

STATE REVIEW FRAMEWORK

Idaho

Clean Water Act Implementation in Federal Fiscal Year 2012

**U.S. Environmental Protection Agency
Headquarters, Washington, D.C.**

FINAL SRF REPORT

April 30, 2015

Executive Summary

Introduction

EPA Headquarters enforcement staff from the Office of Enforcement and Compliance Assurance (OECA) conducted a State Review Framework (SRF) oversight review of Region 10's direct implementation of the Idaho CWA-NPDES program.

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

- **Finding 2-1:** The program met or exceeded most of its inspection coverage commitments. Inspection reports generally provided sufficient documentation to support a compliance determination. The reports were also, on average, completed in a timely manner.
- **Finding 5-1:** Region 10 is generally documenting penalty calculations, reductions, and collections.
- **Finding 3-2:** In all cases, Region 10 made accurate determinations of SNC status for single-event violations (SEVs).
- **Finding 1-2:** According to data metrics compiled from ICIS, Region 10 is entering permit limit and discharge monitoring report (DMR) data at high rates.

Priority Issues to Address

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

- **Finding 1-1:** Region 10 is not consistently entering accurate data into ICIS-NPDES (ICIS), the national CWA-NPDES database.

CWA-NPDES Integrated SRF-PQR Findings

[This section will be updated upon completion of the 2013 Permit Quality Review report]

Most Significant PQR CWA-NPDES Findings

[This section will be updated upon completion of the 2013 Permit Quality Review report]

Most Significant SRF CWA-NPDES Program Issues¹

- **Finding 1-1:** Region 10 is not consistently entering accurate data into ICIS-NPDES (ICIS), the national CWA-NPDES database.

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."

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I. CWA-NPDES Integrated SRF and PQR Review

[This section will be updated upon completion of the 2013 Permit Quality Review report]

II. CWA-NPDES Permit Quality Review

[This section will be updated upon completion of the 2013 Permit Quality Review report]

III. 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.

IV. SRF Review Process

Review period: FY 2012

Key dates:

- Aug. 7, 2013: File selection sent to Region 10
- Aug. 14, 2013: Data metric analysis sent to Region 10
- Sept. 16-20, 2013: Entrance meeting at Region 10 office, file review, exit conference
- Sept. 27 – Oct. ?, 2013: Report drafted
- Report sent to Region 10
- Region 10 sends report comments back to OECA
- Report finalized

State and EPA key contacts for review:

Headquarters review team, Office of Enforcement and Compliance Assurance:

- Chad Carbone, State and Tribal Performance Branch
- Chris Knopes; Director; Planning, Measures, and Oversight Division
- Cassandra Rice, State and Tribal Performance Branch, senior CWA program expert
- Tom Ripp
- Greg Siedschlag, Region 10 liaison, review lead, State and Tribal Performance Branch

Region 10 Seattle contacts:

- Jeff Kenknight
- Eva DeMaria
- Christine Kelly, SRF coordinator
- Lauris Davies

V. SRF Findings

Findings represent OECA'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 Regional Attention: An activity, process, or policy that one or more SRF metrics show as a minor problem. Where appropriate, the EPA region should correct the issue without additional OECA oversight. OECA 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 Regional 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 OECA will monitor them for completion between SRF reviews in the SRF Tracker.

Whenever a metric indicates a major performance issue, OECA will write up a finding of Area for Regional 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.
- **EPA N:** For metrics expressed as percentages, the numerator.
- **EPA D:** The denominator.
- **EPA % 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 Area for Regional Improvement

Summary Region 10 is not consistently entering complete data into ICIS-NPDES (ICIS), the national CWA-NPDES database.

Explanation During its on-site review of facility files, OECA checked the accuracy of data entered in ICIS for each facility. Of the 32 facilities reviewed, 21 had all minimum data requirements (MDRs) accurately reflected in ICIS.

OECA found nine instances in which Region 10 did not enter compliance status and single-event violations (SEVs) from inspections.

