreement (MOA) between the Commonwealth and the U.S. Environmental Protection Agency, Region III. The PA-EPA MOA sets forth a framework of policies, responsibilities, and procedures pursuant to 40 CFR Part 123, and identifies the manner in which the NPDES program will be administered in PA. EPA also reviewed and consulted the following documents for the purposes of assessing whether PADEP implements the NPDES compliance monitoring and enforcement program within program standards established by EPA and/or PA policy and guidance.

PADEP – EPA 1978 Memorandum of Agreement (Revised May 7, 1991)

PA FY 2010 Section 106 Work Plan

PADEP Bureau of Water Standards and Facility Regulation “Compliance Monitoring Strategy and NPDES Compliance Inspection Plan, October 1, 2009 – September 30, 2010

PADEP “Standards and Guidelines for Identifying, Tracking, and Resolving Violations” (April 4, 2004)

PADEP Bureau of Water Standards and Facility Regulation “Guidelines for Identifying, Tracking, and Resolving Violations for Water Quality” (July 22, 2006)

PADEP Bureau of Water Standards and Facility Regulation “Guidance for Civil Penalties Calculations for Effluent Violations” (July 30, 2002)

PADEP Bureau of Water Standards and Facility Regulation “Civil Penalty Assessment Procedure for Pollution Incidents” (July 29, 2002)

PADEP’s Continuing Planning Process for Water Quality Management (December 31, 1999)

PADEP Review and Coordination of Chapter 94 Reports and Act 537 Planning (June 6, 2002)

III Status of Recommendations from Previous Reviews

Status	Due Date	Media	Title	Finding	Recommendation	E#	Element
Working	9/30/2008	RCRA	SNC accuracy	PADEP is not an Implementer of Record for the CM&E module of RCRAInfo. PADEP completes data entry forms which are forwarded to EPA for entry into the national data base. This is contributing to some data quality issues, and should be resolved when PADEP	PADEP should continue to move forward and EPA should provide support to the state toward becoming RCRAInfo IOR.	E4	SNC Accuracy
Working	9/30/2008		Penalty Calculation Consistency	There appears to be inconsistencies across the regional offices as to the documentation and record retention of penalty calculations.	PADEP will develop a consistent policy for documentation and record retention of penalty calculations, in accordance with their penalty policy.	E7	Penalty Calculations
Working	9/30/2008	CWA	Identifying SNC	PADEP does not enter SEV data into PCS for inspection based or self-reported violations. SNC are not reported to EPA in a timely manner.	PADEP needs to develop a process for making SNC determinations for single event violations and reporting this information. This process will need to be developed in conjunction with the RIDE policy upon implementation.	E4	SNC Accuracy
Working	9/30/2008	CWA	SNC Identification	PADEP does not enter SEV data into PCS for inspection based or self-reported violations. SNC are not reported to EPA in a timely manner. SNC violations which are not DMR related are not being entered into the database using the SEV code.	SEV should be entered to indicate violations found during inspections.	E4	SNC Accuracy
Working	9/30/2008	CWA	Appropriate Enforcement Response	There were several cases where Act 537 was used to require injunctive relief instead of a formal enforcement action. PADEP does not have a policy or guidance as to when an Act 537 revision is appropriate vs. when enforcement action is appropriate.	A strategy needs to be developed to insure that compliance with the Clean Water Act and the NPDES regulations is maintained and describes when it is appropriate to use Act 537 for compliance purposes. All formal state enforcement actions need to contain	E5	Return to Compliance
Working	9/30/2008	CWA	Penalty calculations	PADEP issued 95 enforcement actions with penalties. They had three actions in which the penalty calculations were preserved.	PADEP should document calculations to support assessed and final penalties. Calculations should include gravity and economic benefit.	E7	Penalty Calculations
Working	9/30/2008	CWA	Entering penalty calculations into the PCS.	PADEP does not enter penalty amounts or enforcement actions for non-majors into the national database.	Calculations for economic benefit and gravity need to be included in penalty assessment documentation. Actions with penalties need to be entered into PCS.	E8	Penalties Collected
Working	9/30/2008	CWA	Data Quality	PADEP is incorrectly using the SEV code. SNC violations which are not DMR related are not being entered into the data base using the SEV code.	SEV should be entered to indicate violations found during inspections.	E9 , E10, E11, E12	Grant Commitments, Data Timely, Data Accurate, Data Complete

IV. FINDINGS

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

Finding	Description
Good Practices	This describes activities, processes, or policies that the SRF data metrics and/or the file reviews show are being implemented exceptionally well and which the state is expected to maintain at a high level of performance. Additionally, the report may single out specific innovative and noteworthy activities, processes, or policies that have the potential to be replicated by other states and can be highlighted as a practice for other states to emulate. No further action is required by either EPA or the state.
Meets SRF Program Requirements	This indicates that no issues were identified under this element.
Areas for State* Attention *Or, EPA Region’s attention where program is directly implemented.	This describes activities, processes, or policies that the SRF data metrics and/or file reviews show are being implemented with minor deficiencies. The state needs to pay attention to these issues in order to strengthen performance, but they are not significant enough to require the region to identify and track state actions to correct. This can describe a situation where a state is implementing either EPA or state policy in a manner that requires self-correction to resolve concerns identified during the review. These are single or infrequent instances that do not constitute a pattern of deficiencies or a significant problem. These are minor issues that the state should self correct without additional EPA oversight. However, the state is expected to improve and maintain a high level of performance.

<p>Areas for State * Improvement – Recommendations Required</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 EPA oversight. This can describe a situation where a state is implementing either EPA or state policy in a manner requiring EPA attention. For example, these would be areas where the metrics indicate that the state is not meeting its commitments, there is a pattern of incorrect implementation in updating compliance data in the data systems, there are incomplete or incorrect inspection reports, and/or there is ineffective enforcement response. These would be significant issues and not merely random occurrences. Recommendations are required for these problems, and they must have well-defined timelines and milestones for completion. Recommendations will be monitored in the SRF Tracker.</p>
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Clean Air Act Findings

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.		
1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	During the review of 2009 Air enforcement data, PADEP was found to be well below the national average and national goals in adding subprogram designations to NESHAP and NSPS facilities.
	Explanation	<p>While the data has improved, there are still some “active” facilities that are missing MACT and/or NSPS subparts. The data metrics were pulled out of OTIS in mid-August 2012 and it showed that there were 80 active MACT and 47 active NSPS sources missing subparts.</p> <p>To ensure future MACT, NESHAP, and NSPS subparts will be promptly entered, PADEP’s Information Technology (IT) department developed a tool that will require the subparts to be entered in PADEP’s eFACTS system when a new permit is issued. The tool was developed and initial testing took place in the Spring of 2011. However, PADEP found that the original design would not allow updating of subpart data once permits were issued. Therefore, the tool was modified to allow all PADEP personnel with access to AIMS to be able to change subpart information. The modified version of the tool also allows subparts to be added when promulgated by EPA. Final training on the use of the tool was given to all PADEP Regional Offices at the April 2012 T&A meeting. As of 5/1/12, all six (6) PADEP Regional Offices are using the new tool.</p>
	Metric(s) and Quantitative Value(s)	<p>1c4 (CAA Subprogram Designation: % New Source Performance Standards (NSPS) facilities with FCEs conducted after 10/1/05): National Goal – 100%; National Average – 84.7%; PADEP – 45.6%</p> <p>1c5 (CAA Subprogram Designation: % National Emission Standards for Hazardous Air Pollutants (NESHAP) facilities with FCEs conducted after 10/1/05) : National Goal – 100%; National Average – 46.6%; PADEP – 7.6%</p> <p>1c6 (CAA Subprogram Designation: % Maximum Achievable Control Technology (MACT) facilities with FCEs conducted after 10/1/05): National Goal – 100%; National Average – 92.3%; PADEP – 81.8%</p>
	State Response	As of May 2012, PADEP has been correctly populating these data fields. The EPA Region 3 AFS manager has verified complete data reporting by PADEP personnel every quarter. Positive, enhanced communications between PADEP and EPA Region 3’s AFS manager has ensured complete and accurate data reporting.
	Recommendation(s)	PADEP to populate the missing subparts (i.e., 80 active MACT and 47 active NSPS sources). Note that as per the state response, the corrective action was completed as of May 2012.

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.		
1-2	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 – Recommendations Required
Finding		Other than the data metrics included in finding 1.1 above, all metrics under element 1 were found to be complete and conform to the minimum data requirements.
Explanation		The number of operating majors (1a1) and Title V majors (1a2) were found to be identical. Also, the three data metrics related to HPV Day Zeros (i.e. 1h1, 1h2, 1h3) were found to be at the national goal and well above the national average.
Metric(s) and Quantitative Value(s)		1a1 (AFS Operating Majors (Current)): 559 1a2 (AFS Operating Majors with Air Program Code = V (Title V) (Current)): 559 1h1 (HPV Day Zero (DZ) Pathway date: % DZs with discovery action/date) National Goal – 100%; National Average – 51.0%; PADEP – 100% 1h2 (HPV Day Zero (DZ) Pathway date: % DZs with violating pollutant) National Goal – 100%; National Average – 75.9%; PADEP – 100% 1h3 (HPV Day Zero (DZ) Pathway date: % DZs with HPV Violation Type Code(s)) National Goal – 100%; National Average – 79.6%; PADEP – 100%
State Response		
Recommendation(s)		None

Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

2-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The vast majority of the data reviewed was found to be accurately entered and maintained in AFS. However, per finding 1-1, PADEP was found to be well below the national average and national goals in adding subprogram designations to NESHAP and NSPS facilities. See Finding 1-1 for additional details.
	Explanation	See Finding 1-1 for details of explanation.
	Metric(s) and Quantitative Value(s)	1c4 (CAA Subprogram Designation: % New Source Performance Standards (NSPS) facilities with FCEs conducted after 10/1/05): National Goal – 100%; National Average – 84.7%; PADEP – 45.6% 1c5 (CAA Subprogram Designation: % National Emission Standards for Hazardous Air Pollutants (NESHAP) facilities with FCEs conducted after 10/1/05) : National Goal – 100%; National Average – 46.6%; PADEP – 7.6%
	State Response	
	Recommendation(s)	The recommended action for this element is for PADEP to complete the recommended action under Finding 1-1.

Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

2-2	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 – Recommendations Required
	Finding	The vast majority of the data reviewed by the EPA review team was found to be accurately entered and maintained in AFS.
	Explanation	<p>PADEP was found to be above the national average and at the national goal for all data metrics under this element.</p> <p>Initially, the review team found two Penalty Orders to be paid in installments, however, the penalty in AFS was double that found in the file. EPA subsequently generated another review of the data metrics that showed the two Penalty Orders had been corrected in AFS. PADEP reported to EPA they were made aware of the penalty installment issue in June 2010 when a company official noticed in the Enforcement and Compliance History Online (ECHO) the amount of the assessed penalty for a recently executed formal enforcement action was doubled what was in the formal enforcement action. Note that PADEP discovered this issue prior to the beginning of SRF Round 2. PADEP worked with its IT department and reported to EPA that the issue was corrected by 9/30/10. To confirm the issue was completed, metric 1j (assessed penalties) was rerun on 12/9/10. The results showed that the duplicative assessed penalties were eliminated.</p>
	Metric(s) and Quantitative Value(s)	<p>1j(Assessed Penalties: Total dollar amount (1FY): 9/21/10/ OTIS Generation: \$4,461,651; 12/9/10 OTIS Generation \$4,098,351</p> <p>2b1 (Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY): National Goal – 0% ; National Average – 1.3%; PADEP Result - 0%;</p> <p>2c (MDR data accurately reflected in the national data system (AFS)): 90%</p>
	State Response	
	Recommendation(s)	None

Element 3 — Timeliness of Data Entry: Degree to which the Minimum Data Requirements are timely.

3-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	PADEP enters the majority of their MDR data into AFS in a timely manner. However, per Finding 1-1, PADEP was found to be well below the national average and national goals in adding subprogram designations to NESHAP and NSPS facilities. See Finding 1-1 for additional details.
	Explanation	See finding 1-1 for details of explanation.
	Metric(s) and Quantitative Value(s)	1c4 (CAA Subprogram Designation: % New Source Performance Standards (NSPS) facilities with FCEs conducted after 10/1/05): National Goal – 100%; National Average – 84.7%; PADEP – 45.6% 1c5 (CAA Subprogram Designation: % National Emission Standards for Hazardous Air Pollutants (NESHAP) facilities with FCEs conducted after 10/1/05) : National Goal – 100%; National Average – 46.6%; PADEP – 7.6%
	State Response	
	Recommendation(s)	The recommended action for this element is for PADEP to complete the recommended action under Finding 1-1.

Element 3 — Timeliness of Data Entry: Degree to which the Minimum Data Requirements are timely.

3-2	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 – Recommendations Required																																								
	Finding	PADEP enters the majority of their MDR data into AFS in a timely manner.																																								
	Explanation	<p>The Compliance Monitoring related MDR data for major and synthetic minor sources was analyzed by Regional Office as shown in the tables below:</p> <table border="1" data-bbox="529 789 1448 1075"> <thead> <tr> <th>PADEP Region</th> <th>Timely Actions</th> <th>Untimely Actions</th> <th>Total Actions</th> <th>% Timely Actions</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>247</td> <td>47</td> <td>294</td> <td>84.01%</td> </tr> <tr> <td>2</td> <td>243</td> <td>35</td> <td>278</td> <td>87.41%</td> </tr> <tr> <td>3</td> <td>420</td> <td>78</td> <td>498</td> <td>84.34%</td> </tr> <tr> <td>4</td> <td>184</td> <td>44</td> <td>228</td> <td>80.70%</td> </tr> <tr> <td>5</td> <td>227</td> <td>38</td> <td>265</td> <td>85.66%</td> </tr> <tr> <td>6</td> <td>259</td> <td>35</td> <td>294</td> <td>88.10%</td> </tr> <tr> <td>Total/Avg.</td> <td>1580</td> <td>277</td> <td>1857</td> <td>85.08%</td> </tr> </tbody> </table> <p>The above table shows that the % of timely actions is fairly consistent across the Regions.</p> <p>Data Metric 3b1 shows that there were 277 Compliance Monitoring related MDR actions reported > 60 days after designation. A closer analysis of those 277 untimely actions indicates that 176 of them were stack testing events that were entered between 60 and 121 days after designation. A recent change to the AFS business rules provides state agencies 120 days to enter such data. When considering the 176 stack testing events that were entered between 60 and 121 days after designation, the overall % of timely actions increases from 85.1% to 94.6%.</p> <p>Data Metric 3a shows that there were 18 HPVs not entered into AFS within the appropriate 60-day timeframe. Seven CEM reports identified as HPVs were entered late. Six of them were entered late due to PADEP’s method of processing CEMs. As a quarterly report is processed, it is checked to see if it meets the HPV criteria. If so, an e-mail goes out to the appropriate staff notifying them this CEM has been identified as an HPV. The date the e-mail goes out is considered the date of discovery. In accordance with the HPV Policy, a maximum of 45 days is applied from that date to establish Day Zero. While this day is flagged manually in PADEP’s system, the actual uploads into AFS occur every two weeks. So if a CEM violation is flagged as an HPV in PADEP’s system on a day beyond day 45, the 60-day deadline could easily be missed. Due to this process, six out of the seven CEMs missed the 60-day deadline by three to five days. To correct this problem, PADEP now has reduced its Day Zero timeline to 30 days. This should prevent any late uploads.</p>	PADEP Region	Timely Actions	Untimely Actions	Total Actions	% Timely Actions	1	247	47	294	84.01%	2	243	35	278	87.41%	3	420	78	498	84.34%	4	184	44	228	80.70%	5	227	38	265	85.66%	6	259	35	294	88.10%	Total/Avg.	1580	277	1857	85.08%
PADEP Region	Timely Actions	Untimely Actions	Total Actions	% Timely Actions																																						
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6	259	35	294	88.10%																																						
Total/Avg.	1580	277	1857	85.08%																																						

		<p>Also, there were 11 NOVs uploaded late into AFS. One major issue that occurred back in FY2009 was that all NOVs were submitted from the PADEP Regional Offices to PADEP's Central Office as hard copies through inter-office mail. This transfer took several days. Furthermore, one PADEP Regional Office was holding all their NOVs until the end of the month and transferring all of them to the Central Office at one time. Seven of the 11 late NOVs came from this Regional Office. Four were received between the ranges of 21- 38 days. Two NOVs were received over 300 days as the result of staff changes. Overall, there were a total of three NOVs that actually were received in less than 10 days but failed to be entered in to PADEP's system in a timely manner. In FY2009, PADEP began to gradually receive NOVs electronically resulting in additional time to enter new HPVs into AFS in a timely manner. The above two processes has resulted in 40 out of 41 newly identified HPVs in FY2013 and FY2014 to be entered into AFS timely.</p>
	Metric(s) and Quantitative Value(s)	<p>3a (Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY)) National Goal - 100%; National Average – 31.3%; PADEP Result – 76.9%; 3b1 (Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1FY): National Goal - 100%; National Average – 50.4%; PADEP Result – 85.1%; 3b2 (Percent Enforcement related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)): National Goal - 100%; National Average – 65.6%; PADEP Result – 92.0%</p>
	State Response	
	Recommendation	None

Element 4 — Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements are met and any products or projects are completed.		
4-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	All commitments in the Oct. 2005 Memorandum of Understanding (MOU) were completed by PADEP in the review year (i.e., FY2009).
	Explanation	<p>PADEP completed all of their commitments in its FY2009 CMS plan and all commitments specified in the Oct. 2005 MOU.</p> <p>Appendix K shows that the PADEP inspector staff has declined from 67 to 53 between 2006 - 2010. This decline has not impacted PADEP's ability to meet their compliance monitoring strategy (CMS) commitments. For many years, PADEP committed to complete full compliance evaluations (FCEs) at both majors and SM80s on an annual basis despite the fact that under EPA's Compliance Monitoring Strategy guidance, states are to conduct FCEs at major sources and SM80s once every 2 and 5 years, respectively. As its inspector staff has been reduced, PADEP has been completing FCEs in accordance with EPA's guidance, thereby continuing to meet its CMS commitments. It is also noteworthy that PADEP continues to conduct FCEs that some facilities at greater frequencies than specified in EPA's CMS guidance.</p>
	Metric(s) and Quantitative Value(s)	4a Planned evaluations (FCEs), partial compliance evaluations (PCEs), investigations) completed for the review year pursuant to a negotiated CMS plan): 100% 4b (Planned commitments completed): 100%
	State Response	
	Recommendation(s)	None

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

5-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	PADEP met or exceeded most planned inspections/compliance evaluations.
	Explanation	PADEP met or exceeded all national goals and/or was above the national average for all data metrics within this element.
	Metric(s) and Quantitative Value(s)	5a1 (Compliance Monitoring Strategy (CMS) Major FCE Coverage (2 FY CMS Cycle)): National Goal - 100%; National Average – 87.8%; PADEP Result – 98.9% 5b1 (CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)): National Goal - 60%; National Average – 83.8%; PADEP Result – 98.0% 5e (Number of Sources with Unknown Compliance Status (Current)): National Goal - NA; National Average – NA; PADEP Result – 0 5g (Review of Self-Certifications Completed (1 FY)): National Goal - 100%; National Average – 94.0%; PADEP Result – 100%
	State Response	
	Recommendation(s)	None

Element 6 — Quality of Inspection or Compliance Evaluation Reports: Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.

6-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	24 of 36 CMRs reviewed included all elements required under § IX of the CMS.
	Explanation	<p>In general, with the exception of the compliance/enforcement history section, the CMRs were well written. The 12 CMRs reviewed that did not include all elements required under § IX of the CMS, were missing the enforcement history. In addition, there were numerous reports that claimed no enforcement history since the last FCE yet there was evidence to the contrary in the files.</p> <p>In every instance where the CMR was missing the enforcement history, there had been no enforcement activity since the last FCE. The inspector simply failed to check the “no” box on the CMR form. EPA Region 3 provided PADEP training on 4/28/11 on the interpretation of enforcement history and compliance status pursuant to the national CMS policy regarding CMRs. In addition, PADEP reviewed the current inspection form and determined that no revisions were necessary to insure that all elements required under § IX of the CMS are included in all CMRs, and reiterated to all staff and to its managers the importance of checking the “no” box under enforcement history when there was no enforcement action since the last FCE.</p>
	Metric(s) and Quantitative Value(s)	6a (Number of files reviewed with FCEs): 36 6c (% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility): 67%
	State Response	
	Recommendation(s)	<p>1) EPA provided PADEP training on 4/28/2011 regarding the interpretation of enforcement history and compliance status pursuant to the national CMS policy; and</p> <p>2) EPA Region 3 has reviewed a sample of inspection reports. Since the 4/28/2011 training, EPA Region 3’s reviews have indicated that these issues have been resolved.</p>

Element 6 — Quality of Inspection or Compliance Evaluation Reports: Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.

