

STATE REVIEW FRAMEWORK

Arkansas

Clean Water Act, Clean Air Act, and Resource Conservation and Recovery Act Implementation in Federal Fiscal Year 2013

**U.S. Environmental Protection Agency
Region 6, Dallas**

**Final Report
January 21, 2016**

Executive Summary

Introduction

EPA Region 6 enforcement staff conducted a State Review Framework (SRF) enforcement program oversight review of the Arkansas Department of Environmental Quality (ADEQ).

EPA bases SRF findings on data and file review metrics, and conversations with program management and staff. EPA will track recommended actions from the review in the SRF Tracker and publish reports and recommendations on EPA's ECHO web site.

Areas of Strong Performance

Clean Water Act

- (1) ADEQ continues to do a great job in coding permit limits and entering DMR data for major facilities in the national database (ICIS-NPDES), exceeding the National Goals and National Averages with 100%.
- (2) ADEQ continues to be thorough in the documentation of inspection observations and findings so proper compliance determination could be drawn. Thirty-two inspection reports were reviewed and all had proper documentation to determine compliance.
- (3) ADEQ continues to exceed the national goal and national averages in timelines of completing inspection reports. According to ADEQ's Memorandum of Agreement (MOA) with EPA, inspection reports are to be available within thirty days of the date of the inspection. The thirty-two inspection reports were completed in seven days on average.
- (4) ADEQ continues to accurately identify Single Event Violations as SNC or non-SNC at major facilities. Single Event Violations are identified and reported in a timely manner (100%). ADEQ also enters Single Event Violations for non-major facilities, which is not a requirement.
- (5) Total Maximum Daily Loads (TMDL) Program: ADEQ currently has an estimated 341 outstanding TMDLs to complete within 13 years. They completed 47 TDML's in FY13. EPA reviewed 5 major facilities under the TMDL program. The permit component of the facilities were: 3 Publically Owned Treatment Works (POTWs) pretreatments, and 2 Industrials. In FY13 ADEQ conducted inspections on 4 of the facilities reviewed during the file review. Formal and Informal enforcement actions were taken to address the violations, including a penalty for 1 of the facilities.

Clean Air Act

ADEQ met the CAA compliance and enforcement program expectations in several areas including:

- (1) 100% full compliance evaluation (FCE) coverage per the Compliance Monitoring Strategy (CMS)
- (2) Making accurate High Priority Violator (HPV) and Federally Reportable Violation (FRV) determinations and formal enforcement responses, and
- (3) Ensuring all penalty calculations and penalties collected were well documented.

Resource Conservation and Recovery Act

- (1) ADEQ has an effective and efficient Resource Conservation and Recovery Act (RCRA) hazardous waste program implemented by its Hazardous Waste Division. For this SRF review period, the ADEQ RCRA hazardous waste program met and exceeded all of its requirements.
- (2) The ADEQ RCRA hazardous waste program is championed by the Hazardous Waste Division Managers who are very experienced in targeting, inspection, and enforcement processes.
- (3) ADEQ continually exceeds the national goal and national average in identifying violations. For this SRF review period, ADEQ more than doubled the national average, which is among top in the nation. Its SNC rate exceeded the national average by more than eleven times, also the highest percentage in the nation.
- (4) The ADEQ Hazardous Waste Division Managers work with EPA Region 6 on necessary enforcement issues, seek feedback from EPA on issues and priorities of particular concern, and work cooperatively to address them.
- (5) The ADEQ Hazardous Waste Division Managers attend and participate in monthly conference calls and quarterly EPA/ADEQ enforcement/compliance management meetings.

Priority Issues to Address

The following are the top-priority issues affecting the state program's performance:

- (1) EPA encourages ADEQ to ensure proper documentation of the rationale for differences between initial penalty calculation and final penalty (*CWA Issue #3, below*).
- (2) EPA encourages ADEQ to ensure that all applicable air programs and/or subpart information for each facility are correct in ICIS Air. (*CAA Issue #1, below*).
- (3) EPA encourages ADEQ to ensure all applicable regulatory requirements, permit conditions and subparts are evaluated as part of the FCEs. (*CAA Issue #3, below*).

Most Significant CWA-NPDES Program Issues¹

- (1) EPA encourages ADEQ to enter the SIC codes for stormwater facilities, which are Minimum Data Requirement (MDR), into the National Database (ICIS-NPDES).
- (2) EPA encourages ADEQ to work towards improving the percentage rate of actions that do not receive timely enforcement actions at major facilities. Some formal enforcement actions may not be timely because of the turnaround in the Legal Division. Once the Consent Administrative Order (CAO) enters the Legal Division, it may take 15-30 days (or longer depending on cases) for concurrence. ADEQ's Legal Division consists of 7 attorneys and 6 administrative staff which supports the work of the Air, Water and RCRA Subtitle C programs.
- (3) EPA encourages ADEQ to ensure proper documentation of the rationale for differences between initial penalty calculation and final penalty

¹ EPA's "National Strategy for Improving Oversight of State Enforcement Performance" identifies the following as significant recurrent issues: "Widespread and persistent data inaccuracy and incompleteness, which make it hard to identify when serious problems exist or to track state actions; routine failure of states to identify and report significant noncompliance; routine failure of states to take timely or appropriate enforcement actions to return violating facilities to compliance, potentially allowing pollution to continue unabated; failure of states to take appropriate penalty actions, which results in ineffective deterrence for noncompliance and an unlevel playing field for companies that do comply; use of enforcement orders to circumvent standards or to extend permits without appropriate notice and comment; and failure to inspect and enforce in some regulated sectors."

Most Significant CAA Stationary Source Program Issues

- (1) EPA encourages ADEQ to ensure that all applicable air programs and/or subpart information for each facility are correct in ICIS Air.
- (2) EPA encourages ADEQ to ensure all applicable all applicable regulatory requirements, permit conditions and subparts are evaluated as part of the FCEs. EPA identified instances where applicable subparts were not referenced as part of the FCE. ADEQ staff provided an Air Inspector Manual dated 2003. It provides guidance as to how inspection reports are to be written and includes three suggested format options – narrative, outline, or chronological. However, the current ADEQ Air Inspection Report form (revised December 2009) is a one-page template which summarizes the results of the inspections along with an Addendum Page(s). Documentation for completing an inspection report instructs inspectors to include information only concerning areas of concern or out of compliance. The CMRs reviewed varied in quality and quantity of information contained in the Addendum. ADEQ has shortened the length and content of its CMRs by using an exceptions based format, only describing in detail areas of concern.
- (3) EPA encourages ADEQ to work towards improving its timeliness in entering and addressing High Priority Violators (HPVs). EPA considers timely and accurate reporting into ICIS Air critical to EPA’s oversight role regarding CAA violations.

Most Significant RCRA Subtitle C Program Issues

There are no significant RCRA Subtitle C program issues.

Table of Contents

I. Background on the State Review Framework	1
II. SRF Review Process.....	2
III. SRF Findings	4
Clean Water Act Findings.....	5
Clean Air Act Findings	16
Resource Conservation and Recovery Act Findings.....	32
Appendix.....	39

I. Background on the State Review Framework

The State Review Framework (SRF) is designed to ensure that EPA conducts nationally consistent oversight. It reviews the following local, state, and EPA compliance and enforcement programs:

- Clean Water Act National Pollutant Discharge Elimination System
- Clean Air Act Stationary Sources (Title V)
- Resource Conservation and Recovery Act Subtitle C

Reviews cover:

- **Data** — completeness, accuracy, and timeliness of data entry into national data systems
- **Inspections** — meeting inspection and coverage commitments, inspection report quality, and report timeliness
- **Violations** — identification of violations, determination of significant noncompliance (SNC) for the CWA and RCRA programs and high priority violators (HPV) for the CAA program, and accuracy of compliance determinations
- **Enforcement** — timeliness and appropriateness, returning facilities to compliance
- **Penalties** — calculation including gravity and economic benefit components, assessment, and collection

EPA conducts SRF reviews in three phases:

- Analyzing information from the national data systems in the form of data metrics
- Reviewing facility files and compiling file metrics
- Development of findings and recommendations

EPA builds consultation into the SRF to ensure that EPA and the state understand the causes of issues and agree, to the degree possible, on actions needed to address them. SRF reports capture the agreements developed during the review process in order to facilitate program improvements. EPA also uses the information in the reports to develop a better understanding of enforcement and compliance nationwide, and to identify issues that require a national response.

Reports provide factual information. They do not include determinations of overall program adequacy, nor are they used to compare or rank state programs.

Each state's programs are reviewed once every five years. The first round of SRF reviews began in FY 2004. The third round of reviews began in FY 2013 and will continue through FY 2017.