OECA also encountered the following isolated issues:

- PCI inspection entered as CEI
- Permit effective dates not updated to reflect most recent permit renewal

SEV entry was identified as an issue in the Round 1 review of FY2005 data.

As noted by Region 10 in the Round 2 review, completed in August of 2013, the Region has been unable to fill the ICIS-NPDES data management position for an extended period. This position is critical to ensuring complete and accurate data. In the Round 2 review Region 10 also indicated that “The Region’s implementation of its SOP for SEVs will be a continued area of focus for management within the Region as implementation of the SOP to date continues to be inconsistent.”

Relevant metrics

Metric ID Number and Description	Natl Goal	Natl Avg	EPA N	EPA D	EPA % or #
2b Files reviewed where data are accurately reflected in the national data system	95%	N/A	21	32	65.6%
7a1 Number of major facilities with single event violations	N/A	N/A			0
8c Percentage of SEVs identified as SNC reported timely at major facilities	100%	N/A	3	4	75%

Region 10 response	R10 agrees it does not consistently enter SEV data for informal actions, due primarily to inadequate resources. R10 does prioritize entry of SEV data for formal actions.
Recommendation	The region will continue to enter compliance status and SEV violations into the data system. Because of significant resource constraints for data management in Region 10, the region will prioritize formal enforcement actions. The region will continue to work on more consistent implementation of its SOP and discuss with OECA at the mid-point and end of each fiscal year until consistent SEV entry is achieved.

CWA Element 1 — Data

Finding 1-2	Meets or Exceeds Expectations
Summary	According to data metrics compiled from ICIS, Region 10 is entering permit limit and DMR data at high rates.
Explanation	<p>Under data metric 1b1, of the 37 major facilities in Idaho, 36 had permit limits entered into ICIS.</p> <p>Data metric 1b2 reflects the number of outfalls at major facilities for which the region entered DMR data during the fourth quarter of FY 2012. Region 10 entered DMR data for all 789 major facility outfalls during this period.</p> <p>For Idaho non-major NPDES facilities in FY 2012, Region 10 entered 89 percent of the permit limits and 98 percent of the DMRs. While these are not minimum data requirements for non-majors, these data provide Region 10 with a vital tool when conducting compliance and enforcement activity at these facilities. Other EPA regions and states should consider emulating Region 10 in entering these data into ICIS.</p>

Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	EPA N	EPA D	EPA %
	1b1 Permit limit rate for major facilities	≥95%	99.1%	36	37	97.3%
	1b2 DMR entry rate for major facilities	≥95%	99.2%	789	789	100%

Region 10 response	
Recommendation	

CWA Element 2 — Inspections

Finding 2-1 Meets or Exceeds Expectations

Summary

The program met or exceeded most of its inspection coverage commitments. Inspection reports generally provided sufficient documentation to support a compliance determination. The reports were also, on average, completed in a timely manner.

Explanation

Inspection coverage: Agencies should inspect 100 percent of their major permittees every two years and 100 percent of their non-major individual permittees every five years.

Although Region 10 is the lead agency for this program, the Idaho Department of Environmental Quality (DEQ) also conducts some inspections.

In FY 2012, Region 10 and DEQ combined to inspect 47.2 percent of the major universe and 25.5 percent of the non-major individual universe.

In addition, Region 10 and DEQ combined to inspect 8.7 percent of the non-major general permittee universe.

The submetrics under metric 4a track inspection commitments for wet weather facilities. The program exceeded three of these commitments — for pretreatment facilities, industrial stormwater, and Phase I and II industrial stormwater.

The program also committed to complete one medium-to-large CAFO inspection but failed to do so (metric 4a10). For four of the universes tracked under 4a, the program did not commit to conduct any inspections.

Taken as a whole, the program's inspection coverage is sufficient.

Inspection report completeness: Eighteen of the 22 inspection reports reviewed contained sufficient documentation to determine compliance status.

Narrative sections covered facility operations, scope of inspection, and potential violations in sufficient detail. Reports also generally included photo documentation with photo logs, relevant records, and the EPA 3560 inspection report cover sheet, which contains essential information about the inspection.