6-2	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The vast majority of the files reviewed (i.e., 97%) was found to meet the definition of an FCE per the CMS files.
	Explanation	35 of 36 files reviewed met the definition of an FCE per the CMS policy. The only file that did not meet the definition of an FCE did not identify and report an HPV for a significantly late (> 60 days) Title V Annual Certification submittal. However, a review of T&A notes indicated that PADEP did initially list the violation as an HPV in AFS only to subsequently delist the HPV. The EPA review team looked at the other 14 prior significantly late submittals of Title V Annual Certifications from this Regional Office. All of them were listed as HPVs and subsequently resolved. Therefore, the EPA review team believes this to be an isolated incident.
	Metric(s) and Quantitative Value(s)	6a (# of files reviewed with FCEs): 36 6b (% of FCEs that meet the definition of an FCE per the CMS policy): 97%
	State Response	
	Recommendation(s)	None

Element 7 — Identification of Alleged Violations: Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information.

7-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The vast majority of PADEP’s compliance determinations are promptly and accurately entered and maintained in AFS.
	Explanation	<p>There were a total of 3 files reviewed where the facility was never put “out of compliance” for a documented violation. The EPA review team believes that these were isolated incidents and PADEP does not have an issue in accurately reporting violations in AFS.</p> <p>There were a total of 3 files reviewed where either the compliance status was not updated to reflect a violation or a facility resolved a violation but the compliance status was not changed to “in compliance” in a timely manner. The EPA Region 3 review team did not see any repeated pattern beyond the three facilities that did not have non-HPV compliance determinations reported in a timely manner. In addition, the historic data analysis that is done by the EPA Region 3 on a monthly basis as well as the 'data report' that HQ sends the Region showing 2nd, 3rd and 4th quarter data has indicated that non-HPV compliance determinations are reported in a timely manner. The EPA review team believes that these were isolated incidents and PADEP does not have an issue in timely reporting violations in AFS.</p> <p>Finally, PADEP well exceeded the national goals for the data metrics that are used as review indicators (i.e., 7c1 and 7c2) for element 7.</p>
	Metric(s) and Quantitative Value(s)	<p>7a (Accuracy of compliance determinations): 93%</p> <p>7b (Timely reporting of violations of non-HPVs): 79%</p> <p>7c1 (Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)): National Goal - > ½ National Average ; National Average – 22.1%; PADEP Result – 30.2%</p> <p>7c2 (Percent facilities that have had a failed stack test and have noncompliance status (1 FY)): National Goal - > ½ National Average; National Average – 43.0%; PADEP Result – 84.6%</p>
	State Response	
	Recommendation(s)	None

Element 8 — Identification of SNC and HPV: Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.

8-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	PADEP does a thorough job in making HPV determinations and reporting HPVs to AFS in a timely manner.
	Explanation	At the time of the file review, although 98% of the violations reviewed were accurately determined to be HPV or non-HPV violation (see metric 8f), the PDA (i.e., Metric 8d) had indicated a potential problem in identifying HPVs and applying the HPV Policy to violations that received informal enforcement at major sources. Supplemental files were reviewed that enabled the Review Team to conclude that all violations receiving informal enforcement at major sources were appropriately classified using the HPV policy. Thus, EPA Region 3 confirmed that PADEP does not have a problem in identifying HPVs and applying the HPV Policy to violations at major sources that received informal enforcement.
	Metric(s) and Quantitative Value(s)	3a (Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY)): National Goal - 100%; National Average – 31.3%; PADEP Result – 76.9%; 8a (High Priority Violation Discovery Rate - Per Major Source (1 FY)): National Goal - > ½ National Average; National Average – 7.9%; PADEP Result – 8.9. % 8b (High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)): National Goal - > ½ National Average – 0.6%; PADEP Result – 0.3% 8c (Percent Formal Actions With Prior HPV - Majors (1 FY)): National Goal - > ½ National Average; National Average – 75.1%; PADEP Result – 53.5% 8d (Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)): National Goal - < ½ National Average; National Average – 45.3%; PADEP Result – 53.6% 8e (Percent Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)): National Goal - > ½ National Average; National Average – 43.0%; PADEP Result – 56.0% 8f (% of violations in files reviewed that were accurately determined to be HPV or non-HPV): 98%
	State Response	
	Recommendation(s)	None.

Element 9 — Enforcement Actions Promote Return to Compliance: Degree to which enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.

9-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	PADEP includes corrective actions in formal enforcement responses where appropriate.
	Explanation	All formal responses reviewed contained the documentation that required the facilities to return to compliance, if they had not already done so, at the time of the execution of the Consent Agreement. .
	Metric(s) and Quantitative Value(s)	9a (# of formal enforcement responses reviewed): 16 9b (Formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame (HPVs and non HPVs)): 100%%
	State Response	
	Recommendation(s)	None

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

10-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	PADEP does not consistently take timely enforcement actions in accordance with the HPV policy.
	Explanation	<p>Both metrics 10a and 10b indicate that PADEP has a problem in addressing HPVs in a timely manner (i.e., within 270 days of Day Zero). This is in violation of both state and federal enforcement policies. Data Metric 10a shows that across the Commonwealth, PADEP does not meet the timeliness goals in addressing HPVs 44.6% of the time. This is worse than the national average of 35.8%.</p> <p>File Review Metric 10b is a subset of the enforcement responses reviewed during the file review (File Review Metric 9a) that involve HPVs. Three out of seven enforcement responses at HPVs reviewed during the file review were not executed by Day 270. According to the Regional Office, two of the untimely enforcement response were due to the fact that there were multiple HPVs at the facility. The Regional Office was trying to address all of the active HPVs with one agreement. The other untimely response was because the Regional Office needed additional information from the company to execute the enforcement response. The company was late in getting PADEP the information.</p> <p>In one Regional Office, all enforcement responses to HPVs were found to be appropriate. However, the other Regional Office had two enforcement responses to HPVs that were deemed to be not appropriate. Both of them involved first time late (> 60 days) submittal of Title V Annual Certifications. The Regional Office issued informal enforcement actions for the violations. In response to the NOV's, the companies promptly submitted the required Title V Annual Certifications. No further enforcement action was taken. It should be noted that this Regional Office has subsequently agreed to amend its practice on appropriate enforcement responses to these types of violations to conform with the other PADEP Regional Offices.</p>
	Metric(s) and Quantitative Value(s)	10a (Percent HPVs not meeting timeliness goals (2 FY)): National Goal - None; National Average – 35.8%; PADEP Result – 44.6% 10b (Enforcement responses at HPVs (formal & informal) taken in a timely manner as documented in the enforcement files reviewed): 57% 10c (Enforcement responses for HPVs that are appropriate to the violations): 78%
	State Response	
	Recommendation(s)	Since 2010, monthly calls have been conducted between PADEP Central Office Compliance and Enforcement personnel and EPA Region 3 air enforcement personnel to discuss HPVs that are unaddressed for more than 150 and 210 days. These calls are commonly referred to as Day 150 and Day 210 calls. These activities have fostered a common understanding of definitions (e.g., FRV) and enforcement policies (e.g., HPV) and reporting requirements resulting in improved performance

		<p>In addition, EPA holds quarterly Timely and Appropriate (T&A) meetings with PADEP. The meetings are conducted face to face with the Central Office of PADEP's Bureau of Air Quality's Division of Compliance and Enforcement. Air personnel from all six regional offices participate by teleconference at all T&A meetings with EPA. In addition, at least once a year, all of the PADEP Central Office's Compliance and Enforcement Personnel and representatives from all 6 regional air enforcement programs meet face to face with EPA.</p> <p>PADEP's performance with regards to metric 10a has been steadily improving since the file review conducted in 2009. As of June 2014, the HPV policy is in the final stages of revision. Therefore, the Region will no longer require an analysis and corrective action plan based on the soon to be obsolete policy. The Region will continue to monitor PADEP's timeliness in addressing HPVs under the new policy.</p>
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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	This finding is a(n)	<input checked="" type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	PADEP includes both gravity and economic benefit calculations in initial penalty calculations.
	Explanation	<p>All of the files included calculations for both gravity and economic benefit. The EPA review team found all of the files to contain well written information documenting the initial penalty calculations. The 1992 amendments to the Pennsylvania Air Pollution Control Act (APCA) enable PADEP to assess civil penalties for non-Continuous Emission Monitor (CEM) violations. APCA Section 9.1 specifies all of the factors that should be taken into consideration in determining the penalty amount. PADEP’s Guidance for Application of Regional Civil Assessment Procedure (RCPAP) provides a structured mechanism for ensuring that all APCA Section 9.1 criteria are consistently applied throughout PADEP’s regional Air Quality Programs. For CEMs violations, all 5 CEM Compliance Assurance Policies (CAPs) contain specific guidance for determining gravity and economic benefit calculations in initial penalty calculations.</p> <p>The EPA review team believes that Pennsylvania is the only State that is completing this innovative practice for CEMs violations. Also, through the use of the guidance documents mentioned above, EPA expects PADEP to continue to maintain a high level of performance in this area.</p>
	Metric(s) and Quantitative Value(s)	11a (% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit): 100%
	State Response	
	Recommendation(s)	None

Element 12 — Final Penalty Assessment and Collection: Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.

12-1	This finding is a(n)	<input checked="" type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	PADEP’s files contain complete documentation for the rationale between the initial and final assessed penalties and the collection of penalties.
	Explanation	<p>All files reviewed contained complete documentation for the rationale between the initial and final assessed penalties. The EPA review team found all of the files to contain well written information documenting how the steps from the initial to the final assessed penalties. Section IX of the Regional Civil Assessment Procedure (RCPAP) contains a penalty calculation worksheet for establishing and applying the appropriate Adjustment (F) or “F” factor consistently throughout PADEP’s Regional Air Quality Programs. Through the use of this penalty calculation worksheet, EPA expects PADEP to continue to maintain a high level of performance in this area.</p> <p>In addition, all of the files reviewed contained information documenting the collection of penalties.</p> <p>Finally, EPA Region III provided OECA with a copy of PADEP’s RCPAP for their review. Subsequently, OECA determined that the RCPAP was justification for grading this fining as a “good practice”.</p>
	Metric(s) and Quantitative Value(s)	12c- (% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty): 100% 12d (% of files that document collection of penalty): 100%
	State Response	
	Recommendation(s)	None

RCRA Findings

Element 1 – Data Completeness		
Degree to which the Minimum Data Requirements are complete.		
	Finding 1.1	Data entry of SNC codes has improved since the Round I review; however, there were a number of facilities identified as being in SNC status (addressed by formal enforcement action) where the SNC codes were not entered into RCRAInfo.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	<p>In 23% of the files reviewed (18/77), we found multiple entries of a single inspection into RCRAInfo. This appears to be a function of translation of inspection data from the State’s data system into RCRAInfo; the multiple entries seem related to facilities which are inspected under multiple “status”, (for instance, TSD, generator, permit-by-rule). The State data system appears to capture each of these as separate records, and when “translated” into RCRAInfo, they get entered as separate “evaluations”, which appear as multiple inspections on the same date in the national system. National guidance does not prohibit this practice.</p> <p>State SNC identification, which was raised as an issue in SRF Round I and was found to be around half the national average during this review period, was identified as a potential concern in the Preliminary Data Analysis. File review confirmed that there were eight instances where a SNC determination had been made (and formal enforcement action taken in response), but the SNC data had not been entered into the national data system.</p>
	Metric(s) and Quantitative Value	1e1 (number of new SNCs detected in last FY) State metric 14 1e2 (number of sites in SNC status in last FY) State metric 27 2c (percent of files reviewed where mandatory data are accurately reflected in the national data system) State metric 55%
	Recommendation	Within 90 days of the SRF report becoming final, PADEP shall develop an SOP for data entry and verification to address completeness, accuracy, and timeliness in the national data base. The SOP should be submitted to EPA for review and comment before it is finalized. EPA, Region 3 will monitor data completeness and accuracy through annual data analysis. This recommendation will be closed once PADEP demonstrates accurate data entry.
	State’s Response	PADEP disagrees with EPA’s finding. PADEP developed and submitted to EPA a “Data Quality Plan” for RCRA data. This plan is the SOP for RCRA data as described in your recommendation. EPA approved the plan in June 2010. The plan includes areas such as timeliness, accuracy and completeness of data entry. Staff is required to use the QA Plan for all data entry efforts. In addition, monthly data quality checks are performed by Central Office with the results reported back to field staff which makes any needed adjustments to its data entry procedures. We will continue to provide field staff with RCRA data entry training. In addition, we will continue to remind staff (a) to adhere to our procedures manual for identifying SNC facilities and (b) to perform timely, complete and accurate entry of data into the data tracking systems. Last, upon discovery of data translation failures, we will continue to alert EPA then proceed with a remedy so that the translation can be completed.

[RCRA] Element 2 – Data Accuracy		
Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).		
Element + Finding Number	Finding 2.1	Instances where inspections, violations, and enforcement actions were not entered into the national data system were found.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	<p>In addition to the data completeness issues discussed in Element 1, a number of data accuracy issues were identified:</p> <ul style="list-style-type: none"> - Inspections performed which were not entered into RCRAInfo - 4 files - Inspections entered into RCRAInfo which were not performed - 1 file - Identified violation which was not entered into RCRAInfo - 4 files - Enforcement action not entered into RCRAInfo - 4 files - Amount of penalty from formal enforcement action not entered into RCRAInfo - 6 files - Incorrect or missing RTC (return to compliance) date - 2 files
	Metric(s) and Quantitative Value	2c (percent of files reviewed where mandatory data are accurately reflected in the national data system) State metric 55%
	Recommendation(s)	<p>Within 90 days of the SRF report becoming final, PADEP shall develop an SOP for data entry and verification to address completeness, accuracy, and timeliness in the national data base. The SOP should be submitted to EPA for review and comment before it is finalized. EPA, Region 3 will monitor data completeness and accuracy through annual data analysis. This recommendation will be closed once PADEP demonstrates accurate data entry.</p>
	State's Response	<p>PADEP disagrees with EPA's finding. As stated for Element 1, PADEP staff adheres to the "Data Quality Plan" for RCRA data. The plan includes areas such as timeliness, accuracy and completeness of data entry. Staff is required to use the QA Plan for all data entry efforts. In addition, monthly data quality checks are performed by Central Office with the results reported back to field staff which makes any needed adjustments to its data entry procedures. We will continue to provide field staff with RCRA data entry training. In addition, we will continue to remind staff to perform timely, complete and accurate entry of data into the data tracking systems. Last, upon discovery of data translation failures, we will continue to alert EPA then proceed with a remedy so that the translation can be completed.</p>

[RCRA] Element 3 - Timeliness of Data Entry	
Degree to which the Minimum Data Requirements are timely.	
Finding	Some concerns were identified associated with timely data entry.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
Explanation of the Finding	While this may be a concern, we feel that the State's focus at this time should be on data completeness and accuracy. Timeliness of data entry is impacted, to some extent, by the time lags inherent in translating data from the State's system to the national data base.
Metric(s) and Quantitative Value	3a (percent of SNCs entered into RCRAInfo more than 60 days after the determination) State metric 53.8%
Recommendation(s)	
State's Response	PADEP disagrees with EPA's finding. As stated for Elements 1 and 2, PADEP staff adheres to the "Data Quality Plan" for RCRA data. The plan includes areas such as timeliness, accuracy and completeness of data entry. Staff is required to use the QA Plan for all data entry efforts. In addition, monthly data quality checks are performed by Central Office with the results reported back to field staff which makes any needed adjustments to its data entry procedures. We will continue to provide field staff with RCRA data entry training. In addition, we will continue to emphasize to staff to perform timely, complete and accurate entry of data into the data tracking systems. Last, upon discovery of data translation failures, we will continue to alert EPA then proceed with a remedy so that the translation can be completed.

[RCRA] Element 4 - Completion of Commitments.

Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.

Element + Finding Number	Finding	All inspection-related grant work plan commitments were met or exceeded. However, PADEP did not meet the commitment for data completeness and accuracy.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	The State met all the numeric inspection commitments of the grant work plan in FY10 for the inspection of federal facility TSDs, private TSDs, LDFs, LQGs, SQGs, CESQGs, and financial assurance evaluations.
	Metric(s) and Quantitative Value	4a (planned inspections completed) 4b (planned commitments completed) - Federal TSD inspections: 12 completed (commitment of 6) - Private TSD inspections: 156 completed (commitment of 59) - LDF inspections: 13 completed (commitment of 0) - LQG inspections: 351 completed (commitment of 280) - SQG inspections: 577 completed (commitment of 260) - CESQG inspections: 202 (commitment of 50) - Financial Assurance Evaluations: 15 (commitment of 15) - Enter all required data obtained from compliance inspections into RCRAInfo no later than 30 days following the inspection. This includes violations, enforcement responses, etc. The inspections should also identify Significant non-Compliers (SNCs) and the appropriate SNC data should be entered into RCRAInfo within 30 days. See metric 2c for the analysis of accurate data entry.
	Recommendation(s)	Within 90 days of the SRF report becoming final, PADEP shall develop an SOP for data entry and verification to address completeness, accuracy, and timeliness in the national data base. The SOP should be submitted to EPA for review and comment before it is finalized. EPA, Region 3 will monitor data completeness and accuracy through annual data analysis. This recommendation will be closed once PADEP demonstrates accurate data entry.
	State's Response	PADEP disagrees with EPA's finding. The grant work plan calls for entering all required data obtained from compliance inspections (i.e., violations, enforcement responses, SNC identification, etc.) into RCRAInfo no later than 30 days following the inspection. As stated for Elements 1, 2 and 3, PADEP staff adheres to the "Data Quality Plan" for RCRA data. The plan includes areas such as timeliness, accuracy and completeness of data entry. Staff is required to use the QA Plan for all data entry efforts. In addition, monthly data quality checks are performed by Central Office with the results reported back to field staff which makes any needed adjustments to its data entry procedures. We will continue to provide field staff with RCRA data entry training. In addition, we will continue to emphasize to staff to perform timely, complete and accurate entry of data into the data tracking systems. Last, upon discovery of data translation failures, we will continue to alert EPA then proceed with a remedy so that the translation can be completed.

[RCRA] Element 5 – Inspection Coverage	
Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and State priorities).	
Finding	The State met all their grant work plan inspection commitments, and exceeded the national averages for inspection coverage as suggested under the RCRA Program Guidance.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
Explanation of the Finding	<p>Pennsylvania has a large number of generators, and it can be a challenge to maintain a completely accurate inventory of which facilities fall into the large quantity generator category at any given time (further complicated by current economic conditions which can result in periodic changes to facilities' operational and generator status).</p> <p>5a - Very minor issue - the State is slightly under the national goal for this metric, but has exceeded the national average.</p> <p>5b - Appears acceptable - the State has far exceeded the national program goal of 20%.</p> <p>5c - Minor issue - the State has not met the national goal, but is far above the national average. The combined State/EPA LQG five-year coverage rate is 81%.</p>
Metric(s) and Quantitative Value	5a (inspection coverage for operating TSDFs for two years) State metric 97.4% 5b (inspection coverage for LQGs for one year) State metric 38.4% 5c (inspection coverage for LQGs for five years) State metric 79.5%
Recommendation(s)	
State's Response	PADEP agrees with EPA's finding.

[RCRA] Element 6 – Quality of Inspection or Compliance Evaluation Reports	
Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.	
Finding	Inspection reports are well documented and are completed in a very short time frame.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
Explanation of the Finding	All of the inspection reports reviewed contained narrative, 90% contained one or more completed checklists, and the average time to complete the inspection report was three days after the date of the field work.
Metric(s) and Quantitative Value	6b (inspection reports that are complete and provide sufficient documentation to determine compliance at the facility) State metric 100% 6c (inspection reports completed with determined time frame) State metric 100%
Recommendation(s)	
State's Response	PADEP agrees with EPA's finding.

[RCRA] Element 7 - Identification of Alleged Violations.

Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g., facility-reported information).

Element + Finding Number	Finding	The State was misinterpreting requirements for unpermitted thermal treatment of hazardous waste in containers.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	PADEP's RCRA program failed to identify (as violations) unpermitted thermal treatment of hazardous waste by generators. File reviews revealed three instances of facilities thermally treating hazardous waste without a RCRA permit. All three facilities made use of an evaporator unit to reduce the volume of waste by boiling off the water. For these three facilities, PADEP misinterpreted requirements for unpermitted thermal treatment of hazardous waste in containers. They believed that the facilities were operating the units in compliance with RCRA requirements; this is an inaccurate compliance determination. While hazardous waste generators are allowed to treat their waste under certain conditions, thermal treatment by generators (without permit) is not allowed. EPA had initially determined that evaporator unit treatment (without permit) was permissible. However, these units which remove water are considered thermal treatment and are required to be permitted. Thermal treatment is not authorized by the State's Permit-By-Rule provisions.
	Metric(s) and Quantitative Value	7a (inspection reports reviewed that led to accurate compliance determinations) State metric 96% 7b (violation determinations that are reported timely to the national database) State metric 100%
	Recommendation(s)	PADEP has addressed these three facilities to correct the problem of thermal treatment without a permit. PADEP's Central Office is aware of the problem and has been working with and should continue to work with their regional offices to assure consistent enforcement of this requirement across the Commonwealth.
	State's Response	PADEP disagrees with the general finding of misinterpretation of requirements that apply to evaporator units used to reduce the volume of hazardous waste. PADEP has consistently enforced the prohibition against use of evaporators as generator treatment in accumulation unit permit-by-rule devices. However, requirements that apply to evaporators that are used as wastewater treatment units are not as well-defined and guidance provided by EPA has been inconsistent. Uniform national guidance should be issued and prescribed by EPA.