II. SRF Review Process

Review period: FY13

Key dates:

- Kickoff letter/Meeting: October 14, 2014
- Data Metric Analysis and File Selection sent to ADEQ:
 - CWA: October 21, 2014
 - CAA: October 27, 2014
 - RCRA: October 23, 2014
- On-site File Review conducted:
 - CWA: November 17 – 21, 2014
 - CAA: December 8 - 11, 2014
 - RCRA: December 1 – 5, 2014
- Draft Report sent to ADEQ: 9/16/2015
- Report Finalized: 1/21/2016

State and EPA key contacts for review:

Clean Water Act

EPA Contacts:

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Clean Air Act

EPA Contacts:

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Resource Conservation and Recovery Act

EPA Contacts:

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- Julie Nicol, 501-682-0849, nicol@adeq.state.ar.us

III. SRF Findings

Findings represent EPA’s conclusions regarding state performance and are based on findings made during the data and/or file reviews and may also be informed by:

- Annual data metric reviews conducted since the state’s last SRF review
- Follow-up conversations with state agency personnel
- Review of previous SRF reports, Memoranda of Agreement, or other data sources
- Additional information collected to determine an issue’s severity and root causes

There are three categories of findings:

Meets or Exceeds Expectations: The SRF was established to define a base level or floor for enforcement program performance. This rating describes a situation where the base level is met and no performance deficiency is identified, or a state performs above national program expectations.

Area for State Attention: An activity, process, or policy that one or more SRF metrics show as a minor problem. Where appropriate, the state should correct the issue without additional EPA oversight. EPA may make recommendations to improve performance, but it will not monitor these recommendations for completion between SRF reviews. These areas are not highlighted as significant in an executive summary.

Area for State Improvement: An activity, process, or policy that one or more SRF metrics show as a significant problem that the agency is required to address. Recommendations should address root causes. These recommendations must have well-defined timelines and milestones for completion, and EPA will monitor them for completion between SRF reviews in the SRF Tracker.

Whenever a metric indicates a major performance issue, EPA will write up a finding of Area for State Improvement, regardless of other metric values pertaining to a particular element.

The relevant SRF metrics are listed within each finding. The following information is provided for each metric:

- **Metric ID Number and Description:** The metric’s SRF identification number and a description of what the metric measures.
- **Natl Goal:** The national goal, if applicable, of the metric, or the CMS commitment that the state has made.
- **Natl Avg:** The national average across all states, territories, and the District of Columbia.
- **State N:** For metrics expressed as percentages, the numerator.
- **State D:** The denominator.
- **State % or #:** The percentage, or if the metric is expressed as a whole number, the count.

Clean Water Act Findings

CWA Element 1 — Data																			
Finding 1-1	Meets or Exceeds Expectations																		
Summary	ADEQ exceeded the national goals and national averages in coding permit limits and entering DMR data for major facilities in the national database (ICIS-NPDES).																		
Explanation	<p>1b1. ADEQ’s data entry of permit limits for Majors exceeds the national goal (95%) and national average (98.40%) with 100%.</p> <p>1b2. ADEQ’s data entry rate of DMR’s for major facilities exceeds the national goal (95%) and national average (97.10%) with 100%.</p>																		
	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>1b1 Permit limit rate for major facilities</td> <td>>=95%</td> <td>98.40%</td> <td>114</td> <td>114</td> <td>100%</td> </tr> <tr> <td>1b2 DMR entry rate for major facilities</td> <td>>=95%</td> <td>97.10%</td> <td>3634</td> <td>3634</td> <td>100%</td> </tr> </tbody> </table>	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	1b1 Permit limit rate for major facilities	>=95%	98.40%	114	114	100%	1b2 DMR entry rate for major facilities	>=95%	97.10%	3634	3634	100%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #														
1b1 Permit limit rate for major facilities	>=95%	98.40%	114	114	100%														
1b2 DMR entry rate for major facilities	>=95%	97.10%	3634	3634	100%														
State response	None																		
Recommendation																			

CWA Element 1 — Data							
Finding 1-2	Area for State Improvement						
Summary	ADEQ did not meet the National Goal of 100% for entering the Minimum Data Requirement (MDRs) data such as SIC Codes, informal enforcement actions and inspection reports, which are required to be entered in the national database.						
Explanation	2b. A total of 50 files were reviewed, 14 Storm Water, 13 Pretreatment and 23 NPDES Major and Minor files. SIC Codes are required to be in ICIS for all facility universes. SIC Codes for 6 of the storm water files were not coded into the national database. Of the Pretreatment files and the NPDES Majors and Minors, only 2 informal enforcement actions and 1 inspection report were not coded into the national database.						
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> </tbody> </table>	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #		

	2b Files reviewed where data are accurately reflected in the national data system	100%	41	50	82.0%
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State response

According to the Memorandum of Agreement between ADEQ and EPA, Section IV, I.A.1, ADEQ is required to enter the reported data for individual permits, both major and minor. ADEQ has voluntarily entered the reported data for general permits as staff resources allow. Because of limited resources, ADEQ has not had the available staff to enter the construction stormwater permits or hydrostatic testing permits (unless they are issued a formal enforcement action). In addition, ADEQ does not enter informal enforcement actions for non-major permits, except NOV's into ICIS.

EPA should note, for general permits, ADEQ has developed NOIs in accordance with the requirements of 40 CFR 122.28(b)(2)(i), which does not specify the submission of SIC information. Nonetheless, ADEQ is voluntarily modifying its NOI forms to collect this information in the future. ADEQ will continue to voluntarily enter the reported data for general permits as staff resources allow. ADEQ will ensure the SIC codes are entered for all the reported data ADEQ enters into ICIS in accordance with the requirements of the new Electronic Reporting Rule, which is to become effective December 21, 2015.

ADEQ questions whether the National Goal accurately reflects the legal requirements that existed in FY 2013. Further, ADEQ asks EPA to please make available information on the National Average for this time period. Until that information is available, ADEQ questions whether EPA's finding of an area for state improvement is warranted.

Although EPA's SRF reviewed information from October 2012 to September 2013, ADEQ welcomes the opportunity to hold quarterly conference calls from EPA in order to share information on the current legal requirements and the current ADEQ staff resources (constituting two administrative assistants and one supervisor) available to enter all minimum data requirements for 777 NPDES individual permits and for 3204 general permits.

Recommendation

- ADEQ should immediately begin to enter all Minimum Data Requirements for all active CWA NPDES non-majors with general permits into ICIS-NPDES.
- EPA will use scheduled quarterly conference calls to evaluate progress made in inputting all Minimum Data Requirements (MDR).
- MDRs for all active CWA NPDES non-majors with general permits into ICIS should be completed within 180 days of issuance of final SRF report.

CWA Element 2 — Inspections

Finding 2-1	Area for State Attention
Summary	<p>ADEQ did not meet the all inspection commitments as stated in the CWA 106 State grant document for FY2013 and the Compliance Monitoring Strategy. Specifically, ADEQ did not meet the CMS targets for Relevant metrics 4a2 (Significant Industrial User inspections) or 4a8 (Industrial stormwater inspections).</p> <p>All 32 inspection reports reviewed by EPA were complete, timely and sufficient to determine compliance at the facilities.</p>
Explanation	<p>The CWA 106 grant document for ADEQ described the planned inspections for the State for FY2013. Consistent with the Compliance Monitoring Strategy (CMS) for the national NPDES program, and the Memorandum of Agreement between the Environmental Protection Agency and ADEQ, they conduct field activities to determine the status of compliance with permit requirements that include both sampling and non-sampling inspections. Compliance Evaluation Inspections (CEIs) for major facilities are conducted once every two years; non-majors facilities once every five years. Pretreatment Compliance Inspections (PCIs) are conducted twice every five years and an audit is conducted every other year. Compliance Sampling Inspections (CSI) for majors facilities are conducted four times per year, minor non- municipalities four times per year, and minor municipalities eight times per year.</p> <p>During FY2013 the Water Division conducted 936 inspections for which 638 were directly related to the NPDES program. The Water Division also responded to 465 complaints for which 130 were directly related to the NPDES program. They also collected 2100 samples during their monthly water routes.</p> <p>Inspectors continue to work diligently to fulfill all requirements outlined in the EPA/ADEQ MOA or CMS despite significant turnover within the Inspection Branch.</p> <p>4a1. ADEQ conducted 15 out of 23 Pretreatment compliance inspections and audits (65.22%), exceeding the CMS commitment of 20%.</p> <p>4a2. ADEQ conducted 10 out of 25 Significant Industrial User inspections for SIU's discharging to non- authorized POTW's (40%). This does not meet the CMS commitment of 100%.</p>

4a5. ADEQ conducted 43 of the 367 SSO inspections (11.72%), exceeding the CMS commitment of 5%.

4a7 ADEQ conducted 9 out of 48 Phase I & II MS4 audits or inspections (18.75%).

4a8. ADEQ conducted 124 out of 1873 Industrial stormwater inspections (6.62%). This does not meet the CMS commitment of 10%.

4a9. ADEQ conducted 132 out of 929 Phase 1 & II stormwater construction inspections (14.21%), exceeding the CMS commitment of 10%.

5a1. ADEQ conducted 49 out of 114 Major Inspections (43%). This is below the national average of 53.10%

5b1. ADEQ conducted 169 out of 690 non major inspections (24.50%), exceeding the CMS commitment of 20%. Non-major facilities are conducted once every five years. ADEQ is slightly below the National average of 25.20%.