Only a couple of reports included checklists, which the *NPDES Compliance Inspection Manual* cites as an important component of an inspection report.

Aside from that, these reports generally contained thorough documentation, and the best reports could serve as models for other regions and states.

With a couple of exceptions, the reports included management review and signoff.

Inspection report timeliness: According to the *NPDES Enforcement Management System*, non-sampling inspection reports should be completed in 30 days and sampling reports within 45 days. While 7 of the 22 reports reviewed were not timely according to these standards, the region took an average of 21 days to complete its reports, with none taking longer than 83 days.

Relevant metrics

Metric ID Number and Description	Natl Goal	Natl Avg	EPA N	EPA D	EPA %
5a1 Inspection coverage of NPDES majors	50%	61.9%	26	55	47.2%
5b1 Inspection coverage of NPDES non-majors with individual permits	20%	26.4%	36	141	25.5%
5b2 Inspection coverage of NPDES non-majors with general permits	N/A	6.1%	22	254	8.7%
4a1 Pretreatment compliance inspections and audits	100%	N/A	6	3	200%
4a2 Significant Industrial User inspections for SIUs discharging to non-authorized POTWs	100%	N/A	0	0	-
4a4 Major CSO inspections	100%	N/A	0	0	-
4a5 SSO inspections	100%	N/A	0	0	-
4a7 Phase I & II MS4 audits or inspections	100%	N/A	0	0	-
4a8 Industrial stormwater inspections	100%	N/A	22	11	200%
4a9 Phase I & II stormwater construction inspections	100%	N/A	21	5	420%
4a10 Medium and large NPDES CAFO inspections	100%	N/A	0	1	0%
6a Inspection reports complete and sufficient to determine compliance at the facility	100%	N/A	18	22	81.8%
6b Inspection reports completed within prescribed timeframe	100%	N/A	15	22	68.2%

Region 10 response

Recommendation

CWA Element 3 — Violations

Finding 3-1 Area for Regional Attention

Summary When following up on inspections, Region 10 did not always make accurate compliance determinations, in spite of its inspection report documentation generally being sufficient for making such determinations.

Explanation Under metric 7e, OECA’s review of facility files found that of 19 inspection reports evaluated, three did not result in accurate compliance determinations:

- In two instances, the region failed to make compliance determinations after the inspections.
- In the third instance, the region sent a cover letter with a copy of the inspection report to the inspected facility. The cover letter said two issues found during the inspection “could” be violations. However, there was no clear compliance determination in the file pertaining to these issues.

In addition, three inspection reports lacking sufficient documentation to make a compliance determination were not included in the evaluation of this metric.

Metrics 7d1, 7f1, and 7g1 are cited below for context.

Relevant metrics

Metric ID Number and Description	Natl Goal	Natl Avg	EPA N	EPA D	EPA % or #
7e Inspection reports reviewed that led to an accurate compliance determination	100%	N/A	16	19	84.2%
7d1 Major facilities in noncompliance		60.3%	18	37	48.6%
7f1 Non-major facilities in Category 1 noncompliance					51
7g1 Non-major facilities in Category 2 noncompliance					62

Region 10 response

R10 concurs that no follow-up occurred for one of the facilities noted in the Explanation above. But R10 believes the other two facilities noted in the Explanation were adequately addressed.

Recommendation

CWA Element 3 — Violations

Finding 3-2 Meets or Exceeds Expectations

Summary In all cases, Region 10 made accurate determinations of SNC status for single-event violations (SEVs).

Explanation During the file review, OECA reviewed nine facilities with SEVs. The region made accurate SNC determinations for all facilities.

Metric 8a2 is cited below for additional context.

Relevant metrics

Metric ID Number and Description	Natl Goal	Natl Avg	EPA N	EPA D	EPA %
8b Single-event violations accurately identified as SNC or non-SNC	100%	N/A	9	9	100%
8a2 Percentage of major facilities in SNC		20.6%	12	55	21.8%

Region 10 response

Recommendation

CWA Element 4 — Enforcement

Finding 4-1 Area for Regional Attention

Summary Region 10 did not take timely and appropriate enforcement against some violations. When the region did take enforcement, the actions often did not include return-to-compliance requirements or monitoring, and some facilities did not return to compliance.