[RCRA] Element 8 - Identification of SNC and HPV	
Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.	
Finding	SNC data entry is an area which needs renewed State attention.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement (Recommendation Required)
Explanation of the Finding	There were four facilities for which the reviewers feel the violations rose to the level of SNC, although the State neither made this designation, nor took a formal enforcement action. There were twelve facilities where the State took formal enforcement action in response to violations which were not identified as SNC in RCRAInfo (we view this as more of a data management issue than an enforcement program implementation problem). There was one facility where the SNC designation was found in the file, but the data had not been entered into the national data base.
Metric(s) and Quantitative Value	8a (SNC identification rate) State metric 1.4% 8d (violations that were accurately determined to be SNC) State metric 72%
Recommendation(s)	PADEP and EPA Region 3 will continue to work together to finalize a guidance document regarding SNC determinations, and also work together to train state staff and managers on the implementation of such guidance. The guidance should include a list of violations that constitute SNCs and secondary violators, as well as which should be addressed with formal enforcement action. The guidance document will also address SNC data entry and data management. EPA will monitor PADEP's identification of SNC and entry of SNC data into the national data base through EPA's ongoing state oversight mechanisms.
State's Response	While PADEP agrees in part with EPA's finding, a joint effort between EPA and PADEP must occur in order to develop a comprehensive guidance for addressing SNC and HPV violators.

[RCRA] Element 9 - Enforcement Actions Promote Return to Compliance	
Degree to which state enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.	
Finding	Enforcement actions required injunctive relief for every violation where appropriate.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
Explanation of the Finding	<p>In every instance where the return to compliance had not been documented or observed in advance issuing the enforcement action, the enforcement actions required injunctive relief for every violation.</p> <p>For the 25 SNC facilities identified:</p> <ul style="list-style-type: none"> - In 16 instances, the State's enforcement response required and/or resulted in a return to compliance. - In 9 instances, the facility returned to compliance in advance of State enforcement action, thus no injunctive relief was necessary. <p>For the 31 SV facilities identified:</p> <ul style="list-style-type: none"> - In 7 instances, the State's enforcement response required and/or resulted in a return to compliance. - In 12 instances, the facility returned to compliance at the time of the inspection. - In 12 instances, the facility returned to compliance shortly after the inspection, without enforcement action.
Metric(s) and Quantitative Value	9b (enforcement responses that have returned or will return a SNC facility to compliance) State metric 100% 9c (enforcement responses that have returned or will return a SV facility to compliance) State metric 100%
Recommendation(s)	
State's Response	PADEP agrees with EPA's findings.

[RCRA] Element 10 – Timely and Appropriate Action	
Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.	
Finding	The State's enforcement response to instances of noncompliance is somewhat inconsistent, and enforcement responses are not always appropriate to the violations.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement (Recommendation Required)
Explanation of the Finding	<p>We found nine instances where the State's enforcement response (including no enforcement) was not appropriate in light of the violations identified during the State's inspection. The reviewers feel that in four of these nine instances, the appropriate response to the violations should have been a formal enforcement action. The reviewers feel that in the other five of these nine instances, the appropriate response to the violations should have been (at least) a written informal enforcement action; no written enforcement action was taken in any of these five instances.</p> <p>All Notices of Violation were issued in a timely manner. There were five formal actions (out of 21) where the State was unable to meet the timeliness criteria suggested by the RCRA Enforcement Response Policy. The Policy does acknowledge that there are recognized circumstances that may dictate an exceedance of the standard response times, and that a 20% ceiling (based on the total number of cases) has been established for consideration of cases involving unique factors that may preclude the implementing agency from meeting the standard response times.</p>
Metric(s) and Quantitative Value	10c (enforcement responses that are taken in a timely manner) State metric 90% 10d (enforcement responses that are appropriate to the violations) State metric 84%
Recommendation(s)	<p>The State and EPA Region 3 will review its Compliance/Enforcement Strategy and make necessary modifications to address issues with regard to timeliness and appropriateness of enforcement actions. In addition, the State will develop and implement a process which provides for more management involvement in developing appropriate enforcement responses to violations. EPA Region 3 and the State will discuss implementation and outcomes of the revised process during our monthly enforcement calls.</p> <p>EPA Region 3 and the State will work together to provide training to State staff and managers on the respective agency's Compliance/Enforcement Strategies which includes taking appropriate enforcement action in response to violations.</p>
State's Response	PADEP agrees in part with EPA's finding and recommendations. It is important to note that PADEP works closely with its regulated entities to help them achieve compliance through Compliance Assistance activities as specifically listed in the

		RCRA Grant Workplan reports. PADEP Central Office staff will continue to work with field staff to: (1) review and make any necessary modifications to the Compliance/Enforcement Strategy to address any issues regarding timeliness of enforcement actions and (2) provide more oversight of the enforcement actions to ensure that appropriate enforcement responses are occurring.
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[RCRA] Element 11 - Penalty Calculation Method	
Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.	
Finding	All penalty calculations consider and include (where appropriate) both gravity and economic benefit.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
Explanation of the Finding	All penalty calculations consider and include (where appropriate) both gravity and economic benefit.
Metric(s) and Quantitative Value	11a (penalty calculations that consider and include gravity and economic benefit) State metric 100%
Recommendation(s)	
State's Response	PADEP agrees with EPA's findings.

[RCRA] Element 12 - Final Penalty Assessment and Collection	
Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.	
Finding	In every file but one, we found documentation that described the difference and rationale between the initial and final assessed penalty. All files contained documentation of penalty payments to date.
Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
Explanation of the Finding	<p>In only one instance did we not find documentation of the difference and rationale between the initial and final assessed penalty.</p> <p>All enforcement action files included documentation of penalty payment.</p>
Metric(s) and Quantitative Value	12a (formal enforcement responses that document the difference and rationale between the initial and final assessed penalty) State metric 95% 12b (enforcement files that document collection of penalty) State metric 100%
Recommendation(s)	
State's Response	PADEP agrees with EPA's findings.

NPDES Findings

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.																																															
1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required																																													
	Finding	A state-wide analysis of FY2010 data determined that PADEP does not enter or upload all the NPDES minimum data elements into ICIS, the national database. PADEP did not enter all active non-major general and individual permits.																																													
	Explanation	<p>A review of the data metrics under Element 1 indicates that PADEP doesn't completely enter or upload compliance monitoring and enforcement data into ICIS. There are 17 minimum required data quality elements for NPDES major, non-major individual and general permits in Element 1. PADEP regional offices are responsible for compliance monitoring and enforcement data entry for NPDES major and non-major facilities. PADEP enters permit and inspection information for NPDES majors although discrepancies of over 5% were noted when comparing ICIS and e-FACTS data related to state inspections. Informal enforcement and penalty data isn't reliably entered or uploaded into ICIS. In addition, PADEP does not enter information for any Single Event Violations (SEVs) at major or non-major facilities. PADEP is entering penalty info under the ICIS data field "Cash Civil Penalty Amount Sought," but should be entering data under "State Local Agency Penalty" field. This explains the absence of penalty information in ICIS. Data entry for NPDES individual and general non-majors is not dependably performed in the PADEP regional offices. PADEP failed to enter formal enforcement action data at non-major facilities. A comparison of ICIS and e-FACTS inspection data for NPDES individual non-majors identified discrepancies between the two data systems. EPA Region 3 has assisted with data entry for some NPDES non-majors but a large backlog remains to be entered into the database. Overall, EPA noted significant discrepancies between data contained in ICIS database as compared to the data in the Commonwealth's e-FACTS system. PADEP is working to develop the capability to upload minimum required data from the e-FACTS database into ICIS.</p>																																													
	Metric(s) and Quantitative Value(s)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Metric</th> <th style="text-align: center;">ICIS</th> <th style="text-align: center;">e-FACTS</th> </tr> </thead> <tbody> <tr> <td>1A3 (non-major individual permits)</td> <td style="text-align: center;">3342</td> <td style="text-align: center;">3673</td> </tr> <tr> <td>1A4 (non-major general permits)</td> <td style="text-align: center;">2210</td> <td style="text-align: center;">5375</td> </tr> <tr> <td>1E1 (informal actions; # of majors facilities)</td> <td style="text-align: center;">2</td> <td style="text-align: center;">94</td> </tr> <tr> <td>1E2 (informal actions: # of actions at majors)</td> <td style="text-align: center;">2</td> <td style="text-align: center;">116</td> </tr> <tr> <td>1E3 (informal actions: # of non-major fac)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">335</td> </tr> <tr> <td>1E4 (informal actions; # of actions at non-majors)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">387</td> </tr> <tr> <td>1F1 (formal actions: # of major facilities)</td> <td style="text-align: center;">29</td> <td style="text-align: center;">32</td> </tr> <tr> <td>1F2 (formal actions: # of actions at major fac)</td> <td style="text-align: center;">29</td> <td style="text-align: center;">33</td> </tr> <tr> <td>1F3 (formal actions: # of non-major facilities)</td> <td style="text-align: center;">3</td> <td style="text-align: center;">79</td> </tr> <tr> <td>1F4 (formal actions: # of actions at non-majors)</td> <td style="text-align: center;">3</td> <td style="text-align: center;">83</td> </tr> <tr> <td>1G1 (penalties: total number of penalties)</td> <td style="text-align: center;">0</td> <td style="text-align: center;">106</td> </tr> <tr> <td>1G2 (penalties: total penalties)</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$2,842,460</td> </tr> <tr> <td>1G3 (penalties: total collected for C/J actions)</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$1,110,000</td> </tr> <tr> <td>1G4 (penalties: total collected for adm. actions)</td> <td style="text-align: center;">\$205,250</td> <td style="text-align: center;">\$1,732,460</td> </tr> </tbody> </table>	Metric	ICIS	e-FACTS	1A3 (non-major individual permits)	3342	3673	1A4 (non-major general permits)	2210	5375	1E1 (informal actions; # of majors facilities)	2	94	1E2 (informal actions: # of actions at majors)	2	116	1E3 (informal actions: # of non-major fac)	1	335	1E4 (informal actions; # of actions at non-majors)	1	387	1F1 (formal actions: # of major facilities)	29	32	1F2 (formal actions: # of actions at major fac)	29	33	1F3 (formal actions: # of non-major facilities)	3	79	1F4 (formal actions: # of actions at non-majors)	3	83	1G1 (penalties: total number of penalties)	0	106	1G2 (penalties: total penalties)	\$0	\$2,842,460	1G3 (penalties: total collected for C/J actions)	\$0	\$1,110,000	1G4 (penalties: total collected for adm. actions)	\$205,250	\$1,732,460
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Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

2-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	PADEP is not accurately entering data into the national database.
	Explanation	File review showed that PADEP entered accurate NPDES inspection and enforcement data 46% of the time. In addition, PADEP is not entering information under data metric 2a, “Actions linked to violations: major facilities.” The missing information could be attributed to the following circumstances: 1) region failed to accurately enter the required data; 2) PADEP does not enter the data in the appropriate ICIS field; and 3) lack of resources to perform the required data entry.
	Metric(s) and Quantitative Value(s)	2a — Actions linked to violations at major facilities <ul style="list-style-type: none"> • PADEP: 0/29 = 0% • National Goal \geq 80% 2b — Percentage of files reviewed with accurate data in the national database: 14/30 = 46%
	State Response	
	Recommendation(s)	PADEP and EPA will work together to develop a NPDES data management strategy to address entry and/or uploading of minimum NPDES data requirements into ICIS. PADEP will provide EPA with a draft NPDES data management strategy for review and comment within 120 days from issuance of the final SRF report. Upon finalization of the strategy, Region III will monitor PADEP data entry to assess whether minimum data entry requirements are being met and close out the recommendation upon verification of 3 consecutive quarters of complete data entry in ICIS. PADEP should ensure adequate resources to meet minimum data entry requirements.

Element 3 — Timeliness of Data Entry: Degree to which the Minimum Data Requirements are timely.

3-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	<p>EPA compared the official PA data pull with the frozen data set and found no major increases, decreases or discrepancies in data entered into the national database. PA meets or exceeds national averages for timely entry of a limited set of relevant data metrics. However, PADEP fails to enter the complete set of minimum WENDB elements and therefore, does not meet the requirements for timely entry of minimum data requirements into the national system.</p>
	Explanation	<p>The data analysis of the frozen data set indicates that PA performs timely data entry for the subset of WENDB elements that are routinely entered into the national database. However, the PDA identified minimum WENDB elements that are not entered into the national database, and therefore, are not entered in a timely manner. Furthermore, due to the backlog of data entry for facility and compliance monitoring data for non-major facilities, PADEP fails to meet timely data entry requirements for non-major facility WENDB data.</p>
	Metric(s) and Quantitative Value(s)	<p>3a—Percentage Change in Data Metrics</p> <ul style="list-style-type: none"> • PADEP: 20/26=77% Comparison of Data Sets
	State Response	
	Recommendation(s)	<p>PADEP and EPA will work together to develop a NPDES data management strategy to address entry and/or uploading of minimum NPDES data requirements into ICIS. PADEP will provide EPA with a draft NPDES data management strategy for review and comment within 120 days from issuance of the final SRF report. Upon finalization of the strategy, Region III will monitor PADEP data entry to assess whether minimum data entry requirements are being met and close out the recommendation upon verification of 3 consecutive quarters of complete data entry in ICIS. PADEP should ensure adequate resources to meet minimum data entry requirements.</p>

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

4-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	PADEP met national inspections commitments set forth in the federal and Pennsylvania CMS policies for major and non-major facilities but did not meet the FY 2010 Section 106 grant commitment to enter the NPDES minimum data requirements into ICIS, the national database.
	Explanation	PADEP met or exceeded the state/federal CMS commitments for inspections at NPDES major and non-majors. PADEP states that the failure to enter the NPDES minimum required data elements is due to lack of resources. For the minimum data requirements that are not entered into ICIS, PADEP currently sends EPA the data via spreadsheet downloads from e-FACTS. PADEP did not meet their FY 2010 Section 106 Grant Work Plan commitment to enter the NPDES compliance monitoring and enforcement minimum data requirements into WENDB.
	Metric(s) and Quantitative Value(s)	<p>4a---Percent of Planned Inspections Complete</p> <ul style="list-style-type: none"> • PADEP: 100% Planned inspection commitment complete for major and non-major facilities. <p>4b---Evaluation of all other commitments and whether or not they are complete</p> <ul style="list-style-type: none"> • PADEP: 1/ 3= 33%
	State Response	
	Recommendation(s)	PADEP and EPA will work together to develop a NPDES data management strategy to address entry and/or uploading of minimum NPDES data requirements into ICIS. PADEP will provide EPA with a draft NPDES data management strategy for review and comment within 120 days from issuance of the final SRF report. Upon finalization of the strategy, Region III will monitor PADEP data entry to assess whether minimum data entry requirements are being met and close out the recommendation upon verification of 3consecutive quarters of complete data entry in ICIS. PADEP should ensure adequate resources to meet minimum data entry requirements.

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

5-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	PADEP fully completed NPDES compliance monitoring commitments as set forth in the FY 2010 PADEP Compliance Monitoring Strategy (CMS) and EPA’s 2007 NPDES CMS.
	Explanation	An EPA review of the state and federal CMS, Section 106 Grant Work Plan, and PA-EPA MOA shows that PADEP met or exceeded all planned inspection commitments in FY 2010.
	Metric(s) and Quantitative Value(s)	<p>5AOS---Inspection Coverage - NPDES majors:</p> <ul style="list-style-type: none"> • PADEP: 85.9% • (93% as reported by PA) • National Goal: 100% • National Average: 62.1% <p>5B1S---Inspection Coverage – NPDES non-majors with individual permits</p> <ul style="list-style-type: none"> • PADEP: 24.4% • 47% as reported by PA <p>5B2S---Inspection Coverage – NPDES . non-majors with general permits</p> <ul style="list-style-type: none"> • PADEP: 2.1% • 2.73% as reported by PA
	State Response	
	Recommendation(s)	

Element 6 — Quality of Inspection or Compliance Evaluation Reports: Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.

6-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The EPA SRF file review determined that a high percentage of PADEP inspection reports were considered complete, timely and provided sufficient documentation to make an accurate compliance determination.
	Explanation	EPA reviewed 28 PADEP inspection files. Inspection reports contained sufficient information to lead to an accurate compliance determination and were completed timely. The review identified one inspection report that failed to document the time of inspection. Three inspection reports did not provide sufficient documentation to lead to an accurate compliance determination. One inspection report failed to fully document violations identified during the inspection. The other two inspections were partial compliance evaluations and due to the limited scope of the assessments failed to provide sufficient documentation to make an accurate compliance determination.
	Metric(s) and Quantitative Value(s)	6a---Number of inspection reports reviewed <ul style="list-style-type: none"> • PADEP: 28 inspections files 6b---Percent of inspection reports reviewed that are complete <ul style="list-style-type: none"> • PADEP: 27/28= 96% 6c---Percent of inspection reports reviewed that provide sufficient documentation to determine compliance status PADEP: 25/28= 89% 6d---Percent of inspection reports that are timely <ul style="list-style-type: none"> • 26/28= 93%
	State Response	
	Recommendation(s)	

Element 7 — Identification of Alleged Violations: Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information.

7-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	A majority of PADEP inspections reports reviewed, 79%, led to an accurate compliance determination. PADEP does not enter SEVs into ICIS; therefore, SEVs are not promptly reported into the national database. In addition, 18 out of 53 or 34% of facilities have unresolved permit schedule violations.
	Explanation	PADEP inspection reports reviewed led to accurate compliance determinations 79% of the time. PADEP utilizes a checklist format for its inspection reports. For reports that failed to lead to an accurate determination, the inspector often did not include a narrative that may have provided the necessary additional information required to make an accurate compliance determination. PADEP explained to the review team that the high number of permits with permit schedule violations is due to a combination of a delay in entering data, failure to enter data and/or a failure to enforce.
	Metric(s) and Quantitative Value(s)	<p>7A---Number of SEVs at majors PADEP: 110 (as reported from e-FACTS) 7A2 Number of SEVs at non-majors</p> <ul style="list-style-type: none"> • PADEP: 356 (as reported from e-FACTS) <p>7B0---Percentage of facilities with unresolved compliance schedule violations at the end of the year</p> <ul style="list-style-type: none"> • PADEP: 0% • National Average: 21.7% <p>7C0---Percentage of facilities with unresolved permit schedule violations</p> <ul style="list-style-type: none"> • PADEP: 34% (as reported from e-FACTS) • National Average: 21% <p>7D0---Percentage of major facilities with DMR violations reported in the database</p> <ul style="list-style-type: none"> • PADEP: 43% • National Average: 52.4% <p><u>File Metric</u> 7e---Percentage of inspection reports reviewed that led to accurate compliance determinations PADEP: 22/28=79%</p>
	State Response	

	<p>Recommendation(s)</p>	<p>PADEP and EPA will work together to develop a NPDES data management strategy to address entry and/or uploading of minimum NPDES data requirements (including SEV's and permit schedule violations) into ICIS. PADEP will provide EPA with a draft NPDES data management strategy for review and comment within 120 days from issuance of the final SRF report. Upon finalization of the strategy, Region III will monitor PADEP data entry to assess whether minimum data entry requirements are being met and close out the recommendation upon verification of 3 consecutive quarters of complete data entry in ICIS. PADEP should ensure adequate resources to meet minimum data entry requirements. In addition, the PADEP policy, "Guidelines for Identifying, Tracking, and Resolving Violations for Water Quality" should be modified to include more specific guidance for determining the appropriate enforcement response to address permit schedule violations. PADEP should also provide training to NPDES field inspectors including instruction on supplementing inspection reports with written narratives to support inspection checklist observations. The state should complete the policy revisions including a plan for identification and resolution of permit schedule violations, and the necessary modifications to the relevant enforcement program guidance and submit for EPA approval within 180 days of issuance of the final SRF report. PADEP should begin entering all required data within 30 days of issuance of the final SRF report. PADEP should provide supplemental inspector report writing training within 90 days of issuance of the final SRF report. EPA will assess PADEP's progress towards completing the recommendation within 180 days of issuance of the final SRF report and close out the recommendation upon verification of resolution.</p>
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Element 8 — Identification of SNC and HPV: Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.