5b2. ADEQ conducted 182 out of 2863 NPDES non-majors with general permits (6.40%).

6a. Based on the file review, ADEQ had 100 % (32 of 32) inspection reports that were completed and sufficient to determine compliance at the facilities.

6b. Based on the file review, ADEQ had 100% (32 of 32) inspection reports that were completed within prescribed timeframe (7 days).

Relevant metrics

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
4a1 Pretreatment compliance inspections and audits	100% of the State CMS		15	23	65.22%
4a2 Significant Industrial User inspections for SIUs discharging to non-authorized POTWs	100% of the State CMS		10	25	40%
4a5 SSO inspections	100% of the State CMS		43	367	11.72%
4a7 Phase I & II MS4 audits or inspections	100% of the State CMS		9	48	18.75%

4a8 Industrial stormwater inspections	100% of the State CMS		124	1873	6.62%
4a9 Phase I and II stormwater construction inspections	100% of the State CMS		132	929	14.21%
4a10 Medium and large NPDES CAFO inspections	100% of the State CMS		1	1	100%
5a1 Inspection coverage of NPDES majors	100% of the State CMS	53.10%	49	114	43%
5b1 Inspection coverage of NPDES non-majors with individual permits	100% of the State CMS	25.20%	169	690	24.50%
5b2 Inspection coverage of NPDES non-majors with general permits	100% of the State CMS	6.80%	182	2863	6.40%
6a Inspection reports complete and sufficient to determine compliance at the facility	100%		32	32	100%
6b Inspection reports completed within prescribed timeframe	100%		32	32	100%

State response

ADEQ questions why EPA would identify inspections as an area for state attention. Further, ADEQ cannot understand how the “relevant metrics” derived “100% of the State CMS” as less than the number of inspections completed as required by the CMS. For example, Metric 4a. According to ADEQ’s Compliance Monitoring Strategy (CMS), “Pretreatment approval authorities should conduct at least one audit every five years of each POTW with an approved pretreatment program, generally corresponding to an annual audit rate of 20% of active approved programs.” Also, “Pretreatment approval authorities should conduct at least two Pretreatment Compliance Inspections (PCIs) of each POTW with an active approved pretreatment program every five years.” However, an audit of all 23 facilities is not conducted every year. ADEQ conducts one audit every permit cycle or every five years which equates to conducting an audit at twenty percent of the facilities annually. The actual percentage of permitted facilities that were inspected or audited in FY2013 is noted as 65.22%, which far exceeds “100% of the State CMS.” Clearly, the chart does not accurately portray the level of effort achieved by the State because it does not reflect the actual number of inspections to be completed based on the 2013 CMS. The state failed to meet only two metrics based on the CMS. For Metric 4a8, ADEQ did not meet the target goal of inspecting 10% of the industrial stormwater permitted facilities. Since FY2013, there has been greater emphasis towards conducting industrial stormwater inspections. For example, 225 industrial stormwater inspections

were conducted in FY2015, which exceeds the 10% goal. Regarding Metric 4a2, this metric will be reevaluated in the future with the goal of achieving compliance during Fiscal Year 2017.

ADEQ believes EPA’s chart of “relevant metrics” inaccurately reflects the value/percentage of the State’s achievements by failing to identify the number of inspections required under the State’s CMS and the number of inspections actually completed. Accordingly, EPA’s finding that inspections is an area for state attention is inaccurate and not substantiated by the facts and the text supporting this designation. ADEQ asks EPA to correct the “relevant metrics” so the report accurately portrays “100% of the State’s CMS” as the number of inspections committed to complete in the 2013 CMS and report the actual number of inspections completed, which should reflect accurate results consistent with the statements set forth in the Explanation. ADEQ also asks EPA to list this section as Meets or Exceeds Expectations. Given the language of the Explanation, no other finding can be justified by EPA.

Recommendation

CWA Element 3 — Violations

Finding 3-1 Meets or Exceeds Expectations

Summary Single Event Violations (SEV’s) were accurately identified as SNC or non-SNC and reported in a timely manner at major facilities. The inspection reports are complete and sufficient to determine compliance.

Explanation Single Event Violations are accurately identified as SNC or non-SNC and reported in a timely manner at major facilities (the guidance states that EPA strongly encourages entry of Single Event Violations for non-major facilities, however this is not a requirement). ADEQ continues to address them. When SEV’s are addressed they are linked to a draft order. ADEQ links SEV’s to the formal enforcement action when the Final Order becomes effective, which can take several months.

8a2. ADEQ percentage of Majors in SNC is slightly higher than the national average at 24.8%.

8b. SEV’s accurately identified as SNC or non-SNC (3 of 3) 100%.

8c. Percentage of SEV’s identified as SNC reported timely at major facilities (2 of 2) 100%.

7a1. There are 3 major facilities with single event violations that were reported to the national data system. ADEQ enters single event violations

timely. ADEQ links SEV's to the formal enforcement action when the Final Order becomes effective.

7f1. A review of the DMA from 2011 to 2013 shows the number of noncompliance in Category 1 non-majors has steadily decreased from 445 (2011) to 350 (2012) to 269 as reported on the 2013 ANCR.

7g1. A review of the DMA from 2011 to 2013 shows the number of non-compliance in Category 2 non-majors has steadily decreased from 179 (2011) to 251 (2012) to 57 reported on the 2013 ANCR. The DMAs and ANCR reporting indicates a direction of steady improvement.

Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	8a2 Percentage of major facilities in SNC		24.4%	29	117	24.8%
	8b Single-event violations accurately identified as SNC or non-SNC	100%		3	3	100%
	8c Percentage of SEVs identified as SNC reported timely at major facilities	100%		2	2	100%
	7a1 Number of major facilities with single event violations					3
	7f1 Non-major facilities in Category 1 noncompliance					297
	7g1 Non-major facilities in Category 2 noncompliance					265
	State response	None				
Recommendation						

CWA Element 3 — Violations

Finding 3-2	Meets or Exceeds Expectations																		
Summary	ADEQ strives to identify and address all violations for majors and non-majors facilities. The percentage for major facilities (57%) in noncompliance for ADEQ is lower than the national average (63.10%). Insufficient narrative in inspection report should be addressed.																		
Explanation	<p>7d1. Although over half of the major universe is showing noncompliance, 57% is lower than the national average of 63.10%. Review of the Data Metrics Analysis (DMAs) from 2011 to 2013 shows a steady decrease of the major facilities in noncompliance: 2011 (70.2%); 2012 (64.7%); and 2013 (57%).</p> <p>7e. Thirty-one (31) out of the 32 inspection reports reviewed led to an accurate compliance determination, a rate of 96.9%. An inspection report conducted September 11, 2013, stated that four aerators were not functional. However, the facility received an overall rating of “Satisfactory”. On Section C, “Operations & Maintenance” of the inspection checklist, the facility received all “Satisfactory” ratings. There is no narrative to support whether or not the four inoperable aerators negatively impacted plant performance. Without the narrative, the facility should have received an “Unsatisfactory” or a “Marginal” rating for “O & M” and the corresponding report and checklist should reflect that.</p> <p>EPA Region 6 encourages ADEQ to continue to address and identify all violations for majors and non-major facilities and ensure narratives support inspection reports ratings to ensure accurate compliance determination.</p>																		
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>7d1 Major facilities in noncompliance</td> <td></td> <td>63.10%</td> <td>65</td> <td>114</td> <td>57%</td> </tr> <tr> <td>7e Inspection reports reviewed that led to an accurate compliance determination</td> <td>100%</td> <td></td> <td>31</td> <td>32</td> <td>96.9%</td> </tr> </tbody> </table>	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	7d1 Major facilities in noncompliance		63.10%	65	114	57%	7e Inspection reports reviewed that led to an accurate compliance determination	100%		31	32	96.9%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #														
7d1 Major facilities in noncompliance		63.10%	65	114	57%														
7e Inspection reports reviewed that led to an accurate compliance determination	100%		31	32	96.9%														
State response	None																		
Recommendation																			

CWA Element 4 — Enforcement

Finding 4-1	Meets or Exceeds Expectations																		
Summary	ADEQ had 100% of enforcement responses that return or will return source in violations to compliance and 100% of the enforcement responses addressed all the violations in an appropriate manner.																		
Explanation	<p>9a. Percentage of enforcement responses that return or will return source in violation to compliance: 100% (25 of 25)</p> <p>The enforcement responses included warning letters, phone calls, Consent Administrative Orders with penalties, and the enforcement response indicated that the violations were addressed in an appropriate manner.</p> <p>10b. Enforcement responses reviewed that address violations in an appropriate manner: 100% (26 of 26)</p>																		
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>9a Percentage of enforcement responses that return or will return source in violation to compliance</td> <td>100%</td> <td></td> <td>25</td> <td>25</td> <td>100%</td> </tr> <tr> <td>10b Enforcement responses reviewed that address violations in an appropriate manner</td> <td>100%</td> <td></td> <td>26</td> <td>26</td> <td>100%</td> </tr> </tbody> </table>	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	9a Percentage of enforcement responses that return or will return source in violation to compliance	100%		25	25	100%	10b Enforcement responses reviewed that address violations in an appropriate manner	100%		26	26	100%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #														
9a Percentage of enforcement responses that return or will return source in violation to compliance	100%		25	25	100%														
10b Enforcement responses reviewed that address violations in an appropriate manner	100%		26	26	100%														
State response	None																		
Recommendation																			