Explanation **Appropriate enforcement action:** OECA reviewed 26 facilities under file metric 10b, which evaluates whether appropriate enforcement action was

taken in response to violations. Region 10 did not take timely and appropriate enforcement in three of 26 instances.

Returning facilities to compliance: Metric 9a evaluates the percentage of enforcement responses that promote return to compliance. Of the 20 enforcement actions reviewed under this metric, 15 met these requirements.

Timely enforcement: Metric 10a1 reviews the timeliness of enforcement responses at major facilities with SNC. This metric shows that Region 10 took timely enforcement at one of three major facilities with SNC violations. The file review also found issues with timeliness of enforcement response. Two facilities with violations never received enforcement while the third facility received an NOV five years after the violation occurred.

Relevant metrics

Metric ID Number and Description	Natl Goal	Natl Avg	EPA N	EPA D	EPA %
9a Percentage of enforcement responses that return or will return source in violation to compliance	100%	N/A	15	20	75.0%
10a1 Major facilities with timely action as appropriate	98%	3.8%	1	3	33.3%
10b Enforcement responses reviewed that address violations in an appropriate manner	100%	N/A	23	26	88.5%

Region 10 response

R10 agrees that not all of its enforcement actions are timely completed.

Recommendation

CWA Element 5 — Penalties

Finding 5-1

Meets or Exceeds Expectations

Summary

Region 10 is generally documenting penalty calculations, reductions, and collections.

Explanation

In most cases, the region is documenting essential information with regard to its penalties. Of the eight penalties reviewed, the region had documentation showing payment for all eight. (This was typically in the form of a copy of the check.) Six of these eight penalties included detailed documentation of gravity and economic benefit calculations.

Region 10 decreased four penalties from their initial amounts. In three cases, Region 10 documented its rationales for the decreases.

Relevant metrics

Metric ID Number and Description	Natl Goal	Natl Avg	EPA N	EPA D	EPA %
11a Penalty calculations reviewed that consider and include gravity and economic benefit	100%	N/A	6	8	75%
12a Documentation of the difference between initial and final penalty and rationale	100%	N/A	3	4	75%
12b Penalties collected	100%	N/A	8	8	100%

Region 10 response

Recommendation

STATE REVIEW FRAMEWORK

Idaho

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

**U.S. Environmental Protection Agency
Region 10, Seattle**

**Final Report
November 16, 2015**

Executive Summary

Introduction

EPA Region 10 enforcement staff conducted a State Review Framework (SRF) enforcement program oversight review of the Idaho Department of Environmental Quality (IDEQ).

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

- IDEQ was very accommodating throughout the SRF review process and markedly responsive to EPA's concerns and suggestions.
- IDEQ's CAA program has excellent practices for use of standard operating procedures, inspection checklists, and templates for enforcement actions.
- For the period reviewed, inspection coverage for both CAA and RCRA was very good.
- Beyond meeting national Compliance Monitoring Strategy (CMS) inspection expectations, IDEQ conducts Compliance Assistance Visits to assist facilities' compliance with RCRA.
- A significant routine practice of IDEQ's RCRA program is regular check-ins with EPA when IDEQ staff have questions regarding application of federal expectations to specific situations.

Priority Issues to Address

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

- The review found only one area for State Improvement, namely, timely reporting of some CAA MDRs in the national database of record. IDEQ has already identified training needs to remedy this issue.

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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 (NPDES)
- Clean Air Act Stationary Sources (Title V)
- Resource Conservation and Recovery Act Subtitle C

This review of Idaho programs does not include NPDES, as jurisdiction for NPDES in Idaho remains with EPA. A separate SRF review was conducted by EPA-HQ on EPA-R10's performance for the NPDES program.