8-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	A significant number of single-event violations are not accurately identified as SNC or non-SNC violations. None of the SNC SEVs reviewed were reported to the national database in a timely manner. PADEP does not enter any SEV information into the national database.
	Explanation	The SRF file review metric for SEVs accurately identified as SNC or Non-SNC is 55% for PADEP. The file metric for timely reporting of SEVs as SNC into the national database is 0%. Because PADEP does not enter SEVs, the file review could not conclusively determine if SEVs identified as SNC as a result of compliance monitoring activities were entered into the national database in a timely manner. The low percentage (55%) for file review metric 8b indicates that accurate SNC compliance determinations for SEVs may not occur on a consistent basis.
	Metric(s) and Quantitative Value(s)	<p>8A1---Active major facilities in SNC during the reporting year</p> <ul style="list-style-type: none"> PADEP: 76/405 Majors in SNC <p>8A2---Percent of active major facilities in SNC during the reporting year</p> <ul style="list-style-type: none"> PADEP: 18.7% National Average: 23.9% <p><u>File Metrics</u></p> <p>8b---Percent of SEVs for major facilities accurately identified as SNC or non-SNC</p> <ul style="list-style-type: none"> 5/9= 55% <p>8c---Percent of SEVs for major facilities identified as SNC that are timely reported</p> <ul style="list-style-type: none"> 0/7= 0%
	State Response	
	Recommendation(s)	PADEP and EPA will work together to develop a NPDES data management strategy to address entry and/or uploading of minimum NPDES data requirements (including SEV/SNC) into ICIS. PADEP will provide EPA with a draft NPDES data management strategy for review and comment within 120 days from issuance of the final SRF report. Upon finalization of the strategy, Region III will monitor PADEP data entry to assess whether minimum data entry requirements are being met and close out the recommendation upon verification of 3consecutive quarters of complete data entry in ICIS. PADEP should ensure adequate resources to meet minimum data entry requirements. PADEP should review the October 15, 2008 EPA ICIS-NPDES national data entry guidance for reporting SEV's and develop additional inspector guidance and training to ensure more accurate/consistent SEV compliance determinations. EPA will work with PADEP to develop and provide supplemental SEV/SNC training to PA compliance monitoring staff. In addition, PADEP should review EPA's September 21, 1995 SNC guidance and the October 2007Interim Wet

		<p>Weather SNC policy and develop additional inspector guidance and training to ensure more accurate and consistent SNC violation determinations. The PADEP policy “Guidelines for Identifying, Tracking, and Resolving Violations for Water Quality” should be modified to include more specific guidance for making accurate and consistent SEV and SNC compliance determinations. PADEP should submit for EPA approval new or modified SEV/SNC inspector guidance within 180 days of issuance of the final SRF report. Region 3 will work with PADEP to finalize the guidance. PADEP should work with EPA to develop and initiate inspector training for SEV/SNC determinations within 180 days of issuance of the final SRF report. Region 3 will monitor PADEP’s SEV/SNC determinations periodically until it determines that PADEP has resolved these issues.</p>
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Element 9 — Enforcement Actions Promote Return to Compliance: Degree to which enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.

9-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Enforcement actions reviewed included corrective actions that have or will return the sources to compliance half of the time.
	Explanation	<p>EPA reviewed 18 enforcement files for the PADEP Round 2 SRF. Of the files reviewed 10 were SNC and 8 were non-SNC. For major facilities in SNC, 60% of PADEP’s enforcement responses returned or were expected to return the facility to compliance. PADEP enforcement responses at majors or non-major facilities with non-SNC violations returned or were expected to return compliance 62.5% of the time. Information derived from prior quarterly PADEP Watch Lists suggests that many Pennsylvania NPDES major facilities in SNC, remain in SNC (and out of compliance) for extended periods. PADEP’s 62.5% rate for returning non-SNC violators to compliance through an enforcement action may be attributed to failure to escalate from informal enforcement to a more formal enforcement response .</p>
	Metric(s) and Quantitative Value(s)	<p>File Metrics</p> <p>9a---Number of enforcement files were selected for review</p> <ul style="list-style-type: none"> • PADEP: 18 <p>9b---Number of enforcement responses for SNC that have or will return a source in SNC to compliance</p> <ul style="list-style-type: none"> • PADEP: 6/ 10=60% <p>9c---Number of enforcement responses for non-SNC (majors and non majors that have or will return a facility to compliance</p> <ul style="list-style-type: none"> • PADEP: 5/8=62.5%
	State Response	
	Recommendation(s)	<p>EPA recommends that PADEP review, and modify as appropriate, the “Guidelines for Identifying, Tracking and Resolving Violations of Water Quality” to more adequately address facilities with long-term and/or ongoing violations. The CWA-NPDES Enforcement Management System requires formal action against SNC or a defensible justification for not taking formal action. PADEP’s policy revisions should include the same standard. PADEP’s enforcement escalation policy should reduce the time frame for requiring formal enforcement from the current 180 days to 90 days allowed from the issuance of an NOV (informal) enforcement. PADEP should complete the necessary modifications to the relevant enforcement program guidance and submit for EPA approval within 180 days of this issuance of this report. EPA will monitor implementation and keep the recommendation open until it PADEP demonstrates consecutive quarters of enforcement that return facilities to compliance.</p>

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

10-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	<p>The SRF file review documented low percentages for timely and appropriate enforcement addressing SNC violations. For non-SNC violations, PADEP pursued an appropriate enforcement response 75% of the time. PADEP responded with timely enforcement for non-SNC violations at 62.5% of the facilities reviewed by EPA.</p>
	Explanation	<p>File Metrics 10b and 10c apply only to NPDES major facilities with SNC violations. Major facilities in SNC frequently have prior formal enforcement with low or no upfront penalty and low stipulated penalties for future violations. Facilities will remain in SNC while paying stipulated penalties for ongoing violations. File metrics 10d and 10e measure timely and appropriate enforcement for non-SNC violations. PADEP achieved a 75% rate for appropriately addressing non-SNC violations which is partially attributed to the ability to issue Compliance Notices or NOV's (informal actions) in response to non-SNC violations. The SRF review team could not determine consistent factors to explain the 62.5% rate for timely enforcement responses addressing non-SNC violations.</p>
	Metric(s) and Quantitative Value(s)	<p><u>10AO</u>---Percent of enforcement actions for SNC taken before two consecutive quarters of the same QNCR violation at the same pipe for the same parameter</p> <ul style="list-style-type: none"> • PADEP: 8.9% • National Goal; <2% • National Average: 17.7% <p><u>File Metrics</u></p> <p><u>10b</u>---Percent of reviewed enforcement responses to address SNC that are taken in a timely manner</p> <ul style="list-style-type: none"> • PADEP: 4/10=40% <p><u>10c</u>---Percent of enforcement responses reviewed that address SNC that are appropriate to the violations</p> <ul style="list-style-type: none"> • PADEP: 6/10=60% <p><u>10d</u>---Percent of enforcement responses reviewed that appropriately address non-SNC violations PADEP: 6/ 8=75% <u>10e</u>---Percent of enforcement responses reviewed for non-SNC taken in a timely manner</p> <ul style="list-style-type: none"> • PADEP: 5/8= 62.5%
	State Response	

	<p>Recommendation(s)</p>	<p>PADEP should develop more specific timely and appropriate guidance for the NPDES compliance monitoring and enforcement program. PADEP should include an enforcement escalation component in the “Guidelines for Identifying, Tracking, and Resolving Violations of Water Quality,” that requires addressing significant or serious violations with formal enforcement and a penalty. Currently, significant violations only require an NOV as the minimum enforcement response. In addition, PADEP should reduce the current policy timeline that permits up to 180 days for violations to be resolved without issuing a formal enforcement action e.g., Consent Assessment of Civil Penalty(CACP), Consent Order and Agreement (CO&A) and/or other enforceable document. PADEP should submit for EPA approval new or modified guidance addressing timely and appropriate enforcement within 180 days of issuance of the final SRF report. Region III will monitor the PADEP’s progress for 3) consecutive quarters and will close out the recommendation upon confirmation of significant improvement in the timely and appropriate enforcement response percentages for SNC and non-SNC facilities.</p>
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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	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 – Recommendations Required
	Finding	PADEP does not include penalty calculations in the enforcement file or permanent record. Therefore, the reviewers could not determine whether individual penalties considered appropriate gravity and economic benefit.
	Explanation	EPA reviewed 13 enforcement files that included formal enforcement actions with penalties. Of the 13 files reviewed, none of the enforcement files contained the required penalty calculations which considered appropriate gravity and economic benefit. PADEP maintains that penalty calculations or justifications are completed for each enforcement case although EPA didn't identify any calculations in the individual enforcement records. PADEP staff indicated that penalty calculations are frequently destroyed upon conclusion of the case. This practice does not meet federal or state policy guidelines for developing an appropriate penalty. In addition, PADEP stated to reviewers that enforcement staff is not trained to determine economic benefit derived from violations and PADEP does not routinely collect economic benefit as a component of a penalty.
	Metric(s) and Quantitative Value(s)	<u>File Metric</u> 11a--- Percent of penalty calculations that consider and include appropriate gravity and economic benefit PADEP: 0/13=0%
	State Response	
	Recommendation(s)	The round 1 SRF review previously identified PA's failure to adequately document penalties in accordance with federal and state guidance. PADEP should set forth minimum requirements for penalty calculations and justifications, including a mandatory evaluation of potential economic benefit in the "Guidance for Civil Penalty Calculations for Effluent Violations." PADEP should also develop a SOP for calculating penalties which include gravity and economic benefit, documentation of assessed and final penalty calculations, and a record retention policy to assure compliance with State and federal requirements. PADEP enforcement staff should be provided training to assess economic benefit derived from a violator's non-compliance. The SOP and policy modifications should be developed and submitted for EPA approval within 180 days of issuance of the final SRF report. In addition, Region III will monitor the State's progress and work with PADEP to coordinate penalty calculation training for PADEP enforcement staff.

Element 12 — Final Penalty Assessment and Collection: Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.

12-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	PADEP does not document in the enforcement file the difference and/or rationale for initial and final assessed penalties in enforcement actions with penalties. PADEP documented collection of penalty in 77% of the enforcement files reviewed by EPA.
	Explanation	PADEP stated that most penalty calculations and justifications are not retained upon conclusion of the enforcement action. In addition, PADEP stated that staff is not trained to determine economic benefit derived from violations. PADEP does not routinely collect economic benefit as a component of a penalty.
	Metric(s) and Quantitative Value(s)	12a--- Percent of penalties reviewed that document the basis for the difference between initial and final assessed penalty PADEP: 0/13=0% 12b--- Percent of enforcement actions with penalties that document that the penalty was collected <ul style="list-style-type: none"> • PADEP: 10/13=77%
	State Response	
	Recommendation(s)	The round 1 SRF review previously identified PA’s failure to adequately document penalties in accordance with federal and state guidance. PADEP should set forth minimum requirements for penalty calculation and justification, including a mandatory evaluation of potential economic benefit in the “Guidance for Civil Penalty Calculations for Effluent Violations.” PADEP should develop a SOP for calculating penalties which include gravity and economic benefit, documentation of assessed and final penalty calculations, documentation for the difference between initial and final penalty calculation, and for record retention for penalty calculations and collection to assure compliance with State and Federal requirements. PADEP enforcement staff should be provided training to assess economic benefit derived from a violator’s non-compliance. EPA will work with PADEP to conduct economic benefit training for NPDES compliance and enforcement staff. The SOP and policy modifications should be developed and submitted for EPA approval within 180 days of issuance of the final SRF report. PADEP should implement its policy and SOPs for calculating penalties which include gravity and economic benefit and documentation of the basis for the difference between initial and final penalty calculations. In addition, Region III will monitor the State’s progress and work with PADEP to coordinate penalty calculation training for PADEP enforcement staff.

APPENDIX A: STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

Status	Due Date	Media	Title	Finding	Recommendation	E#	Element
Completed	9/28/2007	CAA	Inspection universe	The number of FCEs being conducted may be affecting the quality of FCE inspections and enforcement cases.	PADEP should determine whether its CMS commitments should be reduced in order to produce higher quality FCEs and stronger enforcement cases. This recommendation may apply only to certain regions where the workload per inspector is notably higher.	E1	Insp Universe
Completed	4/30/2008	CAA	Title V Data	Title V certification reviews are not accurately and completely entered into AFS.	Although the Title V Annual Certifications that are reviewed are done in a timely manner, PADEP should improve its reporting of Title V Annual Certification reviews as recommended in Data Element 11 to ensure that this data is accurate and complete in AFS	E1	Insp Universe
Completed	9/27/2007	CAA	Quality of Inspection Reports	The reviewers found the quality and level of detail of inspection reports to vary from inspector to inspector.	Federal Recommendation - Conduct training for PADEP Central Office and Regional enforcement management personnel on the April 2001 CMS Policy in conjunction with a Timely and Appropriate Meeting in FY-07.	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CAA	Inspection Report Quality	The reviewers found the quality and level of detail of inspection reports to vary from inspector to inspector.	PADEP Central Office or regional enforcement management personnel should train PADEP inspectors on the April 2001 CMS Policy after receiving EPA training.	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CAA	Inspection Report Quality	The reviewers found the quality and level of detail of inspection reports to vary from inspector to inspector.	Prior to the next scheduled printing, PADEP should review its current inspection form and modify the form to reflect all of the elements defined in the April 2001 CMS Policy.	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CAA	Quality of Inspection Reports	The quality of compliance monitoring reports are inadequate.	PADEP should evaluate why the quality of the CMRs in the 2 regions reviewed are inadequate and determine whether this problem occurs in other regions as well.	E2	Violations ID'ed Appropriately
Completed	9/28/2007	CAA	HPV identification	One potential HPV was not identified.	The one potential HPV that was not identified as such should be listed and tracked in AFS as an HPV.	E4	SNC Accuracy

Completed	9/30/2008	CAA	Addressing HPVs	Reviewers consider PADEP's untimeliness in addressing HPVs to be a significant vulnerability in PADEP's air enforcement program.	PADEP should evaluate its timeliness in "addressing" HPV as defined in EPA's Timely and Appropriate Enforcement Response to HPVs, June 23, 1999. The evaluation should identify the extent to which timeliness is problematic across the regions. PADEP should	E6	Timely & Appropriate Actions
Completed	9/30/2008	CAA	Penalty Calculation for CEM	The standard penalty policy is not used for a CEM penalty, which is why no calculations were found in the files.	PADEP should develop procedures to ensure that all penalty calculations related to CEMs violations are documented and maintained in compliance monitoring and enforcement files in all regional offices.	E7	Penalty Calculations
Completed	9/30/2007	CAA	T&A enforcement	Unclear as to why recordkeeping and monitoring violations at one source was not addressed with a formal enforcement action.	Investigate why recordkeeping violations at this source was not addressed with a formal enforcement action.	E6	Timely & Appropriate Actions
Completed	9/30/2008	CAA	Timely data for HPV	Need an expedited process to identify HPV.	PADEP and EPA should terminate the Significant Violator Agreement dated 2/12/98. An expedited process to identify HPVs should be developed and the current MOU between EPA Region III and PADEP should be amended as appropriate to reflect these changes. PA	E10	Data Timely
Completed	9/30/2008	CAA	Data Accuracy	Improve the timeliness of reporting stack tests.	All stack test data should be entered in conformance with the "The National Stack Testing Guidance". The stack testing event should be entered in AFS within 60 days of the date of the action using a result of "PP" (pass) "FF" (fail) or "99" (pending). An	E11	Data Accurate
Completed	9/28/2007	CAA	Data Quality	Quality Assure/Quality Control all data.	PADEP should provide a dedicated person who would be responsible for the completeness and accuracy of PADEP's data going into AFS. PADPEP should ensure that all personnel who are entering data to be uploaded to AFS are familiar with what is required.	E11	Data Accurate
Completed	9/28/2007	CAA	Data Quality	EPA lead HPVs must assure compliance status data is accurate	EPA should develop procedures to ensure that all EPA-lead HPVs are listed in AFS as "out of compliance" and are returned to "Compliance" once the HPVs are resolved.	E11	Data Accurate
Completed	9/30/2008	CAA	Data Quality	The "unknown compliance" status generation occurs when a source does not have an FCE within the frequency designated by the state.	PADEP should be more diligent about removing sources from the CMS plan that have changed class or operating status in order to minimize sources automatically reverting to an "unknown" compliance status in AFS.	E11	Data Accurate

Completed	9/28/2007	CAA	Data Quality	PADEP's accomplishments were under reported because a number of sources were miss-classed.	Processes recently instituted should be continued to ensure the source class is consistent for both "State and EPA".	E11	Data Accurate
Completed	9/28/2007	CAA	Data Quality	AFS entries differ from the actual NOV's issued	PADEP should verify the number of NOV's issued in FY-05 and correct any errors in AFS.	E12	Data Complete
Completed	9/28/2007	CAA	Data Quality	Data quality problem with 44 majors.	PADEP should identify why 44 major sources had blank CMSC flags in AFS and correct the errors as appropriate.	E12	Data Complete
Completed	9/30/2008	RCRA	Identifying Violations	It does not appear that the PADEP is consistently following its guidance with regard to citing violations.	PADEP should take step to more consistently follow their guidance with regard to potential violations. The guidance on city violations suggests that potential violations are to be marked at "to be determined" on the preliminary report, and the inspection	E2	Violations ID'ed Appropriately
Working	9/30/2008	RCRA	SNC accuracy	PADEP is not an Implementer of Record for the CM&E module of RCRAInfo. PADEP completes data entry forms which are forwarded to EPA for entry into the national data base. This is contributing to some data quality issues, and should be resolved when PADEP	PADEP should continue to move forward and EPA should provide support to the state toward becoming RCRAInfo IOR.	E4	SNC Accuracy
Completed	9/30/2008	RCRA	Identifying SNC	PADEP does not appear to have a process in place for making SNC determinations at the management level, and it is not clear that the data entry forms are well formatted to allow the consistent entry into RCRAInfo when it is so indicated.	PADEP and EPA should work together to develop clear guidance on SNC determinations, and work together to train state staff and managers on implementation of such guidance. The state should take full advantage of training opportunities as they become available	E4	SNC Accuracy
Completed	9/30/2008	RCRA	SNC Identification	There does not appear to be common understanding across the state central office and regional offices as to the working, practical definition of SNC violations.	The state should develop procedures to review violations to determine which are SNC, which are secondary violations and which should be addressed with formal enforcement action. These procedures should include data entry and management.	E4	SNC Accuracy
Completed	9/30/2008		Appropriate enforcement response	There were instances of violations which should have been addressed through formal enforcement action, but were not.	In conjunction with a more formal process to make SNC determinations, the State should develop and implement a process which provides for more management involvement in developing appropriate enforcement responses to violations.	E6	Timely & Appropriate Actions
Working	9/30/2008		Penalty Calculation Consistency	There appears to be inconsistencies across the regional offices as to the documentation and record retention of penalty calculations.	PADEP will develop a consistent policy for documentation and record retention of penalty calculations, in accordance with their penalty policy.	E7	Penalty Calculations

Completed	9/30/2008	CWA	Universe of Inspection Accuracy	Based on the data metrics, PADEP has inspection coverage of 68.1% at majors, and 42.5% at non-majors with DMRs. This is inadequate.	PADEP needs to verify that information which is entered into PCS for non-majors and other non-majors is accurate.	E1	Insp Universe
Completed	9/30/2008	CWA	Inspection Report completeness	57.6% of the inspection reports reviewed were adequately documented. This level of performance should be improved.	Despite the fact that the forms used to document an inspection report have been recently updated, there should be some additional improvements including adding single event violation codes.	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CWA	Inadequate inspection reports	57.6% of the inspection reports reviewed were adequately documented. This level of performance should be improved.	A photo log form, which could be included with the inspection report, would better fulfill the requirements of the NPDES Compliance Inspection Manual. A document receipt log could be used to record which documents were reviewed and/or photocopies to take	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CWA	Inspection Report Completeness	57.6% of the inspection reports reviewed were adequately documented. This level of performance should be improved.	PADEP should develop guidelines for what constitutes a minimum for an inspection report as well as management review procedures to ensure that inspections are complete and consistent.	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CWA	Inspection Report Completeness	57.6% of the inspection reports reviewed were adequately documented. This level of performance should be improved.	EPA will assist PADEP in identifying upcoming NPDES inspectors training	E2	Violations ID'ed Appropriately
Completed	12/30/2008	CWA	Timely Inspection Reports	The review team determined 59% of inspection reports are completed in a timely manner.	EPA recommends that inspection report forms be sent to the facility after the sample analysis and file reviews have been completed with a complete list of findings. A standardized format, including timeframes of how to communicate an inspection finding w	E3	Violations ID'ed Timely
Completed	12/30/2008	CWA	Timely Inspection Reports	The review team determined 59% of inspection reports are completed in a timely manner.	Procedures should be established to integrate information from various sources about individual discharges into an effective data flow. Appropriate timeframes for the information flow should be established to ensure timely response to the information. A	E3	Violations ID'ed Timely
Working	9/30/2008	CWA	Identifying SNC	PADEP does not enter SEV data into PCS for inspection based or self-reported violations. SNC are not reported to EPA in a timely manner.	PADEP needs to develop a process for making SNC determinations for single event violations and reporting this information. This process will need to be developed in conjunction with the RIDE policy upon implementation.	E4	SNC Accuracy