CWA Element 4 — Enforcement

Finding 4-2	Area for State Improvement
Summary	ADEQ enforcement actions are appropriate but are not timely. In FY13, ADEQ had 33% of majors with timely action as appropriate. The percentages are well below the National goal of 98%, but above the National Average of 8%.
Explanation	10a1. According to data metrics 10a1, ADEQ continues to have a relatively high percentage of majors that do not receive timely enforcement actions. For the last three years the percentage indicates a trend of steady improvement of majors receiving timely action as appropriate; FY2011 (0%), FY 2012 (15.4%) and FY2013 (33.3%). Nevertheless, in FY2013,

only 4 out of 12 Major facilities had timely enforcement actions as appropriate. According to the NPDES EMS, having timely responses to significant noncompliance at major facilities is a formal enforcement action that occurs within the 2nd quarter of SNC violations. Reviews of ADEQ’s Quarterly Non-Compliance Reports for FY13 indicate that timely enforcement actions are not being taken.

Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	10a1 Major facilities with timely action as appropriate	>=98%	8%	4	12	33.30%

State response

Metric 10a1: In FY2013, ADEQ had 33% of majors with timely action as appropriate. For FY2013, the current National Average for this metric is 8%, and for FY2012, the National Average was 3.6%. Given the disparity between the National Average and EPA’s National Goal of 98%, EPA should either reevaluate how this metric is calculated or reconsider the timeliness criteria that is the basis for this metric.

States should retain their authority for enforcement discretion, and ADEQ uses an escalated enforcement approach. As we clarified in the March 2015 revision to our CMS/EMS submitted to EPA, ADEQ considers Notices of Violation (NOV) to be formal actions. Issuing an NOV is an administrative action comparable to filing a complaint in a civil court action and should be considered by EPA to be a formal enforcement action for the Water Division, just as EPA does with ADEQ’s Hazardous Waste Division. The number of major SNC violations has declined, which indicates that ADEQ’s escalated enforcement approach is effective. ADEQ recognizes the noncompliance issues facing the major facilities in the state and will continue do to everything in its power to move these facilities back towards compliance.

Recommendation

- EPA recommends that ADEQ proceed to take more timely enforcement action as warranted to NPDES facilities in noncompliance and that facilities do not remain on the QNCR for 2 or more quarters without an enforcement action.
- EPA will monitor trends in Metric 10a1 quarterly and analyze progress made in issuing timely enforcement action.

CWA Element 5 — Penalties

Finding 5-1	Area for State Attention
Summary	ADEQ did not meet the National Goals of 100% for penalty calculations that consider and include gravity and economic benefit, documentation

of the difference between initial and final penalty and rationale, and penalties collected.

Explanation

11a. Based on the file review, 5 of 6 (83.3%) files with penalty calculations had adequate documentation that considered and included gravity and economic benefit.

12a. Based on file review, 5 of 6 (83.3%) files had documentation of the difference between initial and final penalty and rationale.

12b. Based on the file review, 4 of 6 (66.7%) files had penalties collected.

EPA recommends that ADEQ maintain records and documentation when penalties are adjusted and ensure that penalty files adequately document penalty calculations, including the method used for calculating economic benefit and gravity.

Relevant metrics

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
11a Penalty calculations reviewed that consider and include gravity and economic benefit	100%		5	6	83.3%
12a Documentation of the difference between initial and final penalty and rationale	100%		5	6	83.3%
12b Penalties collected	100%		4	6	66.7%

State response

Metric 11a. During the review, one file could not be located following the departure of an employee. ADEQ is confident that this was an isolated case; there are additional procedures in place to ensure all penalty records are properly maintained.

Metric 12a. During the review, one file could not be located following the departure of an employee. ADEQ is confident that this was an isolated case; there are additional procedures in place to ensure all penalty records are properly maintained.

Recommendation

Clean Air Act Findings

CAA Element 1 — Data						
Finding 1-1	Meets or Exceeds Expectations					
Summary	EPA Region 6 evaluated ADEQ’s timeliness in reporting MDRs and stack tests. EPA identified a minor problem with Metric 3b1, as well as 3b2. ADEQ was minimally below the 100% national goal.					
Explanation	The data showed the following as being reported untimely: 15 out of 798 compliance monitoring minimum data requirements (MDRs) and five out of 1006 stack tests data and results.					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	3b1 Timely reporting of compliance monitoring MDRs	100%	80.9%	783	798	98.10%
	3b2 Timely reporting of stack test dates and results	100%	75.4%	1001	1006	99.50%
State response	None					
Recommendation						

CAA Element 1 — Data						
Finding 1-2	Area for State Improvement					
Summary	<p>EPA Region 6 evaluated ADEQ’s data accuracy, timeliness and completeness. ADEQ’s data in AFS did not match information in facility files reviewed on-site. EPA identified timeliness deficiencies in Metrics 3a2 and 3b3. Deficiencies were identified in Metrics 7b1 and 7b3 regarding changing a pollutant compliance status to reflect a violation in AFS. Pollutant compliance status is not tracked in ICIS-Air. The logic for Metrics 7b1 and 7b3 will be redefined to align with the revised HPV and FRV Policies. <i>Note: The on-site review used data from AFS, which no longer exists. ADEQ has corrected data in ICIS-Air for all discrepancies noted.</i></p> <p>EPA Region 6 and HQ provided ICIS-Air training on March 30 through April 1, 2015, to delegated agency staff which was attended by ADEQ.</p>					

Region 6 will continue to provide assistance to ADEQ staff when guidance/assistance is requested.

Explanation

The onsite file review evaluated Metric 2b. EPA staff identified 10 out of 39 facilities where the information in the file did not match AFS/ECHO. The 10 errors involved four facilities. Seven of the 10 files reviewed had a different address in AFS at the time the on-site was conducted. The differences were a different city name in one file reviewed, and a different street name in six files reviewed. Since the data migration to ICIS-Air, all addresses in ICIS-Air match the ones in the files. On a case by case basis, facility records identified as deficient are easily corrected. However, EPA recognizes the need to have a system in place to ensure the accuracy of program information in ICIS-Air.

Two of the 10 files reviewed had a pollutant compliance status of “in violation” in AFS which was a data error. No action is needed as ICIS-Air does not contain this information.

One file reviewed indicated that an FCE was conducted at a Title V Major facility in 2013. However, the activity was a PCE that was incorrectly entered into AFS. The error was promptly corrected in ICIS-Air. An FCE has been conducted at this facility pursuant to the SRF on-site review, meeting the CMS frequency for this facility.

Also, one file had an NOV date in AFS but the case file indicated the NOV was signed one day later. This file is mentioned as having a different address above. The NOV date in AFS matches the ADEQ log (3/25/13). The letter was mailed next day which is an acceptable reason for difference.

The data in Metric 3a2 showed six HPV determinations were not made and entered timely. However, two of the six HPV determinations were entered within 62 days, slightly beyond the 60-day timeframe for data entry. The time for entry of the remaining four ranged from 89-192 days.

ADEQ should update its written guidelines to meet and include the requirements of the 2014 HPV policy dated August 25, 2014, and the revised FRV policy dated September 23, 2014.

Relevant metrics

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
2b Accurate MDR data in AFS	100%		29	39	74.4%
3a2 Untimely entry of HPV determinations	0		6		

3b3 Timely reporting of enforcement MDRs	100%	68.7%	71	104	68.30%
7b1 Violations reported per informal actions	100%	59.5%	3	41	7.30%
7b3 Violations reported per HPV identified	100%	57.5%	1	10	10%

State response

General comments

Reporting by exception has numerous benefits that EPA should consider, including:

- 1) Reduces Paperwork thus reducing electronic and hardcopy storage space;
- 2) Gives compliance personnel more time to perform other compliance monitoring activities;
- 3) Allows state/local/tribal agencies to do more with less or the same;
- 4) Streamlines any possible enforcement action by reporting only on those areas that are issues versus having to wade through information that demonstrates compliance; and
- 5) Does having any information documented on any report really prove anything?

Comments for metric 2b

Out of the 30 facilities some had multiple reports. The 10 errors were for 4 facilities. One facility had three reports and all three reports had the same address, but it was a different address then what was in AFS although the facility is at a cross road and what was written was an address for the facility. In addition, one of the facilities is a Natural Gas Compressor station, and the address is more of a description on how to get to the facility. So it may be understandable that the Inspector may have written it differently then what is on the permit.