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
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EPA conducts SRF reviews in three phases:

- Analyzing information from the national data systems in the form of data metrics
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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: FFY 2013

Key dates:

- Apr 14, 2014 – Overall Kick-Off Letter sent to State
- Apr 18, 2014 – RCRA Data Metric Analysis (DMA) and File Selection sent to State
- Apr 23, 2014 – CAA DMA and File Selection sent to State
- May 5, 2014 – EPA/IDEQ Video Teleconference for State Division Directors and Staff
- May 12-16, 2014 – EPA conducted onsite CAA file reviews in Boise
- May 20-21, 2014 – EPA conducted onsite RCRA file reviews in Boise
- February 26, 2015 – Draft RCRA Portion of SRF Report sent to State
- July 8, 2015 – Draft CAA Portion of SRF Report sent to State
- November 16, 2015 – Combined CAA and RCRA Report Finalized

State and EPA key contacts for review:

- John Brueck, IDEQ RCRA Program
- Natalie Clough, IDEQ RCRA Program
- Rene Anderson, IDEQ RCRA Program
- Mike Simon, IDEQ Air Program
- Steve Bacom, IDEQ Air Program
- Marilyn Seymore, IDEQ Air Program
- Cheryl Williams, EPA-R10, RCRA Reviewer
- Mike Slater, EPA-R10, RCRA Reviewer
- Jordana Jiles, EPA-R10, RCRA Data Manager
- Rindy Ramos, EPA-R10, Air Reviewer
- Aaron Lambert, EPA-R10, Air Reviewer
- Laurie Kral, EPA-R10, Air Data Manager
- Scott Downey, EPA-R10, Air and RCRA Compliance Unit Manager
- Christine Kelly, EPA-R10, SRF Team Leader

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

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- **State N:** For metrics expressed as percentages, the numerator.
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- **State % or #:** The percentage, or if the metric is expressed as a whole number, the count.

Clean Air Act Findings

Element 1 — Data	
Finding 1-1	Meets or Exceeds Expectations
Summary	The State generally provides accurate and timely data in AFS.
Explanation	<p>For metric 2b, a few minor discrepancies were found between data in AFS and data in the source files that were reviewed, but no pattern indicating a systemic problem with data entry was found. Discrepancies were limited to three missing activities and a violation shown in AFS for which the State had already entered into a compliance order.</p> <p>The data metrics download from ECHO shows a value for Metric 3b2 of only 58.5%. A letter from EPA-Region 10 (R10) to its 14 State and local air agency (LAA) data managers on August 6, 2013, provided guidance and clarification on this reporting requirement. R10's expectation was for all data managers to follow the guidance and clarification by October 1, 2013. Though this timeframe was not early enough for the FY 2013 review year used in this SRF review, FY 2014 data show the State to now be achieving 98.4% compliance with this metric. Therefore, R10 considers this issue to have been addressed.</p> <p>The data metrics download from ECHO shows a value for Metric 7b1 of 44.4%. This issue is also being addressed at the Regional level. In 2004, R10 made a decision to disinvest from continually updating compliance status for informal enforcement actions based on the Region's limited resources and the priority to focus resources on HPVs. Knowing that State and LAA programs in R10 were similarly challenged to provide data entry resources, R10 did not advocate for continual update of compliance status for informal actions by States or LAAs. In FY 2013, EPA-OECA requested that R10 develop a plan to address this data deficiency. R10 has taken responsibility for this practice, developed a plan to address the issue, and sent a letter to all 14 of the Region's data managers informing them of a change in R10's policy regarding the Minimum Data Requirement (MDR) to enter the "compliance status" information of a source into AFS even when a violation is a non-HPV violation. R10 is working with each of the 14 CAA agencies individually on this issue, as each agency has a unique set of circumstances that affect this issue.</p>

Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	2b Accurate MDR data in AFS	100%		22	26	84.6%
3a2 Untimely entry of HPV determinations	0		0	0		
3b2 Timely reporting of stack test dates and results (* Note: The FY 2014 value for this metric is 98.4%)	100%	75.4%	114	195	58.5%*	
3b3 Timely reporting of enforcement MDRs	100%	68.7%	29	30	96.7%	
7b1 Violations reported per informal actions	100%		4	9	44.4%	
7b3 Violations reported per HPV identified	100%		1	1	100%	
State Response						
Recommendation	None Required.					