Working	9/30/2008	CWA	SNC Identification	PADEP does not enter SEV data into PCS for inspection based or self-reported violations. SNC are not reported to EPA in a timely manner. SNC violations which are not DMR related are not being entered into the database using the SEV code.	SEV should be entered to indicate violations found during inspections.	E4	SNC Accuracy
Working	9/30/2008	CWA	Appropriate Enforcement Response	There were several cases where Act 537 was used to require injunctive relief instead of a formal enforcement action. PADEP does not have a policy or guidance as to when an Act 537 revision is appropriate vs when enforcement action is appropriate.	A strategy needs to be developed to insure that compliance with the Clean Water Act and the NPDES regulations is maintained and describes when it is appropriate to use Act 537 for compliance purposes. All formal state enforcement actions need to contain	E5	Return to Compliance
Working	9/30/2008	CWA	Penalty calculations	PADEP issued 95 enforcement actions with penalties. They had three actions in which the penalty calculations were preserved.	PADEP should document calculations to support assessed and final penalties. Calculations should include gravity and economic benefit.	E7	Penalty Calculations
Working	9/30/2008	CWA	Entering penalty calculations into the PCS.	PADEP does not enter penalty amounts or enforcement actions for non-majors into the national database.	Calculations for economic benefit and gravity need to be included in penalty assessment documentation. Actions with penalties need to be entered into PCS.	E8	Penalties Collected
Completed	9/30/2008	CWA	Timely and appropriate enforcement	PADEP does not take timely enforcement actions to address significant non-compliers.	PADEP needs to take timely enforcement action to address significant non-compliance. When looking at PCS there appears to be more violations that triggered 2 quarters of non-compliance. These SNCs should have been addressed with formal enforcement action	E6	Timely & Appropriate Actions
Completed	9/30/2008	CWA	Data Requirements	PADEP is not tracking all of the minimum data requirements.	PADEP needs to develop a process for making SNC determinations for single event violations and reporting this information. This process will need to be developed in conjunction with the RIDE policy upon implementation.	E9 , E10, E11, E12	Grant Commitments, Data Timely, Data Accurate, Data Complete
Working	9/30/2008	CWA	Data Quality	PADEP is incorrectly using the SEV code. SNC violations which are not DMR related are not being entered into the data base using the SEV code.	SEV should be entered to indicate violations found during inspections.	E9 , E10, E11, E12	Grant Commitments, Data Timely, Data Accurate, Data Complete
Completed	9/30/2008	CWA	Data Quality	When looking at PCS there appears to be more violations that triggered 2 quarters of non-compliance. These SNCs should have been addressed with formal enforcement actions.	PADEP needs to take timely enforcement actions to address significant non-compliance.	E9 , E10, E11, E12	Grant Commitments, Data Timely, Data Accurate, Data Complete

APPENDIX B: OFFICIAL DATA PULL AIR

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			559	NA	NA	NA
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			559	NA	NA	NA

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			611	NA	NA	NA
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			31	NA	NA	NA
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			2343	NA	NA	NA
A01C1S	CAA Subprogram Designation: NSPS (Current)	Data Quality	State			357	NA	NA	NA
A01C2S	CAA Subprogram Designation: NESHAP (Current)	Data Quality	State			134	NA	NA	NA
A01C3S	CAA Subprogram Designation: MACT (Current)	Data Quality	State			358	NA	NA	NA
A01C4S	CAA Subprogram Designation: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	84.70%	45.60%	218	478	260
A01C5S	CAA Subprogram Designation: Percent NESHAP facilities with	Data Quality	State	100%	46.60%	7.60%	10	131	121

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted
	FCEs conducted after 10/1/2005								
A01C6S	CAA Subprogram Designation: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	92.30%	81.80%	377	461	84
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			912	NA	NA	NA
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			946	NA	NA	NA
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			4,261	NA	NA	NA
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			576	NA	NA	NA
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			320	NA	NA	NA

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			249	NA	NA	NA
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			79	NA	NA	NA
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			53	NA	NA	NA
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	51.00%	98.7%	78	79	1
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	75.90%	98.7%	78	79	1
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	79.60%	98.7%	78	79	1
A01I1S	Formal Action:	Data Quality	State			167	NA	NA	NA

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted
	Number Issued (1 FY)								
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			139	NA	NA	NA
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$4,461,651	NA	NA	NA
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State			2	NA	NA	NA
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	≤ 50%	60.7%	30.9%	59	191	132
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	0	339	339
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of	Data Quality	State			12	NA	NA	NA

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted
	Failures (1 FY)								
A03A0S	Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	31.3%	75.9%	60	79	19
A03B1S	Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	50.4%	85.1%	1620	1,903	283
A03B2S	Percent Enforcement related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	65.6%	92.0%	347	377	30
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2	Goal	State	100%	87.8%	98.9%	552	558	6

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted
	FY CMS Cycle)								
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	State	100%	82.8%	98.6%	569	577	8
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle) (FY07 - FY09)	Review Indicator	State	20% - 100%	83.8%	98.0%	586	597	11
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY - FY05 - FY09)	Informational Only	State	100%	89.8%	99.2%	601	606	5
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.90%	99.4%	668	672	4

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		29.30%	49.20%	2,129	4,331	2,202
A05E0S	Number of Sources with Unknown Compliance Status (1 FY)	Review Indicator	State			0	NA	NA	NA
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.0%	100.0%	519	519	0
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	22.1%	30.2%	298	987	689
A07C2S	Percent facilities that have had a failed stack test and have	Review Indicator	State	> 1/2 National Avg	43.0%	84.6%	11	13	2

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted
	noncompliance status (1 FY)								
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	7.9%	8.9%	50	559	509
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.6%	0.3%	2	610	608
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	75.1%	53.5%	38	71	33
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	45.3%	53.6%	45	84	39
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and	Review Indicator	State	> 1/2 National Avg	43.0%	56.0%	14	25	11

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted
	Synthetic Minors (2 FY)								
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		35.8%	44.6%	79	176	97
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			167	NA	NA	NA
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	Greater or equal to 80%	87.3%	97.5%	39	40	1

AIR: PADEP 2009 REGIONAL OFFICE ANALYSIS

Base Year: FY2009	Southeast	Northeast	South Central	North Central	Southwest	Northwest	Totals
AFS Operating Majors (Data Metric A01A1S) (*)	100	85	131	70	85	78	559
Synthetic Minors (Data Metric A01B1S) (*)	132	76	237	66	51	50	611
Total Source Universe Majors and Synthetic Minors (*)	232	161	377	136	137	127	1170
HPVs Identified in FY2009 (Data Metric A01G1S) (**)(**)	9	14	15	5	5	16	64
HPVs Addressed during FY2009 (***)	13	8	22	8	8	15	74

Base Year: FY2009	Southeast	Northeast	South Central	North Central	Southwest	Northwest	Totals
HPVs on Watch List during FY2008 and FY2009 (****) (Data Metric A10A0S) (*)	29	12	18	1	2	17	79
Number of FCEs at "A" Sources in FY2009 (Data Metric A01D2S) (*)	65	92	130	66	84	76	513
Number of FCEs at "SM" Sources in FY2009 (Data Metric A01D2S) (*)	64	73	140	44	50	49	420
Number of FCEs at "A" and "SM" Sources in FY2009 (Data Metric A01D2S) (*)	129	165	270	110	134	125	933
Title V Annual Certs Reviewed in FY2009 (Data Metric A05G0S) (*)	94	70	137	66	78	74	519
NOVs Issued at Major Sources in FY2009 (Data Metric A01F1S) (*)	39	16	21	17	4	33	130
NOVs Issued at Synthetic Minor Sources in FY2009 (Data Metric A01F1S) (*)	24	6	13	6	2	3	53
Total NOVs Issued in FY2009 at Major and SM Sources (Data Metric A01F1S) (*)	63	22	34	22	6	36	183
Title V Permits	94	83	141	68	84	76	546
Penalties Assessed @ Major Sources (Data Metric A01J0S) (*)	\$1,586,265	\$59,320	\$437,538	\$105,900	\$148,160	\$196,467	\$2,533,650

Base Year: FY2009	Southeast	Northeast	South Central	North Central	Southwest	Northwest	Totals
Penalties Assessed at SM Sources (Data Metric A01J0S) (*)	\$1,369,350	\$22,601	\$4,550	\$0	\$400	\$3,000	\$1,399,901
Penalties Assessed at Major & SM Sources (Data Metric A01J0S) (*)	\$2,955,615	\$81,921	\$442,088	\$105,900	\$148,560	\$199,467	\$3,933,551
Stack Tests Conducted @ Major Sources (Data Metric A02B1S) (*)	51	32	69	40	46	62	300
Formal Enforcement Actions at Major Sources (Data Metric A01I1S) (*)	23	23	11	14	13	10	94
Formal Enforcement Actions at Synthetic Minor Sources (Data Metric A01I1S) (*)	12	5	1	1	2	3	24
Formal Enforcement Actions at Major and SM Sources (Data Metric A01I1S) (*)	35	28	12	15	15	13	118
Air Operation Chiefs	1	1	1	1	1	1	6
District Supervisors	3	1	3	1	2	2	12
Inspectors (*****)	12	10	10	4	8	9	53
Compliance Specialists	2	1	1	0	1	2	7
Other Enforcement Staff	1	0	0	0	0	0	1
Total Number of Air Enforcement Staff	18	12	14	5	11	13	73

(*) As of 9/21/10 per OTIS

(**) Only includes state-lead HPVs whose Day Zero was in FY2009

(***) State-lead HPVs that were addressed in FY2009 including those HPVs that were addresses/resolved via “2K” (i.e., return to State – no further enforcement taken)

(****) State-Lead HPVs that were unaddressed > 270 days at any time during FY2009

(*****) Includes vacancies. As of 11/16/10, the South Central region had 2 vacancies; The Southeast and North Central Regions each had one vacancy.

Appendix B Official Data Pull - RCRA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Pennsylvania Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			38	NA	NA	NA	
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			1,458	NA	NA	NA	
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			10,768	NA	NA	NA	
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			10,075	NA	NA	NA	
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			683	NA	NA	NA	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Pennsylvania Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)
Metric	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			1,170	NA	NA	NA	
R01B1E	Compliance monitoring: number of inspections (1 FY)	Data Quality	EPA			25	NA	NA	NA	
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			1,030	NA	NA	NA	
R01B2E	Compliance monitoring: sites inspected (1 FY)	Data Quality	EPA			24	NA	NA	NA	
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			265	NA	NA	NA	
R01C1E	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA			47	NA	NA	NA	
R01C2S	Number of sites with violations determined during the FY	Data Quality	State			193	NA	NA	NA	
R01C2E	Number of sites with violations determined during the FY	Data Quality	EPA			21	NA	NA	NA	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Pennsylvania Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)
R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State			62	NA	NA	NA	
R01D1E	Informal actions: number of sites (1 FY)	Data Quality	EPA			12	NA	NA	NA	
R01D2S	Informal actions: number of actions (1 FY)	Data Quality	State			67	NA	NA	NA	
R01D2E	Informal actions: number of actions (1 FY)	Data Quality	EPA			12	NA	NA	NA	
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			14	NA	NA	NA	
R01E1E	SNC: number of sites with new SNC (1 FY)	Data Quality	EPA			9	NA	NA	NA	
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State			27	NA	NA	NA	
R01E2E	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA			18	NA	NA	NA	
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			24	NA	NA	NA	
R01F1E	Formal action: number of sites (1 FY)	Data Quality	EPA			9	NA	NA	NA	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Pennsylvania Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)
R01F2S	Formal action: number taken (1 FY)	Data Quality	State			24	NA	NA	NA	
R01F2E	Formal action: number taken (1 FY)	Data Quality	EPA			9	NA	NA	NA	
R01G0S	Total amount of final penalties (1 FY)	Data Quality	State			\$84,608	NA	NA	NA	
R01G0E	Total amount of final penalties (1 FY)	Data Quality	EPA			\$256,575	NA	NA	NA	
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			53	NA	NA	NA	
R02B0E	Number of sites in violation for greater than 240 days	Data Quality	EPA			9	NA	NA	NA	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Pennsylvania Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			53.8%	7	13	6	
R03A0E	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	EPA			0.0%	0	11	11	
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.8%	97.4%	37	38	1	
R05A0C	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100%	92.9%	97.4%	37	38	1	
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.1%	38.4%	262	683	421	
R05B0C	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	25.9%	39.8%	272	683	411	
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	61.7%	79.5%	543	683	140	
R05C0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	66.5%	81.0%	553	683	130	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Pennsylvania Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			11.3%	1220	10768	9548	
R05D0C	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined			11.6%	1245	10768	9523	
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only	State			1,019	NA	NA	NA	
R05E1C	Inspections at active CESQGs (5 FYs)	Informational Only	Combined			1,027	NA	NA	NA	
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			186	NA	NA	NA	
R05E2C	Inspections at active transporters (5 FYs)	Informational Only	Combined			192	NA	NA	NA	
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			9	NA	NA	NA	
R05E3C	Inspections at non-notifiers (5 FYs)	Informational Only	Combined			9	NA	NA	NA	
R05E4S	Inspections at active sites other than those listed in 5a-d	Informational Only	State			81	NA	NA	NA	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Pennsylvania Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)
	and 5e1-5e3 (5 FYs)									
R05E4C	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	Combined			82	NA	NA	NA	
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			18.7%	193	1030	837	
R07C0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA			87.5%	21	24	3	
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	2.7%	1.4%	14	1030	1016	
R08A0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 National Avg	2.9%	2.2%	23	1046	1023	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Pennsylvania Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	82.9%	100.0%	14	14	0	
R08B0E	Percent of SNC determinations made within 150 days (1 FY)	Goal	EPA	100%	71.4%	100.0%	9	9	0	
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	62.2%	41.7%	10	24	14	
R08C0E	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	EPA	1/2 National Avg	72.7%	66.7%	2	3	1	
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	46.1%	28.6%	4	14	10	
R10A0C	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	Combined	80%	41.9%	17.4%	4	23	19	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Pennsylvania Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			24	NA	NA	NA	
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$84,608	NA	NA	NA	
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	80.5%	50.0%	12	24	12	
R12B0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 National Avg	78.6%	54.8%	17	31	14	

Official Data Pull – NPDES

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	State Discrepancy	Initial Findings	Discrepancy Explanation
P01A1C	Active facility universe: NPDES major individual permits	Data Quality	Combined			405	N/A	O.K.	
P01A2C	Active facility universe: NPDES major general permits	Data Quality	Combined			0	N/A	O.K.	
P01A3C	Active facility universe: NPDES non-major individual permits	Data Quality	Combined			3,342	3673	PA reports 331 additional non major individual permits	State didn't enter all active non-major individual permits into ICIS
P01A4C	Active facility universe: NPDES non-major general permits	Data Quality	Combined			2,210	5375	PA reports 3,165 additional non-major general permits	State didn't enter all active non-major individual permits into ICIS
P01B1C	Major individual permits: correctly coded limits	Goal	Combined	>=;95%	92.9%	96.8%	N/A	O.K.	
C01B2C	Major individual permits; DMR entry rate based on MRs expected (Forms/Forms) (1Qtr)	Goal	Combined	>=;95%	93.7%	96.7%	N/A	O.K.	
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1Qtr)	Goal	Combined	>=95%	96.9%	99.0%	N/A	O.K.	
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			10.1%		EPA requests explanation for facilities that received manual RNC/SNC overrides	PADEP stated that the main reason to perform a manual override is in order to correct the record when data is entered late into ICIS.
P01C1C	Non-major individual	Informational	Combined			92.1%	N/A	O.K.	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	State Discrepancy	Initial Findings	Discrepancy Explanation
	permits: correctly coded limits	Only							
C01C2C	Non-major individual permits: DMR entry rate based on DMRS expected (Forms/Forms) (1QTR)	Informational Only	Combined			99.2%	N/A	O.K.	
C01C3C	Non-major individual permits: DMRs expected (Permits/Permits) (1Qtr)	Informational Only	Combined			100%	N/A	O.K.	
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			1.6%	N/A	O.K.	
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR) (1CY)	Informational Only	Combined			0/0			
P01D3C	Violations at non-majors: DMR non-receipt (3FY)	Informational Only	Combined			14	4	EPA requested PA review PDA and provide corrected information addressing the discrepancy	State provided corrected info which verified that 4 facilities had DMR non-receipt violations during FY2010. No explanation.
P01E1S	Informal actions: number of major facilities (1FY)	Data Quality	State			2	94	EPA requested PA review PDA and provide corrected information addressing the discrepancy	State provide info verifying corrected number as 94. Reason: Data on NOV's isn't entered into ICIS by state.
P01E1E	Informal actions: number of major facilities (1FY)	Data Quality	EPA			0		O.K.	
P01E2S	Informal actions: number of actions at	Data Quality	State			2	116	EPA requested PA review PDA and	State provide info which verified corrected

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	State Discrepancy	Initial Findings	Discrepancy Explanation
	major facilities (1FY)							provide corrected information addressing the discrepancy	number as 116. Reason: Data on NOV's isn't entered into ICIS by PADEP.
P01E2E	Informal actions: number of actions at major facilities (1FY)	Data Quality	EPA			0		O.K.	
P01E3S	Informal actions: number of non-major facilities (1FY)	Data Quality	State			1	335	EPA requested PA review PDA and provide corrected information addressing the discrepancy	State provided info which verified corrected number as 335. Reason: Data on NOV's isn't entered into ICIS by state.
P01E3E	Informal actions: number of non-major facilities (1FY)	Data Quality	EPA			0		O.K.	
P01E4S	Informal actions: number of actions at non-major facilities (1FY)	Data Quality	State			1	387	EPA requested PA review PDA and provide corrected information addressing the discrepancy	State provided info which verified corrected number as 387. Reason: Data on NOV's isn't entered into ICIS by state.
P01E4E	Informal actions: number of actions at non-major facilities (1FY)	Data Quality	EPA			0		O.K.	
P01F1S	Formal actions: number of major facilities	Data Quality	State			29	32	EPA requested PA review PDA and provide corrected information addressing the discrepancy	Discrepancy is likely due to PADEP failure to enter data
P01F1E	Formal actions: number of major facilities	Data Quality	EPA			0		O.K.	
P01F2S	Formal actions: number of actions at	Data Quality	State			29	33	EPA requested PA review PDA and	Discrepancy is likely due to PADEP failure to

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	State Discrepancy	Initial Findings	Discrepancy Explanation
	major facilities (1FY)							provide corrected information addressing the discrepancy	enter data
P01F2E	Formal actions: number of actions at major facilities (1FY)	Data Quality	EPA			0		O.K.	
P01F3S	Formal actions: number of non-major facilities (1FY)	Data Quality	State			3	79	EPA requested PA review PDA and provide corrected information addressing the discrepancy	Discrepancy is likely due to PADEP failure to enter data on non-major actions into ICIS.
P01F3E	Formal actions: number of non-major facilities (1FY)	Data Quality	EPA			0		O.K.	
P01F4S	Formal actions: number of actions at non-major facilities (1FY)	Data Quality	State			3	83	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't routinely enter data on non-major actions into ICIS
P01F4E	Formal actions: number of actions at non-major Facilities (1FY)	Data Quality	EPA			0		O.K.	
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			0	106	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't enter penalty data for this metric.
P01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			0		O.K.	
P01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$0	\$2,842,460	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't enter penalty data for this metric
P01G2E	Penalties: total	Data Quality	EPA			\$0		O.K.	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	State Discrepancy	Initial Findings	Discrepancy Explanation
	penalties (1 FY)								
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	\$1,110,000	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't enter penalty data for this metric
P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$0		O.K.	
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$202,250	\$1,732,460	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't enter penalty data for this metric
P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$0		O.K.	
P01G5S	No activity indicator – total number of penalties (1FY)	Data Quality	State			\$0	\$2,842,460	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't enter penalty data for this metric
P01G5E	No activity indicator – total number of penalties (1FY)	Data Quality	EPA			\$0		O.K.	
P02A0s	Actions linked to violations: major facilities (1FY)	Data Quality	State	>=;80%		0%		EPA requested PA review PDA and provide corrected information addressing the discrepancy	No corrected information provided by PADEP
P02A0E	Actions linked to violations: major facilities (1FY)	Data Quality	EPA	>=;80%		0/0		O.K.	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	State Discrepancy	Initial Findings	Discrepancy Explanation
P05A0S	Inspection Coverage; NPDES majors (1 FY)	Goal	State	100%	62.1%	85.9%	93%	EPA requested verification of data	PADEP reported inspecting 375 out of 405 majors or 93%
P05A0E	Inspection Coverage; NPDES majors (1 FY)	Goal	EPA	100%	5.1%	5.2%		O.K.	
P05A0C	Inspection Coverage; NPDES majors (1 FY)	Goal	Combined	100%	64.4%	87.9%		O.K.	
P05B1S	Inspection Coverage; NPDES non-major individual permits (1FY)	Goal	State			24.45	47%	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP reported inspecting 172 out of 3673 no major individual permits or 47%
P05B1E	Inspection Coverage; NPDES non-major individual permits (1FY)	Goal	EPA			0%		O.K.	
P05B1C	Inspection Coverage; NPDES non-major individual permits (1FY)	Goal	Combined			24.4%		O.K.	
P05B2S	Inspection Coverage; NPDES non-major general permits (1FY)	Goal	State			2.1%	2.73%	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP reported inspecting 147 out of 5375 non-major general permits or 2.73%
P05B2E	Inspection Coverage; NPDES non-major general permits (1FY)	Goal	EPA			0%		O.K.	
P05B2C	Inspection Coverage; NPDES non-major general permits (1FY)	Goal	Combined			2.1%		O.K.	
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			2.5%		O.K.	
P05C0E	Inspection coverage:	Informational	EPA			0%		O.K.	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	State Discrepancy	Initial Findings	Discrepancy Explanation
	NPDES other (not 5a or 5b) (1 FY)	Only							
P05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			2.5%		O.K.	
P07A1C	Single Event violations at majors (1FY)	Review Indicator	Combined			0	110	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't enter data for this metric
P07A2C	Single Event violations at non-majors (1FY)	Informational Only	Combined			0	356	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't enter data for this metric
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		21.7%	0%		O.K.	
P07C0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		21.0%	30.8%	34%	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PA review determined 18 out of 53 facilities had permit violations. Data entry issues.
P07D0C	Percentage major facilities with DMR violations (1FY)	Data Quality	Combined		52.4%	43.0%		O.K.	
P08A1C	Major facilities in SNC (1FY)	Review Indicator	Combined			71	76		Correction provided by PADEP
P08A2C	SNC rate: percent majors in SNC (1FY)	Review Indicator	Combined		23.9%	17.5%	18.7%	EPA requested PA review PDA and provide corrected information addressing the discrepancy	Correction provided by PADEP
P10A0C	Major facilities without	Goal	Combined	%	17.7%	12.8%	8.4%	EPA requested PA	PADEP indicated that 34

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	State Discrepancy	Initial Findings	Discrepancy Explanation
	timely action (!FY)							review PDA and provide corrected information addressing the discrepancy	out of 405 facilities didn't receive timely action. Discrepancies were due to varying circumstances.