Of the 30 facilities reviewed, there were errors listed under 2b for 4 facilities. One was for incorrect City and three for incorrect street. These were reported as CMR does not match AFS. As AFS is now defunct ADEQ is unable to address possible reasons for these inaccuracies; however, we have verified that these have all been corrected in ICIS-AIR. ADEQ strives to ensure the material in AFS and now ICIS-Air is accurate.

ADEQ Compliance Monitoring will ensure that focus is placed on ensuring that the correct type of compliance evaluation is documented.

ADEQ Administrative Analysts enter the Enforcement information provided to them by the Enforcement Section.

Comment for metric 3a2

ADEQ is currently reviewing the process within enforcement to ensure the Administrative Analysts are provided the information as soon as possible to enter the data as it occurs or within the 60 day timeframe versus

at the end of the process. ADEQ is also working on redefining day zero within the ADEQ process to coincide with the 2014 HPV policy.

ADEQ was awaiting the results of this SRF to update its written policies and guidelines and training documents so a more comprehensive and complete update may be accomplished. Since the focus of this SRF was on FY13 ADEQ felt it had enough time to update the materials at one time versus updating for the new policies and then update the material again for any updates requested by the EPA as a result of the SRF round 3 findings. The referenced documentation is currently being updated with a draft completion date of January 2016. In the future ADEQ will update guidelines, written policies, and training material as reference material changes.

Response to Recommendations by EPA:

ADEQ is currently reviewing the information contained in ICIS-Air. On August 18, 2015 ADEQ requested guidance from Region 6 in regards to the classification of PM in ICIS-Air in certain situations. EPA Region 6 elevated it to EPA Headquarters and ADEQ is still awaiting the final determination. When it is provided ADEQ will recommence the review of data in ICIS-Air. While ADEQ is awaiting that decision all data being entered is reviewed and appropriate action taken.

At the time of the SRF ICIS-Air was in operation for less than 90 days. ADEQ was waiting for the new development of the MDR documentation to develop guidelines and practices. ADEQ has always in the past with AFS had outstanding data quality and has always kept the data current. When first encountering their specific data in ICIS-Air, most states/locals/tribes required a thorough review.

ADEQ will comply with EPA Region 6's request to provide to EPA its written guidelines on when to review and/or update facility records with program information in ICIS Air.

ADEQ will comply with EPA Region 6's request to provide to EPA its updated practices and outline the changes that were made which would result in timely HPV entries.

Recommendation

- ADEQ should ensure that all applicable air programs and/or subpart information for each facility are correct in ICIS Air (formerly documented in AFS) and that MDRs are entered accurately and timely.
- Within 90 days from the date of the final SRF report, ADEQ should complete an evaluation of its guidelines and practices as it relates to

	<p>updating the current database with program information and determine if any improvements need to be made.</p> <ul style="list-style-type: none"> • Within 30 days after ADEQ completes its review, ADEQ should provide to EPA its written guidelines on when to review and/or update facility records with program information in ICIS Air. • Within 180 days of the final SRF report, ADEQ should provide to EPA Region 6 its updated practices and outline the changes that were made which would result in timely HPV entries.
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CAA Element 2 — Inspections

Finding 2-1	Meets or Exceeds Expectations																		
Summary	EPA Region 6 evaluated ADEQ’s inspection coverage and no deficiencies were identified.																		
Explanation	ADEQ met the CMS commitment for Title V major and synthetic minor 80% (SM-80) facilities. One FCE was actually a PCE in FY2013; however, an FCE has been conducted at that facility so that it currently meets the CMS frequency. The percentage would have been 99% which still would have met expectations for this data metric.																		
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>5a FCE coverage of majors and mega-sites</td> <td>100%</td> <td>88.50%</td> <td>146</td> <td>146</td> <td>100%</td> </tr> <tr> <td>5b FCE coverage of SM-80s</td> <td>100%</td> <td>93.3%</td> <td>408</td> <td>408</td> <td>100%</td> </tr> </tbody> </table>	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	5a FCE coverage of majors and mega-sites	100%	88.50%	146	146	100%	5b FCE coverage of SM-80s	100%	93.3%	408	408	100%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #														
5a FCE coverage of majors and mega-sites	100%	88.50%	146	146	100%														
5b FCE coverage of SM-80s	100%	93.3%	408	408	100%														
State response	None																		
Recommendation																			

CAA Element 2 — Inspections

Finding 2-2	Area for State Attention
Summary	EPA Region 6’s review indicated issues with ADEQ’s review of Annual Compliance Certifications (ACCs) for the entire Title V universe.
Explanation	5e Review of the data metric indicated that 28 out of 196 ACC reviews were not completed within the FY. Further review of the 28 not counted indicated review of ACCs was done in early FY2014 or were reported after data was frozen for FY2013.

During the on-site review, 22 FCE files were reviewed. Of the 22 FCE files, six were for a Title V Major facility. All six FCEs at Title V majors included a review of the most recent Title V ACC. The State’s Employee Handbook contains written procedures to assure review of ACCs as part of the FCE process.

ADEQ should continue to ensure that ACC reviews are completed within the appropriate year and entered timely.

Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	5e Review of Title V annual compliance certifications	100%	81.3%	168	196	85.70%

State response ADEQ understands this issue and notes that some of those not reviewed were due the last month of the year and may not have had sufficient time to review within the same FY.

Recommendation

CAA Element 2 — Inspections

Finding 2-3 **Area for State Improvement**

Summary EPA Region 6 evaluated ADEQ’s compliance monitoring report (CMR) completeness and efficiency to determine compliance. EPA’s review indicated issues with ADEQ’s documentation and inclusion of all recommended components of a full compliance evaluation (FCE) per the Compliance Monitoring Strategy (CMS) guidance. It was unclear if all applicable air programs and corresponding subparts were reviewed to determine compliance at the time a facility was subject to an applicable subpart.

Since the on-site SRF review, EPA staff have discussed the CMR content and ADEQ’s Air Inspection Report template. ADEQ provided an updated ADEQ Inspection Report form, along with Documentation for Completing Inspection Report dated February 6, 2015.

Explanation 6a The onsite review evaluated ADEQ’s documentation of FCE and identified 6 of 24 FCEs that did not document all the elements for an FCE in the CMR per the CMS Policy. The current ADEQ Air Inspection Report form (revised December 2009) is a one-page template which summarizes the results of the inspections along with an

Addendum. The quantity and quality of information provided in the CMR Addenda varied.

6b The onsite file review evaluated Metric 6b. EPA staff identified 8 out of 37 CMRs and/or source files were incomplete and lacked sufficient information to determine compliance with all applicable subparts included in the facility’s approved permit and/or data entered in AFS. EPA considers this a performance deficiency within the CMRs.

Relevant metrics

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
6a Documentation of FCE elements	100%		18	24	75.0%
6b Compliance monitoring reports reviewed that provide sufficient documentation to determine facility compliance	100%		29	37	78.4%

State response

Comments for metric 6a

ADEQ Air Division Compliance Monitoring notes that all elements of an FCE are documented in the reports. When the report format was created it was sent to Region 6 for review and received the approval for the form. ADEQ designed the form in anticipation of the increased workload due to the Natural Gas boom in Arkansas and anticipated increase in the number of Stack tests to observe, review and document in addition to the increased number of citizen complaints and Inspections. Arkansas was not able to increase the number of Inspectors at the time, so priorities were weighed and solutions sought to ensure the state could continue to provide coverage for all of the various activities throughout the state. The exceptions-based approach was implemented to reduce paperwork; time used filling out reports could be reduced, enabling Inspectors to spend more time in the field accomplishing the multitude of other tasks required. A portion of the disclaimer for the 2014 CAA CMS follows and contains at least two very important statements:

- 1) **The discussion in this document is intended solely as guidance, this document is not a regulation. It does not impose legally binding requirements on the United States Environmental Protection Agency (EPA), States, or the regulated community. This policy does not confer legal rights or impose legal obligations upon any member of the public. The general description provided here may not apply to a particular situation based on the circumstances.**

- 2) **EPA retains the discretion to adopt approaches on a case-by-case basis that differ from those described in this policy where appropriate.**

Given these two statements ADEQ Air Division developed the current CMR and the appropriate guidance. The current CMR and guidance were submitted to EPA Region 6 for review prior to implementation and received comment that it seemed to satisfy all of the requirements. As such we went forth and implemented the program, believing that the 2014 CAA CMS was guidance, that EPA could adopt alternative approaches on a case-by-case basis. ADEQ Air Division also felt that advancing technologies not only included new detection devices and other new apparatus but also could include new methods to report findings. The one page template which can expand to make the completed document as large as needed automatically populates a database which then through mail merge populates the 30 day letter that ADEQ Air division sends to the facility in the event of an inspection which finds Areas of Concern (potential violations). Those Areas of Concern are summarized in the AREAS of Concern/ Non-Compliance section of the report. This section auto populates verbatim a portion of the letter to the facility describing what the areas of concern are. The report was designed for the elaboration and specifics of an Area-of-concern to be placed in the Addendum section of the report if needed. When the 30 day letter is mailed to the facility ADEQ includes a copy of the CMR with all addendum pages included, so the facility can determine more detail of the Area of Concern if needed. Using an exception basis reporting procedure lends itself to differences in the quantity and quality of the information in the Addendum Area. The first and major difference is the difference in a report which finds areas of concern with one that does not find areas of concern. In ADEQ's format the report that finds areas of concern would have additional text and documentation further explaining the areas of concern. This enables any reader the ability to quickly ascertain if the facility has areas of concern and what permit conditions, regulations may are related to those areas of concern. Then on the addendum pages of the CMR the Inspector is expected to elaborate and provide additional references to information used for the determination.

The Clean Air Act Stationary Source Compliance Monitoring Strategy (CAA CMS) issued July 2014. Section IX. COMPLIANCE MONITORING- identifies the basic elements that should be addressed in a report.

- (1) General information: date, compliance monitoring type (i.e., FCE, PCE, or Investigation) and official submitting the report.
- (2) Facility information: facility name, location, mailing address, facility contact and phone number, Title V designation and mega-site designation.
- (3) Applicable requirements: all applicable requirements including regulatory requirements and permit conditions.

-
- (4) Inventory and description of regulated emission units and processes.
 - (5) Information on previous enforcement actions.
 - (6) Compliance monitoring activities: processes and emission units evaluated; on-site observations, including documentation of observed deficiencies; whether compliance assistance was provided and if so, nature of assistance; any action taken by facility to come back into compliance during on-site visit.
 - (7) Observations and recommendations relayed to the facility during the compliance evaluation. Please note, this does not apply to information traditionally reserved for enforcement case files.

Attachment A to this response is a copy of the ADEQ Compliance Monitoring Report sheet with numbers in each box. This document a training tool when this report format was initiated, when new Inspectors are trained, and for periodic training sessions etc. or is available for reference to the Inspectors, Inspector Supervisors and other Air Division Personnel. Below the general topic are each specific element and the corresponding box # on ADEQ's report.

(1) General information:

- Date (Box 50 and 60)
- Compliance monitoring type (i.e., FCE, PCE, or Investigation) (Box 170)
- Official submitting the report (Box 10 and 20)

(2) Facility information:

- Facility name (Box 220)
- Location (Box 240)
- Mailing address (Box 260-300)
- Facility contact and phone number (Box 300-390)
- Title V designation and mega-site designation (Box 120) (N/A as Arkansas has no sites delegated as Mega-sites).

(3) Applicable requirements:

- All applicable requirements including regulatory requirements and permit conditions
- NSPS and NESHAP Subparts that the facilities are permitted for are listed in (Boxes 200 and 210). The permit related to the facility at the time of the Inspection is listed in (Box 40) attaching the permit to the report is a duplication of effort and creates larger records and files. ADEQ permits are available to view on the website.
- Identifying these NSPS and NESHAP subparts and identifying the current permit in the report indicates that the Inspector reviewed the requirements of the applicable regulations and conditions of the permit. Using the "exception reporting"

format comment is only required in the event of an Area of Concern

- (4) Inventory and description of regulated emission units and processes
- As instructed this is to be reported in box (560) with the following description provided to the Inspectors during training of what should appear in the Addendum Page. The below paragraph demonstrates this requirement.
 - (560) Addendum Page – Although the report follows the exception based reporting style, with only the issues discovered during a FCE, or PCE, noted in the Areas of Concern section, there are a few items that are to be included in the report.
 - 1) List of records reviewed, including ACCs & SAMs reviewed as part of the inspection.
 - 2) List of permitted sources, and, if needed, notes on operational status.
 - 3) Areas of Concern – Same as listed in form field #420, but with all the corresponding permit conditions quoted that were of issue and with attachment references that may have been removed to clean up #420 for use with a letter.
- Emphasis was placed on the QC of report content which indicated areas of concern as ADEQ management felt that these reports could face greater scrutiny than a report on a facility with no areas of concern.
- (5) Information on previous enforcement actions.
- A three year Compliance History (when available) is documented in boxes 400-460 when available
- (6) Compliance monitoring activities: processes and emission units evaluated; on-site observations, including documentation of observed deficiencies; whether compliance assistance was provided and if so, nature of assistance; any action taken by facility to come back into compliance during on-site visit.
- ADEQ documents processes and emissions units evaluated by listing permitted sources, and, if needed, notes on operational status as stated in the previous section. In addition should any sources or potential sources be found that need to be addressed they can be mentioned in any of three areas “Area of Concern/Non-Compliance Issues noted (If inspectors preliminary determination that this may be a significant source), Notes and Comments (If inspectors preliminary determination is that this may be an insignificant source) and the Addendum Area for elaboration if required. ADEQ Inspectors are trained to assist all facilities, when compliance assistance is requested or appropriate. Inspectors’ compliance assistance if acted upon by the facility brings them back into compliance during the on-

site visit. The Inspector documents what is appropriate in that regard on a document available to the public.

(7) Observations and recommendations relayed to the facility during the compliance evaluation. Please note, this does not apply to information traditionally reserved for enforcement case files.

- ADEQ holds an exit meeting with the facility and discusses items that could be listed in the “Areas of Concern/Non-Compliance Issues noted, Notes and Comments and the Addendum Area as needed. As they are listed in these three areas, ADEQ feels that that process is sufficiently covered.

In providing the above information, states/locals/tribes should reference or attach other relevant documents as appropriate to avoid duplication.

- ADEQ permits are stored electronically and accessible through our website. ADEQ feels it is duplicative and redundant to attach the permit to each inspection. As normal practice ADEQ Inspectors do attach any other relevant documents to the reports.

Six were noted as no references to various NSPS or NESHAP subparts. Of the six reported as not being referenced in the report all 6 had references to the mentioned subparts in either box 200 or box 210 whichever is appropriate. This indicates that the facility was inspected against the permit and those subparts. Five of the six CMR noted no Areas of Concern, indicating no potential violations. Exception reporting procedures would not mention those subparts unless there was an issue.

Comments for metric 6b

ADEQ CMR has a specific box titled “Compliance Issues” which indicates if Areas of Concern (potential violations) were found. All 30 reports supplied had a yes or no indicated in that box. If no is indicated then no areas of concern (potential violations) were found and no entries are made in the narrative portion of the one page template area titled “AREAS OF CONCERN/NON-COMPLIANCE ISSUES NOTED”. This indicates facility is In-Compliance at the time of inspection. For those that a “Yes” is indicated in the “Areas of Concern” box, then the specific permit condition is listed in the “AREAS OF CONCERN/NON-COMPLIANCE ISSUES NOTED” and the potential violation is further elaborated in the Addendum Pages of the report if necessary. ADEQ is unable to figure out why EPA could not determine if a facility is in compliance given the above information. If the subparts are not listed in the Areas of Concern then the facility was in compliance with that subpart. On the CMR is a box which lists NSPS Subparts (Box 200) and a box for NESHAP Subparts (Box 210) that are listed in the facilities permit as subject to. These Subparts and the permit are used as a basis for the Inspections. If the Permit lists them, the CMR lists them and the CMR

Indicates there are or are not Compliance Issues, if there are compliance issues these are listed in the “AREAS OF CONCERN/NON-COMPLIANCE ISSUES NOTED” and then if necessary further explanation is made in the Addendum page, ADEQ feels that is sufficient documentation to indicate that the facility was inspected for that, and a potential violation was or was not found. EPA Region 6 was provided with a copy of the CMR at the time of development and indicated that it was sufficient. In an effort to reduce redundant paperwork ADEQ has taken the approach of reported on exceptions. ADEQ feels that having something written on a form no further indicates that something was or was not checked.

Response to Recommendations by EPA:

ADEQ feels the first recommendation has been addressed. Exception reporting only requires commenting on individual items when they are an issue. If the Subpart is not listed in the areas of concern the facility is in compliance. As previously mentioned the NESHAP and NSPS subparts a facility is subject to are listed on the CMR and a copy of the permit is available on the ADEQ website. Air Division Inspector Supervisors at their discretion may require more in depth documentation of specific conditions and subparts, while new Inspectors are in the training. ADEQ Inspectors are professional and thorough. ADEQ believes that reporting by exception will be a necessity for more states/locals/tribes as the demands become increasingly greater with no possibilities to increase the work force actually performing the Inspections.

ADEQ will review its current CMR form but feels that it contains the data required and will train the Inspectors and Supervisors of any new requirements. ADEQ would also like to mention that the 2014 CAA CMS is issued as guidance.

ADEQ will provide Region 6 a current Inspection report template and updated SOP within 180 days of the finalization of the SRF date.

ADEQ will provide Region 6 proof of training provided of the inspection report template and SOP.

Recommendation

- ADEQ should ensure that inspectors evaluate and document all applicable state delegated air programs and/or subparts while conducting an FCE.
- ADEQ should utilize its current inspection report template and Documentation for Completing Inspection Report instructions, and ensure that each component identified in CAA Stationary Source Compliance Monitoring Strategy (2014) is addressed consistently and with as much detail as appropriate.