APPENDIX C: PDA TRANSMITTAL LETTER

E-Mail from Carol Amend to Dwayne Omer and Todd Wallace at PADEP dated 5/20/11

Dwayne and Todd,

Attached please find the "SRF Official Data Pull" for Pennsylvania. This pull represents FY10 data (October 1, 2009 through September 30, 2010) from EPA's national data systems. This information was pulled from OTIS on 5/20/11, based on a "refresh date" of 4/19/11, which means OTIS contains everything from RCRAInfo that was available as of that date.

The SRF process allows States an opportunity to comment on and provide corrected data. The attached file contains the FY10 RCRA data for Pennsylvania, and all the underlying information which generated the numbers. It can be very confusing, so please call me (215-814-5430), if you wish, when you are ready to dive in, and I can explain it further.

Thanks,

Carol

APPENDIX D: PRELIMINARY DATA ANALYSIS CHART AIR

Original Data Pulled from Online Tracking Information System (OTIS) on 9/21/10							EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	PADEP Metric	Initial Findings
A01C4S	CAA Subprogram Designation: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	84.70%	45.60%	Well below goal of 100% and the national average. ("A" - 116 yes & 82 no; "SM" - 52 yes & 68 no; "B" - 50 yes & 110 no)
A01C5S	CAA Subprogram Designation: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	46.60%	7.60%	Well below goal of 100% and the national average. ("A" - 6 yes & 66 no; "SM" - 2 yes & 31 no; "B" - 2 yes & 24 no)
A01C6S	CAA Subprogram Designation: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	92.30%	81.80%	Well below goal of 100% and the national average. ("A" - 167 yes & 11 no; "SM" - 57 yes & 15 no; "B" - 153 yes & 58 no)
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	At national goal of 0.0%.

Original Data Pulled from Online Tracking Information System (OTIS) on 9/21/10							EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	PADEP Metric	Initial Findings
A03B1S	Percent Compliance Monitoring related MDR actions reported \leq 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	50.4%	85.1%	Above national average. See if a particular Regional Office is significantly lower than the state-wide average of 85.1%
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.0%	100.0%	At national goal of 100%
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	22.1%	30.2%	Well above national goal.
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	43.0%	84.6%	Well above national goal.
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	7.9%	8.9%	Well above national goal.
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	43.0%	56.0%	Well above national goal.

Original Data Pulled from Online Tracking Information System (OTIS) on 9/21/10							EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	PADEP Metric	Initial Findings
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		35.8%	44.6%	This metric should be better in FY2010.

Preliminary Data Analysis Chart - Pennsylvania RCRA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Pennsylvania Metric	EPA Preliminary Analysis
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			38	Appears acceptable
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			1,458	Appears acceptable
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			10,768	Appears acceptable
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			10,075	Appears acceptable
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			683	Appears acceptable
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			1,170	Appears acceptable
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			1,030	Appears acceptable
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			265	Appears acceptable
R01C2S	Number of sites with violations determined during the FY	Data Quality	State			193	Appears acceptable
R01D1S	Informal action: number of sites (1 FY)	Data Quality	State			62	Appears acceptable

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Pennsylvania Metric	EPA Preliminary Analysis
R01D2S	Informal action: number of actions (1 FY)	Data Quality	State			67	Appears acceptable
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			14	Potential concern - the State SNC identification rate is around half the national average. SNC determination was a concern raised in the Round I review.
R01E2S	SNC: number of sites in SNC (1 FY)	Data Quality	State			27	Potential concern - the State SNC identification rate is around half the national average. SNC determination was a concern raised in the Round I review.
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			24	Appears acceptable
R01F2S	Formal action: number taken (1 FY)	Data Quality	State			24	Appears acceptable
R01G0S	Total amount of assessed penalties (1 FY)	Data Quality	State			\$84,608	Appears acceptable
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	Appears acceptable
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	Appears acceptable
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			53	Potential concern - data entry issues were raised during the Round I review.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Pennsylvania Metric	EPA Preliminary Analysis
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			53.8%	Potential concern - data entry issues were raised during the Round I review.
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.8%	97.4%	Minor issue - the State is slightly under the national goal for this metric, but has exceeded the national average.
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.1%	38.4%	Appears acceptable
R05C0S	Inspection coverage for LQGs (5 FY)	Goal	State	100%	61.7%	79.5%	Minor issue - the State has not met the national goal, but is far above the national average.
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			11.3%	Appears acceptable
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only				1,019	Appears acceptable
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			186	Appears acceptable
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			9	Appears acceptable
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			81	Appears acceptable
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			18.7%	Potential concern - the State violation identification rate is significantly lower than EPA's violation identification rate for facilities inspected (by EPA) in this State. Data entry of violations was a concern raised in the Round I review.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Pennsylvania Metric	EPA Preliminary Analysis
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review indicator	State	at least ½ National average	2.7%	1.4%	Potential concern - the State SNC identification rate is around half the national average. SNC determination was a concern raised in the Round I review.
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	82.9%	100.0%	Appears acceptable
R08C0S	Percent of formal (initial and final) actions taken that received a prior SNC listing (1 FY)	Review indicator	State	at least ½ National average	62.2%	41.7%	Potential concern - the State has met the national goal, but is below the national average. SNC identification was a concern raised in the Round I review.
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	46.1%	28.6%	Potential concern - the State is below both the national goal and national average for this metric; this will be evaluated further during file review. Appropriate enforcement was a concern raised in the Round I review.
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			24	Appears acceptable
R12A0S	No activity indicator - penalties (1 FY)	Review indicator	State			\$84,608	Appears acceptable
R12B0S	Percent of final formal actions with penalty (1 FY)	Review indicator	State	at least ½ National average	80.5%	50.0%	Potential concern - the State has met the national goal but is below the national average; this will be evaluated further during file review.

APPENDIX D: PRELIMINARY DATA ANALYSIS CHART NPDES

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	State Discrepancy	Initial Findings	Discrepancy Explanation
P01A1C	Active facility universe: NPDES major individual permits	Data Quality	Combined			405	N/A	O.K.	
P01A2C	Active facility universe: NPDES major general permits	Data Quality	Combined			0	N/A	O.K.	
P01A3C	Active facility universe: NPDES non-major individual permits	Data Quality	Combined			3,342	3673	PA reports 331 additional non major individual permits	State didn't enter all active non-major individual permits into ICIS
P01A4C	Active facility universe: NPDES non-major general permits	Data Quality	Combined			2,210	5375	PA reports 3,165 additional non-major general permits	State didn't enter all active non-major individual permits into ICIS
P01B1C	Major individual permits: correctly coded limits	Goal	Combined	>=;95%	92.9%	96.8%	N/A	O.K.	
C01B2C	Major individual permits; DMR entry rate based on MRs expected (Forms/Forms) (1Qtr)	Goal	Combined	>=;95%	93.7%	96.7%	N/A	O.K.	
C01B3C	Major individual permits: DMR entry rate based on DMRs expected	Goal	Combined	>=95%	96.9%	99.0%	N/A	O.K.	

	(Permits/Permits) (1Qtr)								
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			10.1%		EPA requests explanation for facilities that received manual RNC/SNC overrides	PADEP stated that the main reason to perform a manual override is in order to correct the record when data is entered late into ICIS.
P01C1C	Non-major individual permits: correctly coded limits	Informational Only	Combined			92.1%	N/A	O.K.	
C01C2C	Non-major individual permits: DMR entry rate based on DMRS expected (Forms/Forms) (1QTR)	Informational Only	Combined			99.2%	N/A	O.K.	
C01C3C	Non-major individual permits: DMRs expected (Permits/Permits) (1Qtr)	Informational Only	Combined			100%	N/A	O.K.	
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			1.6%	N/A	O.K.	
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR) (1CY)	Informational Only	Combined			0/0			
P01D3C	Violations at non-majors: DMR non-receipt (3FY)	Informational Only	Combined			14	4	EPA requested PA review PDA and provide corrected information addressing the discrepancy	State provided corrected info which verified that 4 facilities had DMR non-receipt violations during FY2010. No explanation.
P01E1S	Informal actions: number of major facilities (1FY)	Data Quality	State			2	94	EPA requested PA review PDA and provide corrected information addressing the discrepancy	State provide info verifying corrected number as 94. Reason: Data on NOV's isn't entered into ICIS by

									state.
P01E1E	Informal actions: number of major facilities (1FY)	Data Quality	EPA			0		O.K.	
P01E2S	Informal actions: number of actions at major facilities (1FY)	Data Quality	State			2	116	EPA requested PA review PDA and provide corrected information addressing the discrepancy	State provide info which verified corrected number as 116. Reason: Data on NOV's isn't entered into ICIS by PADEP.
P01E2E	Informal actions: number of actions at major facilities (1FY)	Data Quality	EPA			0		O.K.	
P01E3S	Informal actions: number of non-major facilities (1FY)	Data Quality	State			1	335	EPA requested PA review PDA and provide corrected information addressing the discrepancy	State provided info which verified corrected number as 335. Reason: Data on NOV's isn't entered into ICIS by state.
P01E3E	Informal actions: number of non-major facilities (1FY)	Data Quality	EPA			0		O.K.	
P01E4S	Informal actions: number of actions at non-major facilities (1FY)	Data Quality	State			1	387	EPA requested PA review PDA and provide corrected information addressing the discrepancy	State provided info which verified corrected number as 387. Reason: Data on NOV's isn't entered into ICIS by state.
P01E4E	Informal actions: number of actions at non-major facilities (1FY)	Data Quality	EPA			0		O.K.	
P01F1S	Formal actions: number of major facilities	Data Quality	State			29	32	EPA requested PA review PDA and provide corrected information addressing the discrepancy	Discrepancy is likely due to PADEP failure to enter data
P01F1E	Formal actions: number of major facilities	Data Quality	EPA			0		O.K.	

P01F2S	Formal actions: number of actions at major facilities (1FY)	Data Quality	State			29	33	EPA requested PA review PDA and provide corrected information addressing the discrepancy	Discrepancy is likely due to PADEP failure to enter data
P01F2E	Formal actions: number of actions at major facilities (1FY)	Data Quality	EPA			0		O.K.	
P01F3S	Formal actions: number of non-major facilities (1FY)	Data Quality	State			3	79	EPA requested PA review PDA and provide corrected information addressing the discrepancy	Discrepancy is likely due to PADEP failure to enter data on non-major actions into ICIS.
P01F3E	Formal actions: number of non-major facilities (1FY)	Data Quality	EPA			0		O.K.	
P01F4S	Formal actions: number of actions at non-major facilities (1FY)	Data Quality	State			3	83	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't routinely enter data on non-major actions into ICIS
P01F4E	Formal actions: number of actions at non-major Facilities (1FY)	Data Quality	EPA			0		O.K.	
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			0	106	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't enter penalty data for this metric.
P01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			0		O.K.	
P01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$0	\$2,842,460	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't enter penalty data for this metric
P01G2E	Penalties: total penalties (1 FY)	Data Quality	EPA			\$0		O.K.	
P01G3S	Penalties: total collected pursuant to	Data Quality	State			\$0	\$1,110,000	EPA requested PA review PDA and	PADEP doesn't enter penalty data for this

	civil judicial actions (3 FY)							provide corrected information addressing the discrepancy	metric
P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$0		O.K.	
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$202,250	\$1,732,460	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't enter penalty data for this metric
P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$0		O.K.	
P01G5S	No activity indicator – total number of penalties (1FY)	Data Quality	State			\$0	\$2,842,460	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't enter penalty data for this metric
P01G5E	No activity indicator – total number of penalties (1FY)	Data Quality	EPA			\$0		O.K.	
P02A0s	Actions linked to violations: major facilities (1FY)	Data Quality	State	>=;80%		0%		EPA requested PA review PDA and provide corrected information addressing the discrepancy	No corrected information provided by PADEP
P02A0E	Actions linked to violations: major facilities (1FY)	Data Quality	EPA	>=;80%		0/0		O.K.	
P05A0S	Inspection Coverage; NPDES majors (1 FY)	Goal	State	100%	62.1%	85.9%	93%	EPA requested verification of data	PADEP reported inspecting 375 out of 405 majors or 93%
P05A0E	Inspection Coverage; NPDES majors (1 FY)	Goal	EPA	100%	5.1%	5.2%		O.K.	
P05A0C	Inspection Coverage; NPDES majors (1 FY)	Goal	Combined	100%	64.4%	87.9%		O.K.	

P05B1S	Inspection Coverage; NPDES non-major individual permits (1FY)	Goal	State			24.45	47%	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP reported inspecting 172 out of 3673 no major individual permits or 47%
P05B1E	Inspection Coverage; NPDES non-major individual permits (1FY)	Goal	EPA			0%		O.K.	
P05B1C	Inspection Coverage; NPDES non-major individual permits (1FY)	Goal	Combined			24.4%		O.K.	
P05B2S	Inspection Coverage; NPDES non-major general permits (1FY)	Goal	State			2.1%	2.73%	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP reported inspecting 147 out of 5375 non-major general permits or 2.73%
P05B2E	Inspection Coverage; NPDES non-major general permits (1FY)	Goal	EPA			0%		O.K.	
P05B2C	Inspection Coverage; NPDES non-major general permits (1FY)	Goal	Combined			2.1%		O.K.	
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			2.5%		O.K.	
P05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			0%		O.K.	
P05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			2.5%		O.K.	
P07A1C	Single Event violations at majors (1FY)	Review Indicator	Combined			0	110	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP doesn't enter data for this metric
P07A2C	Single Event violations at non-majors (1FY)	Informational Only	Combined			0	356	EPA requested PA review PDA and	PADEP doesn't enter data for this metric

								provide corrected information addressing the discrepancy	
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		21.7%	0%		O.K.	
P07C0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		21.0%	30.8%	34%	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PA review determined 18 out of 53 facilities had permit violations. Data entry issues.
P07D0C	Percentage major facilities with DMR violations (1FY)	Data Quality	Combined		52.4%	43.0%		O.K.	
P08A1C	Major facilities in SNC (1FY)	Review Indicator	Combined			71	76		Correction provided by PADEP
P08A2C	SNC rate: percent majors in SNC (1FY)	Review Indicator	Combined		23.9%	17.5%	18.7%	EPA requested PA review PDA and provide corrected information addressing the discrepancy	Correction provided by PADEP
P10A0C	Major facilities without timely action (!FY)	Goal	Combined	%	17.7%	12.8%	8.4%	EPA requested PA review PDA and provide corrected information addressing the discrepancy	PADEP indicated that 34 out of 405 facilities didn't receive timely action. Discrepancies were due to varying circumstances.

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

See Appendix D for RCRA and NPDES

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			559	NA	NA	NA				Operating Majors and Title V Majors are identical.
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			559	NA	NA	NA				Operating Majors and Title V Majors are identical.
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			611	NA	NA	NA				
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			31	NA	NA	NA				
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			2343	NA	NA	NA				Metric is informational-only and data are not required to be reported.
A01C1S	CAA Subprogram Designation: NSPS (Current)	Data Quality	State			357	NA	NA	NA				
A01C2S	CAA Subprogram Designation: NESHAP (Current)	Data Quality	State			134	NA	NA	NA				

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01C3S	CAA Subprogram Designation: MACT (Current)	Data Quality	State			358	NA	NA	NA				
A01C4S	CAA Subprogram Designation: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	84.70%	45.60%	218	478	260				Well below goal of 100% and the national average. ("A" - 116 yes & 82 no; "SM" - 52 yes & 68 no; "B" - 50 yes & 110 no)
A01C5S	CAA Subprogram Designation: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	46.60%	7.60%	10	131	121				Well below goal of 100% and the national average. ("A" - 6 yes & 66 no; "SM" - 2 yes & 31 no; "B" - 2 yes & 24 no)
A01C6S	CAA Subprogram Designation: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	92.30%	81.80%	377	461	84				Well below goal of 100% and the national average. ("A" - 167 yes & 11 no; "SM" - 57 yes & 15 no; "B" - 153 yes & 58 no)
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			912	NA	NA	NA				
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			946	NA	NA	NA				This data metric had FCEs conducted at 927 sources. Note that A01D1S has different criteria than A01D2S.
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			4,261	NA	NA	NA				Metric is informational-only and data are not required to be reported.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			576	NA	NA	NA				
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			320	NA	NA	NA				
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			249	NA	NA	NA				
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			78 79	NA	NA	NA	Yes	78	KA 487 (4203100100) was erroneously created as a duplicated to KA 486	Data includes HPVs whose: 1) Day Zero lies in FY09; or 2) Creation Date lies in FY09.
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			53	NA	NA	NA	No			See A01G1S
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	51.00%	100% 98.7%	78 78	78 79	0 1	Yes	See "Count", "Not Counted" and "Universe " Columns	see A01G1S	Well above national average and near the national goal of 100%.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	75.90%	100% 98.7%	78 78	78 79	0 1	Yes	See "Count", "Not Counted" and "Universe" Columns	see A01G1S	Well above national average and near the national goal of 100%.
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	79.60%	100% 98.7%	78 78	78 79	0 1	Yes	See "Count", "Not Counted" and "Universe" Columns	see A01G1S	Well above national average and near the national goal of 100%.
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			167	NA	NA	NA				
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			139	NA	NA	NA				
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$4,461,651	NA	NA	NA				
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State			2	NA	NA	NA				Have PADEP verify.
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	≤ 50%	60.7%	30.9%	59	191	132				Well better than national average.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	0	339	339				At national goal of 0.0%.
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			12	NA	NA	NA				
A03A0S	Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	31.3%	76.9% 75.9%	60	78 79	18 19	Yes	See "Not Counted" and "Universe" Columns	see A01G1S	Well above national average but short of national goal of 100%.
A03B1S	Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	50.4%	85.1%	1,620	1,903	283				Region 1 – 84.01% Timely Actions, Region 2 – 87.41% Timely Actions, Region 3 – 84.34% Timely Actions, Region 4 – 80.70% Timely Actions, Region 5 – 85.66% Timely Actions, Region 6 – 88.01% Timely Actions. Total - 85.08% Timely Actions
A03B2S	Percent Enforcement related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	65.6%	92.0%	347	377	30				Well above national average and near national goal of 100%. "7C" - 18 untimely; 206 timely "8C" - 11 untimely; 171 timely

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
													"9C" - 1 untimely; 0 timely
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	87.8%	98.9%	552	558	6				Ask PADEP to verify 6 facilities that did not get an FCE.
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	State	100%	82.8%	98.6%	569	577	8				
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle) (FY07 - FY09)	Review Indicator	State	20% - 100%	83.8%	98.0%	586	597	11				Goal is 60% because FY2009 was year 3 of the 5 year CMS cycle for SMs. Well above goal and national average.
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY - FY05 - FY09)	Informational Only	State	100%	89.8%	99.2%	601	606	5				Metric is informational-only and data are not required to be reported.
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.90%	99.4%	668	672	4				Metric is informational-only and data are not required to be reported.
	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		29.30%	49.20%	2,129	4,331	2,202				Metric is informational-only and data are not required to be reported.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
	Number of Sources with Unknown Compliance Status (1 FY)	Review Indicator	State			0	NA	NA	NA				
	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA				Metric is informational-only and data are not required to be reported.
	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.0%	100.0%	519	519	0				At national goal of 100%
	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	22.1%	30.2%	298	987	689				Well above national goal.
	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	43.0%	84.6%	11	13	2				Well above national goal.
	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	7.9%	8.9%	50	559	509				Well above national goal.
	High Priority Violation Discovery Rate - Per Synthetic	Review Indicator	State	> 1/2 National Avg	0.6%	0.3%	2	610	608				On border of requiring supplemental file review.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	PADEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
	Minor Source (1 FY)												
	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	75.1%	53.5%	38	71	33				
	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	45.3%	53.6%	45	84	39				
	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	43.0%	56.0%	14	25	11				Well above national goal.
	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		35.8%	44.6% 44.9%	78 79	175 176	97	Yes	See "Not Count" and "Universe" Columns	see A01G1S	Underlying Data does not match summary sheet (79 vs. 81 & 97 vs. 95). This metric should be better in FY2010.
	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			167	NA	NA	NA				
	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	Greater or equal to 80%	87.3%	97.5%	39	40	1				

APPENDIX F; FILE SELECTION

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

File Selection Air

Enclosure 2 – Methodology of PADEP SRF File Selection (FY 2009)

Source: OTIS File Selection Tool

Northeast Region

Representative File Selection (16 files)

There were 587 compliance/enforcement records in FY2009 (Majors and SMs only). From the Table on page 2 in the SRF File Selection Protocol Version 2.0 (September 30, 2008), the range of facilities to select for review is from 15 to 30. Sixteen (16) files will be selected to allow for four (4) supplemental files to be selected (See section IV below).

For this round of the SRF, EPA Region III has used the following breakdown:

80% of the representative files reviewed are major sources;
20% of the representative files reviewed are SM sources.

In addition, the representative files will include a mix of facilities with various compliance history information in the national system. If a compliance monitoring file had an enforcement action associated with it, both activities will be reviewed (and vice-versa when an enforcement file had a compliance monitoring action).

Major Sources (12 sources total):

- 1) Sources that had compliance monitoring activity: 6
- 2) Sources with enforcement activity: 6

Synthetic Minor Sources (4 sources total):

- 1) Sources that had compliance monitoring activity: 2
- 2) Sources with enforcement activity: 2

South Central Region

Representative File Selection (16 files)

There were 290 compliance/enforcement records in FY2009 (Majors and SMs only). From the Table on page 2 in the SRF File Selection Protocol Version 2.0 (September 30, 2008), the range of facilities to select for review is from 15 to 30. Sixteen (16) files will be selected to allow for four (4) supplemental files to be selected (See section IV below).

For this round of the SRF, EPA Region III has used the following breakdown:

- 80% of the representative files reviewed are major sources
- 20% of the representative files reviewed are SM sources

In addition, the representative files will include a mix of facilities with various compliance history information in the national system. If a compliance monitoring file had an enforcement action associated with it, both activities will be reviewed (and vice-versa when an enforcement file had a compliance monitoring action). Note that only one synthetic minor source in the South Central Region had enforcement activity in FY2009.

Major Sources (12 sources total):

- 1) Sources that had compliance monitoring activity: 6
- 2) Sources with enforcement activity: 6

Synthetic Minor Sources (4 sources total):

- 1) Sources that had compliance monitoring activity: 3
- 2) Sources with enforcement activity: 1

Supplement File Selection (4 files from each Regional Office)

Supplemental files are used to ensure that EPA has enough files to look at to understand whether a potential problem pointed out by data analysis is in fact a problem.

The preliminary data analysis showed the following data metric of potential concern where supplemental files could help to understand whether a potential problem pointed out by data analysis is in fact a problem:

Data Metric No's A08D0S

Data Metric No. A08B0S computes the percent (%) of informal actions at major sources taken during the FY year that did not receive a prior HPV listing and benchmarks it to the national average. The nation goal for this metric was to be < ½ the National Average which was 22.15% for FY2009. For FY2009, PADEP's value for this metric was 53.6%. Therefore an additional two (2) SM sources with informal actions in FY2009 without a prior HPV will be chosen from each region.

Data Metric No's A10A0S

Data Metric No. A10A0S measure a state's ability to address an HPV within in the timely or appropriate goals of the HPV policy. For this metric, PADEP had 44.6% of HPV cases which did not meet timely or appropriate goals of the HPV policy. Therefore an additional two (2) SM sources with informal actions in FY2009 without a prior HPV will be chosen from each region to determine potential causes for not meeting timeliness or appropriate goals of the HPV policy.

File Selection Northeast Regional Office

#	Program ID	f_city	f_state	f_zip	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
1	4202500005	MCADOO	PA	18237	Yes	Yes	No	No	No	No	No	No	No	Major	accepted_representative
2	4202500011	NESQUEHONING	PA	18240	Yes	Yes	Yes	No	No	No	No	No	No	Major	accepted_supplemental
3	4206900063	ARCHBALD	PA	18403	Yes	Yes	No	No	No	No	No	Yes	Yes	Major	accepted_representative
4	4206900200	DUNMORE	PA	18512	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Major	accepted_representative
5	4207700009	ALLENTOWN	PA	18109	Yes	Yes	No	No	No	No	Yes	No	No	Major	accepted_representative
6	4207700068	ALBURTIS	PA	18011	Yes	Yes	Yes	No	No	No	Yes	No	No	Major	accepted_supplemental
7	4207900014	HUNLOCK CREEK	PA	18621	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Major	accepted_supplemental
8	4207900044	HAZLETON	PA	18201	Yes	Yes	No	No	No	No	No	No	No	Major	accepted_representative
9	4207900202	HAZLETON	PA	18202	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Major	accepted_representative
10	4209500006	BATH	PA	18014	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Major	accepted_representative
11	4209500016	NAZARETH	PA	18064	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Major	accepted_representative
12	4209500093	EASTON	PA	18040	Yes	Yes	Yes	No	No	No	Yes	No	No	Major	accepted_supplemental

13	4209500101	PEN ARGYL	PA	18072	Yes	Yes	No	No	No	No	No	No	No	Major	accepted_representative
14	4209500256	BANGOR	PA	18013	Yes	Yes	No	No	No	No	No	Yes	Yes	Major	accepted_representative
15	4210700598	SELTZER	PA	17974	Yes	Yes	No	No	No	No	No	No	No	Major	accepted_representative
16	4212700773	WAYMART	PA	18472	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Major	accepted_representative
17	4209500233	EASTON	PA	18045	Yes	No	Yes	No	No	No	No	Yes	Yes	Synthetic Minor	accepted_representative
18	4210700003	PINE GROVE	PA	17963	Yes	Yes	Yes	No	No	No	No	No	No	Synthetic Minor	accepted_representative
19	4210700017	POTTSVILLE	PA	17901	Yes	Yes	No	No	No	No	No	No	No	Synthetic Minor	accepted_representative
20	4207900017	LAFLIN	PA	18702	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Synthetic Minor	accepted_representative

File Selection - South Central Regional Office

#	Program ID	f_city	f_state	f_zip	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
1	4200100041	GETTYSBURG	PA	17325	Yes	No	No	No	No	No	No	No	No	Major	accepted_supplemental
2	4200100114	EAST BERLIN	PA	17316	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Major	accepted_representative
3	4200100122	GETTYSBURG	PA	17325	No	Yes	Yes	No	No	No	No	Yes	Yes	Major	accepted_representative
4	4200900003	ARTEMAS	PA	17211	Yes	No	No	No	No	No	No	No	No	Major	accepted_representative
5	4201100140	WERNERSVILLE	PA	19565	Yes	Yes	No	No	No	No	No	No	No	Major	accepted_representative
6	4201100141	FLEETWOOD	PA	19522	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Major	accepted_representative
7	4204100044	CAMP HILL	PA	17011	Yes	No	No	No	No	No	No	No	No	Major	accepted_supplemental
8	4204100065	CAMP HILL	PA	17011	No	Yes	No	No	No	No	No	No	No	Major	accepted_representative
9	4204300200	STEELTON	PA	17113	No	Yes	Yes	No	No	No	No	Yes	Yes	Major	accepted_representative
10	4206100019	MAPLETON DEPOT	PA	17052	Yes	Yes	No	No	No	No	No	No	No	Major	accepted_representative
11	4207100123	MANHEIM	PA	17545	Yes	No	Yes	No	No	No	Yes	No	No	Major	accepted_supplemental
12	4207100242	MARIETTA	PA	17547	Yes	No	No	No	No	No	No	No	No	Major	accepted_representative

13	4207100268	NEW HOLLAND	PA	17557	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Major	accepted_supplemental
14	4207500069	LEBANON	PA	17042	No	Yes	No	No	No	No	No	Yes	Yes	Major	accepted_representative
15	4213300074	NEW CUMBERLAND	PA	17070	Yes	No	No	No	No	No	No	No	No	Major	accepted_representative
16	4213300124	YORK	PA	17402	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Major	accepted_representative
17	4207500181	LEBANON	PA	17042	No	Yes	No	No	No	No	Yes	Yes	Yes	Synthetic Minor	accepted_representative
18	4200100011	BLUE RIDGE SUMMIT	PA	17214	Yes	Yes	Yes	No	No	No	Yes	No	No	Synthetic Minor	accepted_representative
19	4204100013	MECHANICSBURG	PA	17050	Yes	No	No	No	No	No	No	No	No	Synthetic Minor	accepted_representative
20	4207100256	DENVER	PA	17517	Yes	No	No	No	No	No	No	No	No	Synthetic Minor	accepted_representative

RCRA File Selection

Using the EPA OTIS SRF file selection templates, we choose all of the facilities which any of the following criteria for our representative sample:

- Identified in SNC status during FY10
- Identified as having formal or informal State enforcement action during FY10
- Identified as having more than one evaluation during FY10

B. File Selection Table (RCRA)

	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
PAR000637327	1	4	0	0	0	0	SQG	accepted_supplemental
PAD070882078	2	7	0	0	0	0	LQG	accepted_representative
PAD003800396	4	0	0	0	0	0	TSD(LDF)	accepted_representative
PAD003406072	5	0	0	0	0	0	TSD(TSF)	accepted_representative
PA0000263195	3	0	0	0	0	0	TSD(TSF)	accepted_representative
PAR000040385	2	0	0	0	0	0	TSD(TSF)	accepted_representative
PAR000627161	1	1	0	1	0	0	LQG	accepted_supplemental
PAD092839543	1	1	0	0	0	0	CES	accepted_supplemental
PAR000530465	1	1	0	0	0	0	OTH	accepted_supplemental
PAD003406398	2	0	0	0	0	0	TSD(TSF)	accepted_representative
PAR000623449	1	3	0	1	0	0	SQG	accepted_supplemental
PAD004943863	1	3	1	2	1	4,500	LQG	accepted_representative
PAR000622253	2	0	0	0	0	0	LQG	accepted_representative
PAD004529761	1	3	1	2	1	6,300	LQG	accepted_representative
PAD005335382	1	1	0	0	0	0	LQG	accepted_supplemental
PAR000643519	2	7	1	1	0	0	LQG	accepted_representative
PA0000276644	1	4	0	1	0	0	LQG	accepted_supplemental
PAD002639032	1	1	0	0	0	0	CES	accepted_supplemental
PAD067783034	2	3	0	1	0	0	LQG	accepted_representative
PAR000695442	1	2	0	1	0	0	OTH	accepted_supplemental
PAD003402689	2	6	1	1	0	0	LQG	accepted_representative
PAD092248210	2	0	0	1	1	2,400	TSD(TSF)	accepted_representative
PAD097129677	1	2	1	0	0	0	LQG	accepted_representative
PA6326931903	3	0	0	0	0	0	TSD(TSF)	accepted_representative
PAD052864304	1	1	0	0	0	0	OTH	accepted_supplemental

PAR000226282	0	0	0	1	1	0	OTH	accepted_representative
PAR00 062761 7	1	6		0		0	S Q G	accepted_supplemental
PAD00 344695 6	2	0		0		0	S Q G	accepted_representative
PAD99 466165 6	2	0		0		0	TS D(L D F)	accepted_representative
PAD00 544279 4	1	1		0		0	L Q G	accepted_supplemental
PAD00 411715 6	2	0		0		0	L Q G	accepted_representative
PAD06 210993 3	4	6		2		0	TS D(TS F)	accepted_representative
PAD02 126715 6	4	1		0		0	TS D(TS F)	accepted_representative
PAD91 186419 0	2	1		0		0	TS D(TS F)	accepted_representative
PAD07 176616 4	2	5		1		0	S Q G	accepted_representative
PAD99 840546 1	1	6		1		0	L Q G	accepted_supplemental

PAD95 221932 1	1	0		1	6 , 0 0 0	L Q G	accepted_representative
PAD02 535390 1	1	1		0	0	S Q G	accepted_supplemental
PA9322 905546	2	0		0	0	O T H	accepted_representative
PAR00 092409 8	1	3		0	0	L Q G	accepted_supplemental
PA0000 276204	1	1		0	0	S Q G	accepted_supplemental
PAR00 022529 3	2	0		0	0	TS D(L D F)	accepted_representative
PAD97 194315 6	1	3		0	0	S Q G	accepted_supplemental
PAD97 846340 1	1	1		1	0	S Q G	accepted_supplemental
PAD00 431331 0	2	7		1	5 , 0 0 0	S Q G	accepted_representative
PAR00 002996 1	1	1		0	0	C ES	accepted_supplemental
PAD00 084993 2	4	0		0	0	TS D(TS F)	accepted_representative

PAD07 080032 8	1	2	0	0	L Q G	accepted_supplemental
PAD00 412798 8	1	3	0	0	S Q G	accepted_supplemental
PAD02 547142 4	1	4	0	0	S Q G	accepted_supplemental
PAD00 416138	1	4	0	0	S Q G	accepted_supplemental
PAR00 004405 1	2	0	0	0	L Q G	accepted_representative
PAD00 413425 1	1	5	0	0	L Q G	accepted_supplemental
PAD97 843320 4	2	0	0	0	S Q G	accepted_representative
PAD99 937081 03	1	5	0	0	S Q G	accepted_supplemental
PAD00 414209 4	1	1	1	0	L Q G	accepted_supplemental
PAR00 005441 4	0	0	0	0	S Q G	accepted_representative
PAD00 415446 2	5	0	0	0	TS D(C O M)	accepted_representative

PAR00 003298 0	0	0	0	0	6 1 9 7	C ES	accepted_representative
PAD97 830633 8	1	1	0	0	0	C ES	accepted_supplemental
PAD09 333004 8	1	1	0	0	0	L Q G	accepted_supplemental
PAD97 845819 6	1	3	1	0	0	S Q G	accepted_supplemental
PAD06 953506 2	0	0	0	0	0	S Q G	accepted_representative
PAD09 314957 1	0	0	0	0	0	L Q G	accepted_representative
PAD97 284617 2	2	0	0	0	0	L Q G	accepted_representative
PAD06 953642 4	3	0	0	0	0	L Q G	accepted_representative
PAD00 416181 0	1	3	1	0	0	L Q G	accepted_supplemental
PAD97 368338 2	1	2	0	0	0	S Q G	accepted_supplemental
PAD97 367979 6	1	2	0	0	0	C ES	accepted_supplemental
PAR00 004021 6	1	1	0	0	0	L Q G	accepted_supplemental

PAR00 062336 8	1	3		1		0	S Q G	accepted_supplemental
PAD00 412797 9	3	9	1	1		0	S Q G	accepted_representative
PAR00 004789 3	2	0		0		0	L Q G	accepted_representative
PAD97 843491 9	1	1		1		0	S Q G	accepted_supplemental
PAD97 369150 1	0	0		0		0	S Q G	accepted_representative
PAD00 533627 0	0	0		0		0	TS D(TS F)	accepted_representative
PAD05 397343 4	1	4		1		8 , 2 1 1	L Q G	accepted_representative
PAD97 380665 7	1	1		0		0	C ES	accepted_supplemental
PAD05 253362 9	2	0		0		0	L Q G	accepted_representative
PAR00 000750 4	2	3		1		0	S Q G	accepted_representative
PAD97 839360 6	1	1		0		0	S Q G	accepted_supplemental
PAD00 412025 3	1	0		0		0	L Q G	accepted_representative

File Selection Process - NPDES

The Commonwealth of PA has a universe of 405 NPDES permitted major facilities, 3,673 NPDES non-majors with individual permits, and 5,375 non-majors with general permits.

EPA focused file selection during this review on core NPDES compliance and enforcement files. A separate programmatic review was conducted to evaluate PADEP's MS4, construction and industrial stormwater and mining compliance and enforcement program.

In FY2011, based upon previous permitting and compliance work in the stormwater sector and the high rate of observed noncompliance, EPA initiated a rigorous programmatic review of PADEP's MS4, construction and industrial stormwater program. Information obtained from this review was used to help inform the evaluation of Pennsylvania's goals and commitments outlined in the State's Watershed Implementation Plan (WIP). Pennsylvania is one of seven jurisdictions required to develop and implement a WIP to outline the process by which they expect to meet the nutrient reductions required under the Chesapeake Bay Total Maximum Daily Load (TMDL). The scope of the programmatic review was broader than the elements evaluated as part of the SRF as it not only evaluated the compliance and enforcement program, but looked at the States structure, organization, program implementation, capacity and capability to meet the WIP goals and commitments. EPA made the following observations: PADEP has ample authority beyond the federal CWA to control storm water runoff through Pennsylvania's Clean Streams Law; PADEP has committed staff in each of the three storm water program areas; strong relationships exist between the Regional Offices (ROs) and the County Conservation Districts (CCD) for program implementation; the construction and MS4 programs is understaffed; there are limited reviews of post-construction storm water management plans by ROs or CCD staff; there are limited inspections of MS4s by the ROs; PADEP lacks an electronic system to capture and track key construction and MS4 program information; minimal oversight of the ROs by the central office (CO); and fewer recent reviews of the CCDs by the COs or ROs. These observations were shared with PADEP. EPA and PADEP are in the process of finalizing a management plan that will identify EPA and PADEP activities and expectations to support program implementation. The Region has undertaken an effort through the National Enforcement Initiative to evaluate and address Phase 1 and Phase 2 MS4s. In addition to the programmatic review, in FY2010 the Region conducted a review of annual reports required to be submitted by Phase 2 permittees as part of Pennsylvania's MS4 general permit. The review was conducted in PADEP's South Central RO. EPA found that many of the reports have varying degrees of missing data and information required as part of the permit and issued approximately 95 Administrative Orders coupled with CWA Section 308 requests for information. As a follow-up to this action the Region conducted inspections at six Phase 2s facilities to evaluate permit compliance. In FY 2011 Administrative Orders were issued as follow-ups to the inspections and EPA invited the permittees to discuss observed violations. These discussions resulted in settlements with the municipalities to address observed violations with plans to address program implementation through the AOs.

EPA conducted a similar but less rigorous review of the PADEP's mining program in the same fiscal year. The majority of permits issued in the mining universe are non-major permits not entered in the National Database. PADEP's NPDES permits are joint permits issued in conjunction with activities permitted through the Surface Mine Control and Reclamation Act (SMRCA). Preliminary findings indicate that PADEP: does not have a system that tracks permit, compliance and enforcement information available in the national database; fails to track minimum data requirements for minor permits; does not clearly track NPDES compliance and inspection information for NPDES permits; fails to take timely and

appropriate enforcement; and does not capture economic benefit for noncompliance. The inspection reports reviewed as part of this effort did not capture or document the NPDES portion of the joint SMCRA requirements. The Region is working to enter into a letter of agreement with Pennsylvania to address areas of concern. The final report and letter of agreement will be included as an appendix to this report and be available on the SRF website upon completion.

The selection protocol for the size of PA's universe dictates the reviewer select from 25 to 40 files. Utilizing the SRF file selection tool in OTIS (Online Tracking Information System), EPA selected a cross section of facilities that would be representative of NPDES Core compliance monitoring and inspection activities in PA. Following the SRF file selection protocol, EPA selected 26 facilities for file analysis of FY 2010 inspection and enforcement activities. EPA identified a subset of NPDES major and minor facilities that received a compliance inspection and/or formal enforcement action during FY 2010. Additional selection criteria included majors in SNC status, formal actions with penalties, and informal enforcement actions. Due to the absence of complete ICIS data for NPDES minor facilities, EPA requested supplemental data from the PA e-FACTS database, and selected a random subset of four (4) minor facilities with compliance monitoring and/or enforcement activity during FY 2010.

Included in the initial 26 facility files selected by EPA were two (2) NPDES Major POTWs treating wastewater from land-based oil and gas exploration production operations. Identified during the Round 2 SRF process as a potential area of concern, EPA also selected two supplemental facility files for NPDES minor industrial users that generate and dispose of wastewater as a result of land-based oil and gas energy extraction operations. EPA ultimately set aside the two supplemental files selected due to an absence of compliance monitoring or enforcement activities for these two facilities. The final file selection included 30 facilities with compliance monitoring and enforcement activities, 23 majors and 7 minor facilities. The facility files selected included a cross-section of municipal waste water treatment plants and industrial dischargers.