	<ul style="list-style-type: none"> Region 6 will request five FY 2016 CMRs from ADEQ to review to ensure CMRs contain the elements recommended by the CMS policy and that ICIS-Air has been corrected updated. The CMRs will be randomly selected using ICIS-Air data. Within 180 days of the date of the final SRF report, we request that air inspectors be provided training on the revised CMS Policy and ADEQ's updated practices. Within 45 days of providing the training, we request that documentation of the training provided, date of the training, and a list of the personnel that received the training be provided to EPA Region 6.
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CAA Element 3 — Violations

Finding 3-1	Meets or Exceeds Expectations																		
Summary	EPA Region 6 evaluated ADEQ's accuracy determining HPV and FRV determinations. EPA did not identify any issues with Metrics 8a and 8c. ADEQ is consistently accurate in the assessment of compliance and HPV (and FRV) determinations.																		
Explanation	The onsite file review evaluated Metric 8c. For each of the 18 files reviewed, ADEQ made correct compliance determinations and accurately assessed the HPV status at each facility.																		
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>8a HPV discovery rate at majors</td> <td></td> <td>4%</td> <td>10</td> <td>198</td> <td>5.10%</td> </tr> <tr> <td>8c Accuracy of HPV determinations</td> <td>100%</td> <td></td> <td>18</td> <td>18</td> <td>100%</td> </tr> </tbody> </table>	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	8a HPV discovery rate at majors		4%	10	198	5.10%	8c Accuracy of HPV determinations	100%		18	18	100%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #														
8a HPV discovery rate at majors		4%	10	198	5.10%														
8c Accuracy of HPV determinations	100%		18	18	100%														
State response	None																		
Recommendation																			

CAA Element 3 — Violations

Finding 3-2	Area for State Attention
Summary	EPA Region 6 evaluated ADEQ's accuracy in making compliance determinations. EPA identified identify issues with Metric 7a during the on-site review of CMRs and/or source files.

Explanation	The onsite file review evaluated Metric 7a. In four of 38 files reviewed, it was unclear if the correct compliance determination was made based on information in the CMRs and/or source files, which included all violations and/or areas of concern to address. Please refer to Finding 2-3 under CAA Element 2 – Inspections for a detailed description regarding the CMRs and/or source files.					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	7a Accuracy of compliance determinations	100%		34	38	89.50%
State response	This was addressed in the Finding 2-3.					
Recommendation						

CAA Element 4 — Enforcement

Finding 4-1	Meets or Exceeds Expectations					
Summary	EPA Region 6 evaluated ADEQ’s use of enforcement to return facilities to compliance. EPA did not identify any issues with Metric 9a or Metric 10b.					
Explanation	The onsite file review evaluated Metric 9a. Metric 9a met the national goal of 100%. ADEQ’s enforcement actions contained language that required the facility to return to compliance.					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	9a Formal enforcement responses that include required corrective action that will return the facility to compliance in a specified timeframe	100%		17	17	100%
	10b Appropriate enforcement responses for HPVs	100%		12	12	100%
State response	None					
Recommendation						

CAA Element 4 — Enforcement

Finding 4-2	Area for State Improvement												
Summary	EPA Region 6 evaluated ADEQ’s effectiveness in taking timely and appropriate enforcement. EPA identified an issue with Metric 10a. Five of the 15 enforcement actions to address HPVs did not meet the timeliness goal of the HPV Policy (within 270 days of Day Zero).												
Explanation	<p>10a ADEQ was at 66.70%, slightly below the national average of 67.50%. Three of the five HPV actions were for failed stack tests. Additional violation(s) occurred after the original violations were added to the case, thereby slowing case completion. The remaining two involved lengthy settlement negotiations. ADEQ staff kept Region 6 apprised of the status of these five cases during AR/Region 6 monthly calls. A review of 2014 frozen AFS data indicates significant improvement. ADEQ met the timeliness goal in 100% of its enforcement actions identified as HPVs.</p> <p><i>Note: In the 1998 HPV policy, Day Zero was determined from the date of discovery of the violation and was typically 45 days after discovery unless additional information is required. The State’s review process can affect the entry of the determination into AFS (Metric 3a2) and can potentially lessen the amount of days the State has to work on addressing violations and be within 270 days (Metric 10a).</i></p> <p><i>While EPA is aware of ADEQ’s current policy and practices, EPA recommends that ADEQ review and update/revise its written guidelines to meet the requirements of the 2014 HPV policy dated August 25, 2014.</i></p>												
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>10a Timely action taken to address HPVs</td> <td></td> <td>67.50%</td> <td>10</td> <td>15</td> <td>66.70%</td> </tr> </tbody> </table>	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	10a Timely action taken to address HPVs		67.50%	10	15	66.70%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #								
10a Timely action taken to address HPVs		67.50%	10	15	66.70%								
State response	<p>As stated 2014 Data indicates that ADEQ met 100% of its enforcement actions identified as HPV’s.</p> <p>ADEQ is currently reviewing our definition of Day Zero and will ensure that our practices and outline is updated and provided to EPA within 180 days of the final SRF report date.</p> <p>As improvement was noted ADEQ does not feel that a rating of an Area for State Improvement is justified.</p>												

Recommendation	<ul style="list-style-type: none"> EPA recommends that ADEQ continues its efforts to meet the timeliness goals of the HPV Policy as indicated by FY2014 data. Within 180 days of the final SRF report, EPA requests that ADEQ provide to EPA Region 6 its updated practices and outline the changes that were made which would result in timely addressing actions.
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CAA Element 5 — Penalties

Finding 5-1	Meets or Exceeds Expectations																								
Summary	EPA Region 6 evaluated ADEQ’s penalty documentation. EPA did not identify any issues with Metrics 11a, 12a and 12b. ADEQ’s enforcement files consistently contained information on penalty calculation amounts and payments collected.																								
Explanation	The onsite file review evaluated Metrics 11a, 12a and 12b. All files contained sufficient information to show that penalty payments were received. Files documented the differences in the initial proposed penalty calculation and the final proposed penalty in the four penalty actions with reductions.																								
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>11a Penalty calculations include gravity and economic benefit</td> <td>100%</td> <td></td> <td>17</td> <td>17</td> <td>100%</td> </tr> <tr> <td>12a Documentation on difference between initial and final penalty</td> <td>100%</td> <td></td> <td>4</td> <td>4</td> <td>100%</td> </tr> <tr> <td>12b Penalties collected</td> <td>100%</td> <td></td> <td>17</td> <td>17</td> <td>100%</td> </tr> </tbody> </table>	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	11a Penalty calculations include gravity and economic benefit	100%		17	17	100%	12a Documentation on difference between initial and final penalty	100%		4	4	100%	12b Penalties collected	100%		17	17	100%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #																				
11a Penalty calculations include gravity and economic benefit	100%		17	17	100%																				
12a Documentation on difference between initial and final penalty	100%		4	4	100%																				
12b Penalties collected	100%		17	17	100%																				
State response	None																								
Recommendation																									

Resource Conservation and Recovery Act Findings

RCRA Element 1 — Data							
Finding 1-1	Meets or Exceeds Expectations						
Summary	<p>The FY 2013 inspection data in RCRAInfo is accurate. No major discrepancies were noted.</p> <p>ADEQ has a written process for inspection and enforcement data to be entered into RCRAInfo. ADEQ Hazardous Waste Division personnel take RCRAInfo data entry seriously and make every effort to ensure data is entered and is correct.</p>						
Explanation	EPA Region 6 requested to review files for thirty-two (32) facilities. A total of forty-six (46) inspection reports were reviewed.						
Relevant metrics	Metric ID Number and Description		Natl Goal	Natl Avg	State N	State D	State % or #
	2b Complete and accurate entry of mandatory data		100%		46	46	100.0%
State response	None						
Recommendation							

RCRA Element 2 — Inspections

Finding 2-1	Meets or Exceeds Expectations					
Summary	<p>EPA Region 6 requested to review files for thirty-two (32) facilities. A total of forty-six (46) inspection reports were reviewed as ten (10) facilities had two (2) inspection reports and two (2) facilities had three (3) inspection reports. Reports by type of inspection:</p> <ul style="list-style-type: none"> • 36 Compliance Evaluation Inspections (CEIs) • 2 Focused Compliance Inspections (FCIs) • 2 Corrective Action Compliance (CACs) • 1 Operation and Maintenance Inspection (OAM) • 1 Focused Compliance Inspection (FCI) • 1 Financial Record Review (FRR) • 1 Case Development Inspection (CDI) • 2 Non-financial Record Review (NRRs) 					

The inspection reports contained sufficient documentation of observations to allow a reviewer to make a compliance determination. Photographs are included as well as other documentation needed to support violations.

Applicable RCRA inspection checklists are used by State inspectors during facility inspections. All inspection reports are reviewed by one or more ADEQ Hazardous Waste Division Managers.

ADEQ inspectors do a thorough pre-inspection file review:

- Annual Report: types/quantity/disposal of waste generated
- State Notification form: comparison of waste streams reported in Annual Report
- Permit (RCRA/CAA)
- Past inspections
- Enforcement Actions
- Complaints
- Determine applicable checklist(s)
- Review of applicable regulations

ADEQ inspections consist of a physical walk-through and an administrative review.