NPDES File Selection

Program ID	PA Region	f_zip	Permit Component	Inspection	Violation	Single Event Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
PA0013820	5	15014		2	5	0	0	0	1	0	Major	accepted_representative
PA0002674	6	16701		2	11	0	0	0	1	0	Major	accepted_representative
PA0039225	6	16343		1	0	0	0	0	0	0	Minor	accepted_representative
PA0028428	6	15824	POT	1	1	0	0	0	0	0	Major	accepted_representative
PA0020141	6	15825	POT	2	0	0	0	0	1	0	Major	accepted_representative
PA0026697	6	16001	POT PRE	0	3	0	0	0	0	0	Major	accepted_representative
PA0023931	6	16403	POT PRE	1	0	0	0	0	0	0	Major	accepted_representative
PA0026824	5	15025	CSO POT	2	5	0	0	0	0	0	Major	accepted_representative
PA0110663	5	16630	POT	2	9	0	0	0	1	0	Major	accepted_representative
PA0223034	6	16121		2	2	0	0	0	0	0	Major	accepted_representative
PA0026981	5	15110	CSO POT	1	0	0	0	0	0	0	Major	accepted_representative
PA0000507	5	15088		1	86	0	4	0	0	0	Major	accepted_representative
PA0005037	5	15748		1	7	0	0	0	1	0	Major	accepted_representative
PA0020541	6	16417	POT	2	0	0	0	0	0	0	Minor	accepted_representative
PA0002208	5	15061		0	11	0	3	0	0	0	Major	accepted_representative
PA0000566	5	15056		1	2	0	2	0	0	0	Major	accepted_representative
PA0023167	6	16735	CSO POT	1	4	0	0	0	0	0	Major	accepted_representative
PA0006335	5	15010		1	4	0	0	0	0	0	Major	accepted_representative
PA0025356	6	16137	POT	1	6	0	1	0	0	0	Major	accepted_representative
PA0021148	5	15666	CSO POT	1	0	0	0	0	0	0	Major	accepted_representative
PA0027111	5	15068	CSO POT PRE	2	0	0	0	0	0	0	Major	accepted_representative
PA0026204	6	16301	CSO POT PRE	2	0	0	0	0	0	0	Major	accepted_representative
PA0002437	5	15225		1	31	0	4	0	1	0	Major	accepted_representative
PA0036650	6	16354	CSO POT PRE	2	18	0	1	0	0	0	Major	accepted_representative
PA0035114	6	16340		1	0	0	0	0	0	0	Minor	accepted_representative
PA0000868	6	16146		2	5	0	4	0	1	0	Major	accepted_representative
PA0104370	6	15853		2							Minor	
PA0216984	5	16244									Minor	
PA0040312	5	15301									Minor	
PA0102270	6	16056									Minor	

APPENDIX G: FILE REVIEW ANALYSIS

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

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

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

Clean Air Act

Name of State:	Pennsylvania Department of Environmental Protection (PADEP) Northeast and South Central Regional Offices	Numerator	Denominator	Review Period:	FY2009
CAA Metric #	CAA File Review Metric Description:			Metric Value	Initial Findings
Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	36	40	90%	The vast majority of the data reviewed was found to be accurately entered and maintained in AFS.

Name of State:		Pennsylvania Department of Environmental Protection (PADEP) Northeast and South Central Regional Offices		Numerator	Denominator	Review Period:	FY2009
CAA Metric #	CAA File Review Metric Description:			Metric Value	Initial Findings		
Metric 4a	Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan were completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? Yes or no? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning evaluation coverage are to be discussed pursuant to the metrics under Element 5. If a state/local agency had negotiated and received approval for conducting its compliance monitoring program pursuant to an alternative plan, details concerning the alternative plan and the S/L agency's implementation (including evaluation coverage) are to be discussed under this Metric.	NA	NA	99%	PADEP committed to conducting a traditional CMS plan that includes FCEs at 100% of the major sources over two years and 100% of SM sources over 5 years. Specifically, PADEP committed to conducting 558 FCEs at major sources over the FY2008 - 2009 CMS cycle. PADEP state completed 99% of the FCEs based on the data provided in Data Metric 5a1. For SM-80 sources, FY2009 was the third year of the 5 year cycle. Therefore, PADEP was required to complete 60% of the SM-80 sources through FY2009. Data metric 5b1 shows that the state completed > 60% of the SM-80 FCEs.		
Metric 4b	Delineate the air compliance and enforcement commitments for the FY under review. This should include commitments in Performance Partnership Agreements (PPAs), Performance Partnership Grants (PPGs), grant agreements, Memorandum of Agreements (MOAs), or other relevant agreements. The compliance and enforcement commitments should be delineated.	NA	NA	NA	PADEP successfully completed all commitments specified in the Oct. 2005 Memorandum of Understanding (MOU).		
Metric 6a	# of files reviewed with FCEs.	NA	NA	36	36 FCEs were reviewed		
Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	34	36	94%	The vast majority of the files reviewed (i.e., 94%) was found to meet the definition of an FCE per the CMS files.		
Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	24	36	67%	The quality of the CMRs has improved significantly from SRF Round 1. In general, with the exception of the compliance/enforcement history section, the CMRs were well written. The 12 CMRs reviewed that did not include all elements required under § IX of the CMS, were missing the enforcement history. In addition, there were numerous reports that claimed no enforcement history since the last FCE yet there was evidence to the contrary in the files.		
Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	37	40	93%	The vast majority of compliance determinations reviewed were found to be accurately entered and maintained in AFS.		
Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	11	14	79%	The majority of PADEP's compliance determinations are promptly reported into AFS.		
Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	42	43	98%	PADEP does a thorough job in making HPV determinations and reporting HPVs to AFS in a timely manner.		

Name of State:		Pennsylvania Department of Environmental Protection (PADEP) Northeast and South Central Regional Offices		Numerator	Denominator	Review Period:	FY2009
CAA Metric #	CAA File Review Metric Description:			Metric Value	Initial Findings		
Metric 9a	# of formal enforcement responses reviewed.	NA	NA	16	16 enforcement responses were reviewed.		
Metric 9b	% of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame.	13	16	81%	All formal responses reviewed contained the documentation that required the facilities to return to compliance, if they had not already done so, at the time of the execution of the Consent Agreement. However, there was no escalating penalty demand for continuous CEM violations. In one case, where penalties were escalated for continued violations, compliance followed.		
Metric 10b	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	4	7	57%	PADEP does not consistently take timely enforcement actions in accordance with the HPV policy.		
Metric 10c	% of enforcement responses for HPVs appropriately addressed.	7	9	78%	PADEP does not consistently take appropriate enforcement actions in accordance with the HPV policy.		
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	16	16	100%	PADEP includes both gravity and economic benefit calculations in initial penalty calculations.		
Metric 12c	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	16	16	100%	All files reviewed contained adequate documentation for the rationale between the initial and final assessed penalties.		
Metric 12d	% of files that document collection of penalty.	16	16	100%	All of the files reviewed contained sufficient information documenting the collection of penalties.		

RCRA Program File Review Analysis Chart

Name of State: Pennsylvania

Review Period: FY10 (10/1/09 - 9/30/10)

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	55% (42/77)	<p>The largest single discrepancy with regard to data accuracy has to do with inspections which have duplicate entries in RCRAInfo. This seems to be a function of the translation of data from the State's data system into RCRAInfo. The State's eFacts system records the "inspection modules" separately; for instance, a facility which is inspected under both TSD and LQG requirements might have two inspection records entered for the same day in RCRAInfo. There were 18 files where this issue was discovered. If you disregard this metric value increases to 74% (57/77). Other data accuracy issues identified were:</p> <ul style="list-style-type: none"> - Inspections performed which were not entered into RCRAInfo - 4 files - Inspections entered into RCRAInfo which were not performed - 1 file - Identified violation which was not entered into RCRAInfo - 4 files - Enforcement action not entered into RCRAInfo - 4 files

			<ul style="list-style-type: none"> - Amount of penalty from formal enforcement action not entered into RCRAInfo - 6 files - Incorrect or missing RTC (return to compliance) date - 2 files - SNC code not entered into RCRAInfo - 8 files <p>[NOTE 1: There were also six facilities which the reviewers feel that violations should have been addressed by formal enforcement action. While this could be interpreted as inaccurate entry of SNC data into RCRAInfo, we believe that the State neither determined these six facilities to be in SNC status, nor did they address the violations with an appropriate enforcement action. We see this more as an enforcement program issue - see Element 10 for more discussion.]</p> <p>[NOTE 2: Some files had more than one data quality issue, which causes some double counting.]</p> <p>[NOTE 3: There were a number of files which had formal enforcement action taken in FY10 based on inspections performed in FY09. Four of these did not have SNC data entered into RCRAInfo, but were not included in the analysis for this metric, since the inspection was performed outside of the review period.]</p>
Metric 4a	Planned inspections completed (based on grant commitments)	Reported in grant end-of-year report	<ul style="list-style-type: none"> - Federal TSD inspections: 12 completed (commitment of 6) - Private TSD inspections: 156 completed (commitment of 59) - LDF inspections: 13 completed (commitment of 0)

			<ul style="list-style-type: none"> - LQG inspections: 351 completed (commitment of 280) - SQG inspections: 577 completed (commitment of 260) - CESQG inspections: 202 (commitment of 50) - Financial Assurance Evaluations: 15 (commitment of 15)
Metric 4b	Planned commitments completed (grant non-inspection commitments)	Reported in grant end-of-year report	<p>Grant work plan included the following non-inspection commitments:</p> <ul style="list-style-type: none"> - Enter all required data obtained from compliance inspections into RCRAInfo no later than 30 days following the inspection. This includes violations, enforcement responses, etc. The inspections should also identify Significant non-Compliers (SNCs) and the appropriate SNC data should be entered into RCRAInfo within 30 days. See metric 2c for the analysis of accurate data entry. - All enforcement actions must be taken in accordance with the “timely and appropriate” criteria established in EPA’s December 2003 “Enforcement Response Policy (ERP).” See metrics 10c and 10d for the analysis of enforcement response timeliness and appropriateness.
Metric 6a	# of inspection reports reviewed	115	
Metric 6b	% of inspection reports reviewed that are complete and provide sufficient	100% (115/115)	100% of the inspection reports contained narrative, 90% contained one or more completed checklists, and 7% included other materials such as photos or copies of manifests.

	documentation to determine compliance at the facility		
Metric 6c	% of timely inspection reports reviewed	100% (115/115)	Average time to complete inspection reports was 3 days, median time was 1 day.
Metric 7a	% of inspection reports reviewed that led to accurate compliance determinations	96% (74/77)	<p>File reviews revealed three instances of facilities thermally treating hazardous waste without a RCRA permit. All three facilities made use of an evaporator unit to reduce the volume of waste by boiling off the water. The State had mistakenly “authorized” this treatment under their Permit-By-Rule provisions, and thus believed that the facilities were operating the units in compliance with RCRA requirements; this is an inaccurate compliance determination.</p> <p>While hazardous waste generators are allowed to treat their waste under certain conditions, thermal treatment by generators (without permit) is not allowed. Some years ago, EPA had initially determined that evaporator unit treatment (without permit) was permissible, but this guidance has been superseded; evaporators which use elevated temperatures to remove water are considered thermal treatment, and such units are required to be permitted.</p> <p>A State regulatory amendment was proposed to the permit-by-rule provisions (25 Pa. § 270a.60(b)(2)(vi)) on July 14, 2007 and finalized on January 10, 2009 in order to clarify the fact that thermal treatment is not eligible for permit-by-rule: “Treatment activities subject to requirements in addition to those specified in</p>

			<p>this section are not eligible to operate under this permit-by-rule.”</p> <p>The preamble to both the proposed and final rulemakings provided further clarification as to why the change was being made:</p> <p>“§ 270a.60. <i>Permits-by-rule</i>. The section was modified by deleting a defunct notification deadline and adding a clarifying provision establishing that thermal treatment activities are not eligible to operate under the generator treatment in accumulation containers, tanks and containment buildings permit-by-rule.”</p>
Metric 7b	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days)	100%	We did not find any instances of untimely violation reporting to RCRAInfo.
Metric 8d	% of violations in files reviewed that were accurately determined to be SNC	72% (41/57)	<p>There were four facilities for which the reviewers feel the violations rose to the level of significant noncompliance (SNC), although the State neither made this designation, nor took a formal enforcement action (see metric 10d for more information). There were twelve facilities where the State took formal enforcement action in response to violations which were not identified as SNC in RCRAInfo (in four instances, the inspections identifying the violations has been performed prior to the review period); for these eleven facilities, the issue seems more related to SNC data entry than to problems with enforcement response. There was one facility where documentation of the SNC designation was found in the files, but</p>

			had not been entered into RCRAInfo; in this instance, we consider that an accurate SNC determination was made, but the data was not accurately entered into RCRAInfo.
Metric 9a	# of enforcement responses reviewed	61	
Metric 9b	% of enforcement responses that have returned or will return a facility in SNC to compliance	100%	<p>25 SNCs identified</p> <ul style="list-style-type: none"> - In 16 instances, the State’s enforcement response required and/or resulted in a return to compliance. - In 9 instances, the facility returned to compliance in advance of State enforcement action, thus no injunctive relief was necessary.
Metric 9c	% of enforcement responses that have or will return Secondary Violators (SVs) to compliance	100%	<p>31 SVs identified</p> <ul style="list-style-type: none"> - In 7 instances, the State’s enforcement response required and/or resulted in a return to compliance. - In 12 instances, the facility returned to compliance at the time of the inspection. - In 12 instances, the facility returned to compliance shortly after the inspection, without enforcement action.
Metric 10c	% of enforcement responses reviewed that are taken in a timely manner	90% (46/51)	All 30 of the NOV (Notices of Violation) reviewed were issued in a timely fashion, ranging from 5 to 37 days from the day of inspection, with an average of 17 days after the date in inspection. For formal actions, 16 of 21 met the timeliness requirements of the RCRA Enforcement Response Policy. Amount of time to settle administrative penalty actions ranged

			from 83 to 397 days from the date of inspection; median time to settlement was 211 days after the date of inspection.
Metric 10d	% of enforcement responses reviewed that are appropriate to the violations	84% (48/57)	<p>For nine facilities, the reviewers feel that the enforcement response to the violations may not have been appropriate:</p> <ul style="list-style-type: none"> - This facility is a SQG, but did not seem to have complied with most of the RCRA storage requirements. The State found continuing violations upon re-inspection, and the reviewers believe this to be a SNC situation, for which there should have been a formal enforcement action. - Violations at this LQG facility included open containers, unlabeled containers, undated containers and tank, failure to inspect 90-day area (weekly) and tank (daily), and failure to train employees. The reviewers believe this to be a SNC situation, and that the violations warranted a formal enforcement action in response. - This facility is a LQG and was found to have undated and unlabeled containers. The facility corrected the violations during the inspection, but the reviewers feel that (at least) a Notice of Violations was warranted. - This LQG violated requirement related to weekly inspections and dating of containers. No follow up enforcement action was taken, but it seems that (at least) a Notice of Violations would have been the appropriate response. - This SQG stored hazardous waste for much longer than 180 days, had performed no weekly inspections, and had not posted

			<p>emergency coordinator information. The reviewers believe that these violations rise to the level of significant noncompliance, and should have been addressed with a formal enforcement action (no enforcement action was taken).</p> <ul style="list-style-type: none"> - This SQG violated requirements related to weekly inspections and dating. No follow up enforcement action was taken, but it seems that a Notice of Violation would have been the appropriate response. - This SQG violated requirements related to weekly inspections and had improperly labeled containers. No follow up enforcement action was taken, but it seems that a Notice of Violation would have been the appropriate response - This LQG violated container labeling and dating requirements. No follow up enforcement action was taken, but it seems that a Notice of Violation would have been the appropriate response. - This SQG violated container storage requirements - containers were not labeled “hazardous waste” or labeled to identify contents and some hazardous waste was not stored in containers. In the previous year, storage violations had been identified, including unlabeled containers. As a repeat violator, this would appear to be a SNC situation, and formal action is warranted. <p>It is noted that the State’s inspection reports (which are provided to facilities) list violations, and are a formal notification of any violations observed during the inspection. This notification</p>
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			would be in addition to any Notice of Violation issued by the State.
Metric 11a	% of penalty calculations reviewed that consider and include, where appropriate, gravity and economic benefit	100% (19/19)	All penalty calculations considered and included (where appropriate) gravity and economic benefit.
Metric 12a	% of formal enforcement responses reviewed that document the difference and rationale between the initial and final assessed penalty	95% (18/19)	In only one instance did we not find documentation of the difference and rationale between initial and final assessed penalty.
Metric 12b	% of enforcement files reviewed that document the collection of penalty	100% (19/19)	All enforcement action files included documentation of penalty payment.

FILE REVIEW ANALYSIS CHART

Clean Water Act
Name of State: Pennsylvania
Review Period FY2010

CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings and Conclusions
Metric 2b	% of files reviewed where data is accurately reflected in the national data system.	46%	14 of 30 of files reviewed had accurate data in the national database (ICIS).
Metric 4a	% of planned inspections completed. Summarize using the Inspection Commitment Summary Table in the CWA PLG.	100%	PADEP completed 100% of their planned inspection commitments for major and non-major facilities.

Metric 4b	Other Commitments. Delineate the commitments for the FY under review and describe what was accomplished. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The commitments should be broken out and delineated.	EPA reviewed PADEP's FY 2010 Section 106 Grant Work Plan and the PA-EPA Memorandum of Agreement (revised 1991), and the FY 2010 NPDES Permitting and Enforcement Work Plans to assess the status of PA NPDES compliance monitoring and enforcement program commitments other than planned inspections. EPA determined that PADEP did not meet their FY 2010 Section 106 Grant Work Plan commitment to enter the NPDES compliance monitoring and enforcement minimum data requirements (WENDB).
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CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings and Conclusions
Metric 6a	# of inspection reports reviewed	28	28 inspection files were reviewed.
CWA Metric 6b	% of inspection reports reviewed that are complete.	96%	27 of 28 inspection reports reviewed were complete.
Metric 6c	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.	89%	25 of 28 inspection reports reviewed provided sufficient documentation to lead to an accurate compliance determination. PADEP utilizes inspection checklists for the NPDES compliance monitoring program. With regard to inspection reports lacking sufficient documentation to lead to an accurate compliance determination, the inspectors failed to provide supplemental narratives or additional information necessary to make an accurate compliance determination.
Metric 6d	% of inspection reports reviewed that are timely.	93%	26 of 28 inspection reports reviewed were timely. Inspections not entered within 10 working days are not considered timely under PADEP's "Guidelines for Identifying Tracking, and Resolving Violations for Water Quality."

Metric 7e	% of inspection reports or facility files reviewed that led to accurate compliance determinations.	79%	22 of 28 inspection reports reviewed led to accurate compliance determinations. Three inspection reports that did not lead to accurate compliance determinations failed to provide a supplemental narratives or additional information necessary to make an accurate compliance determination. The remaining three reports failed to make an accurate compliance determination due to the failure to appropriately implement state/federal guidance for identifying violations.
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CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings and Conclusions
Metric 8b	% of single event violation(s) that are accurately identified as SNC or Non-SNC.	55%	In 5 of 9 files reviewed, single event violations were accurately identified as SNC or Non-SNC.. PADEP failed to accurately identify SEVs that were SNC violations in 4 files reviewed by EPA.
Metric 8c	% of single event violation(s) identified as SNC that are reported timely.	0%	0 of 7 single event violations identified as SNC were reported timely. PADEP does not enter SEV into the national data base.
Metric 9a	# of enforcement files reviewed	18	18 enforcement files were selected for review, 10 SNC and 8 non-SNC
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	60%	6 of 10 or 60% of enforcement responses have returned or will return a source in SNC to compliance. The review team identified diverse circumstances and explanations for the 5 enforcement responses that failed to return a facility to compliance. For example, SNC facilities addressed through formal enforcement with compliance schedules often continued to violate permit conditions and/or compliance schedules resulting in the facility paying stipulated penalties and remaining in SNC status.
Metric 9c	% of enforcement responses that have returned or will return a source with non-SNC violations to compliance.	62.5%	5 of 8 or 62,5% of enforcement responses have returned or will return a source with non-SNC violations to compliance. Facilities with enforcement responses for non-SNC violations that failed to return to compliance were determined to have unresolved, ongoing violations and/or compliance schedule violations.

Metric 10b	% of enforcement responses reviewed that address SNC that are taken in a taken in a timely manner.	40%	4 of 10 or 40% of enforcement responses reviewed that address SNC were taken in a timely manner. The review team determined that six enforcement responses did not meet the state policy for timely enforcement. Each enforcement response involved unique circumstances affecting the timeliness of specific enforcement action.
Metric 10c	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	60%	6 of 10 enforcement responses reviewed that address SNC are appropriate to the violations. Enforcement responses addressing SNC were not considered appropriate when the facility remained in violation subsequent to the enforcement response and/or PADEP pursued informal enforcement in lieu of formal enforcement to address significant violations.
CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings and Conclusions
Metric 10d	% of enforcement responses reviewed that appropriately address non-SNC violations.	75%	6 of 8 enforcement responses reviewed that appropriately address non-SNC violations. Enforcement responses did not appropriately address non-SNC violations due to continued and/or chronic noncompliance subsequent to the enforcement response.
Metric 10e	% enforcement responses for non-SNC violations where a response was taken in a timely manner.	62.5%	5 of 8 enforcement responses for non-SNC violations were taken in a timely manner. The review team determined that 3 enforcement responses did not meet the state policy for timely enforcement. Each enforcement response involved unique circumstances affecting the timeliness of specific enforcement action.
Metric 11a	% of penalty calculations that consider and include appropriate gravity and economic benefit.	0%	0 of 13 penalty calculations considered and included appropriate gravity and economic benefit. PADEP does not routinely document penalty calculations as part of the official enforcement file. In addition, PADEP does not routinely consider the potential economic benefit derived for a violator's noncompliance.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	0%	0 of 13 penalties reviewed documented the difference and rationale between the initial and final assessed penalty. PADEP does not routinely document penalty calculations as part of the official enforcement file.

Metric 12b	% of enforcement actions with penalties that document collection of penalty.	77%	10 of 13 enforcement actions with penalties documented collection of penalty. The review team identified 3 enforcement files that did not contain a cancelled check or receipt verifying proof of penalty payment to PADEP.
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