- Physical inspection
 - Document all observations in field logbook
 - Look at all manufacturing processes
 - Follow manufacturing processes from “A” to “Z”---entire process
 - Determine/Verify type and amount of waste generated from each process
 - Question facility personnel about type and amount of waste generated
 - Question facility personnel about training received
 - Check hazardous waste storage areas:
 - Correctly labeled containers
 - Open containers
 - Deteriorated containers
 - Aisle space
 - Incompatible waste stored together
 - Tank storage:
 - Secondary containment condition
 - Labeled
 - Visible leaks
- Administrative review:
 - Annual reports

- Training records
- Inspection records (container/tank)
- Contingency plan
- Manifests to include exception reports
- Waste Analysis Plans
- Other records if appropriate:
 - Treatment records
 - Sampling plans and data
 - Air emissions (Subparts AA, BB, CC)
 - Monitoring data

The ADEQ Hazardous Waste Division actively investigates every tip and complaint received.

Explanation

Metric ID 5b and 5c -- ADEQ had an EPA Region 6 approved alternative to the RCRA Compliance Monitoring Strategy requirement to inspect 20% of the LQG universe for FY2013. Alternative 3 – Straight Trade-Off Approach provided for a minimum of fifteen (15) CEIs at LQGs (10% of LQG universe [143]) and fourteen (14) CEIs at SQGs (1 for 1) for a total of 29 CEIs. During FY2013, ADEQ conducted seventeen (17) CEIs at LQGs and fifteen (15) CEIs at SQGs, exceeding the approved Alternative Approach with an equivalent LQG universe of 22%. ADEQ reported that a review of the time and resources used to prepare for, conduct these CEIs, and write the reports showed that it took approximately the same amount of effort for a SQG as it did for a LQG. In addition, ADEQ noted that three (3) of the LQG CEIs resulted in a SNC determination while four (4) of the SQG CEIs resulted in a SNC determination.

SRF data for FY2010 through FY2014 for Metric 5b:

- FY2010 = 21.9%
- FY2011 = 28.5%
- FY2012 = 19.4%
- FY2013 = 22.38%
- FY2014 = 24.5%

SRF data FY2010 through FY2014 is 100% for Metric 5c.

Metric 6b – OAM inspection report for a SQG TSDF was produced in 290 days. This report included a follow-up site visit. This inspection report was well written and comprehensive with many photos and attachments. The average number of days to complete the 46 inspection reports reviewed was 41.

Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	5a Two-year inspection coverage of operating TSDFs	100%	87.60%	11	11	100%
5b Annual inspection coverage of LQGs	20%	21%	24	143	16.8%	
5c Five-year inspection coverage of LQGs	100%	66.60%	135	143	94.40%	
5d Five-year inspection coverage of active SQGs		11%	81	318	25.50%	
5e1 Five-year inspection coverage of active conditionally exempt SQGs					22	
5e2 Five-year inspection coverage of active transporters					11	
5e3 Five-year inspection coverage of active non-notifiers					4	
5e4 Five-year inspection coverage of active sites not covered by metrics 2c through 2f3					98	
6a Inspection reports complete and sufficient to determine compliance	100%		46	46	100%	
6b Timeliness of inspection report completion	100%		45	46	97.8%	

State response	None
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Recommendation	
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RCRA Element 3 — Violations

Finding 3-1	Meets or Exceeds Expectations
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Summary	ADEQ accurately identifies violations in its inspection reports and enters the data timely in RCRAInfo.
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Explanation	<p>Metric 7a and 8c -- Ten (10) of the forty-six (46) inspection reports reviewed did not identify any violations. Of the thirty-six (36) enforcement actions issued, nine (9) were informal and twenty-seven (27) were formal that included a penalty. All recommended enforcement actions are reviewed by one or more ADEQ Hazardous Waste Division Managers. All formal enforcement actions with a penalty are reviewed by the ADEQ Hazardous Waste Division Director.</p> <p>Metric 7b – ADEQ continues to target facilities that have compliance issues. ADEQ inspectors conduct thorough investigations and write</p>
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comprehensive inspection reports which document the violations. ADEQ’s violation rate of 79% is among the top in the nation.

Metric 8a – ADEQ’s SNC identification rate of 19.40% is highest in the nation. This again is attributed to ADEQ investigating every tip and complaint, and targeting facilities that may never have been inspected.

Metric 8b – ADEQ continues to address violations timely and appropriately. ADEQ Hazardous Waste Division Managers require the timely completion of inspection reports so any enforcement action can be issued timely; therefore, requiring the facility to come into compliance as quickly as possible.

ADEQ ensures that documentation is received to show the violations have been corrected, and this documentation is maintained in the file. “No further action” letters are sent to facilities and the “Actual Compliance Date” is entered into RCRAInfo.

Metric 2a – Regarding Long-standing secondary violators in ECHO, ADEQ believes that RCRAInfo data is not uploading correctly into ECHO. This has been brought to EPA Headquarters attention during the annual data verification process. EPA Headquarters believes RCRAInfo data is uploading correctly into ECHO. This metric looks at the “open violations” only. EPA Headquarters doesn’t know why all the “open violations” as shown in the RCRAInfo Violation Table don’t appear in the RCRAInfo Comprehensive Report.

A review of these 19 facilities identified that nine do have an “Actual Compliance Date” for each violation via the Violation Table; one was referred to EPA Region 6; and one had duplicate violations which were not linked to an inspection or enforcement action. EPA Region 6 entered the “Actual Compliance Date” into RCRAInfo for the facility that was referred from ADEQ. The duplicate violations for the other facility were deleted by ADEQ. The remaining eight facilities’ RCRAInfo data via the Violation Table reviewed by ADEQ did not identify any Secondary Violations (SVs). Instead, the violations were SNCs and addressed in a Final Compliance Order. It would seem the Search Logic for Metric 2a needs to be amended as it appears to be pulling the SNN Code as if it is still an open violation.

Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	2a Long-standing secondary violators					
7a Accurate compliance determinations		100%		46	46	100%

	7b Violations found during inspections	34.80%	49	62	79%
	8a SNC identification rate	1.70%	12	62	19.40%
	8b Timeliness of SNC determinations	100% 77.80%	17	17	100%
	8c Appropriate SNC determinations	100%	36	36	100%
State response	None				
Recommendation					

RCRA Element 4 — Enforcement

Finding 4-1	Meets or Exceeds Expectations					
Summary	<p>Enforcement files are well organized and easily accessible. Enforcement actions are issued in a timely manner and based upon thorough and timely investigative work. All enforcement actions are reviewed by one or more ADEQ Hazardous Waste Division Managers.</p> <p>Documentation of the penalty calculations, adjustments, settlement, and compliance measures taken were maintained in the files.</p> <p>ADEQ requires corrective measures in their informal and formal enforcement actions to return facilities to compliance and follows up through required submittals or on-site inspections.</p> <p>No further action closure letters are sent. Staff recommendation of closure letters are reviewed by one or more ADEQ Hazardous Waste Division Managers.</p>					
Explanation	<p>Metric ID 10a. Complaint Investigation and CEI 10/3/2011. Sampling event conducted 10/11/2011. Additional on-site investigation conducted 10/27/2011. Determined date 3/19/2012 = 168 days. Proposed Consent Administrative Order (CAO – RCRAInfo Action Code 149) date 10/16/2012. Facility claimed an inability-to-pay. Negotiations unsuccessful, Notice of Violation (NOV – RCRAInfo Action Code 210) date 1/13/2013. Days to Address = 468 days. The development of enforcement action involved novel legal issues and extensive research. Final CAO (RCRAInfo Action Code 310) date 3/26/2013 includes a 27-month penalty payment schedule and preparation and implementation of a return to compliance plan.</p>					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #

	9a Enforcement that returns violators to compliance	100%	36	36	100%
	10a Timely enforcement taken to address SNC	80% 77.30%	18	19	94.70%
	10b Appropriate enforcement taken to address violations	100%	36	36	100%
State response	None				
Recommendation					

RCRA Element 5 — Penalties

Finding 5-1	Meets or Exceeds Expectations																												
Summary	<p>ADEQ includes both economic benefit and gravity components in their penalty calculations and documents adjustment of the initial penalty to the settled amount.</p> <p>Files documented all considerations that resulted in the final penalty and SEP, such as ability to pay issues, payment schedules, and adjustments for such items as willingness to comply or history of non-compliance.</p> <p>Files documented collection of all final penalties including those on payment schedules.</p> <p>ADEQ Expedited Settlement Policy allows for a 50% reduction in proposed penalty except for TSDFs. This Policy improves program efficiency and effectiveness by reducing the time needed to negotiate and settle certain types of administrative enforcement actions.</p>																												
Explanation																													
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Recommendation																													

Appendix

[This section is optional. Content with relevance to the SRF review that could not be covered in the above sections should be included here. Regions may also include file selection lists and metric tables at their discretion. Delete this page if it isn't used.]