Element 1 — Data

Finding 1-2	Area for State Improvement																	
Summary	Frozen ECHO data show 16 Title V certs and 5 FCEs were not timely reported. On average these MDRs were not entered into AFS for 206 days.																	
Explanation	<p>Compliance monitoring MDRs – i.e., for full compliance evaluations (FCEs) and review of Title V annual compliance certifications – should be reported within 60 days of the date achieved. Frozen ECHO data show 16 Title V certs and 5 FCEs were not timely reported. The approximate overall average length of time MDRs were entered into AFS for these activities was 206 days.</p> <p>The causes for delayed entry varied, but about half appear to be due to incomplete, incorrect, or late submittals by staff in IDEQ regional offices that required subsequent completion and/or corrections before full data entry. Other delays appear to be due to a variety of clerical errors and incorrect data entry due dates.</p> <p>In discussions with R10, IDEQ noted adequate data entry procedures are in place but identified the need for additional staff training to address this issue.</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>3b1 Timely reporting of compliance monitoring MDRs</td> <td>100%</td> <td>80.9%</td> <td>67</td> <td>88</td> <td>76.1%</td> </tr> </tbody> </table>						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%	67	88	76.1%
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%	67	88	76.1%													
State Response																		
Recommendation	<p>Within 60 days of this SRF Report being finalized, IDEQ will develop a plan for improving the timeliness of MDR data entry into the national database of record and will submit the plan to R10. Per IDEQ’s evaluation of the underlying problem, the plan will identify training needs and a training schedule to improve timeliness of MDR data entry. The plan will also include a schedule for implementation of timely data entry. R10 will review and concur or provide comments on the plan within 30 days after submittal by IDEQ.</p>																	

CAA Element 2 — Inspections

Finding 2-1	Meets or Exceeds Expectations																	
Summary	Most of the FCEs reviewed satisfactorily met the goals delineated in EPA’s Compliance Monitoring Strategy (CMS) Policy and, in general, IDEQ satisfactorily met its FCE commitments.																	
Explanation	<p>Metric 5b was corrected because three of the nine SM-80 portable sources scheduled for FCEs were not located within the State at the time FCEs needed to be conducted. Consequently, the total SM-80 universe available for IDEQ to conduct FCEs was limited to six sources. IDEQ conducted reviews of the six SM-80 sources physically located within the State’s jurisdiction. Based on the information and circumstances identified above, R10 made a correction to the total universe of sources comprising the 5b data metric so that it accurately reflects that IDEQ achieved the National Goal. With this correction, the State met the national goal of 100% for this metric.</p> <p>The data metrics download from ECHO shows a value for Metric 5e of 88%, with six of 50 Title V annual compliance certifications not completed in FY 2013. However, three of these six facilities were not due for certification until FY 2014. A fourth facility of the six was never issued a Title V/Tier I permit and, therefore, was not required to have an annual compliance certification. The corrected Metric 5e value is 44/46 = 95.7%.”</p> <p>The other metrics were also adequate for meeting overall expectations.</p> <p>For the Idaho National Lab (INL), IDEQ has elected to provide FCE inspection coverage of this mega-facility over the course of three years. Several PCE inspections are conducted during the three-year timeframe that, together, are intended to comprise an FCE. During R10’s file review it was difficult to track which activities comprised the FCE, but IDEQ was able to point out additional documentation for INL. R10 appreciates the extra effort of IDEQ to document and explain inspection coverage for the entire facility. If INL continues to be inspected as a mega-facility, R10 will work with IDEQ on inspection coverage clarifications that will be useful for future EPA oversight activities.</p>																	
Relevant metrics	<table border="1"> <thead> <tr> <th data-bbox="467 1724 1008 1797">Metric ID Number and Description</th> <th data-bbox="1013 1724 1089 1797">Natl Goal</th> <th data-bbox="1094 1724 1170 1797">Natl Avg</th> <th data-bbox="1175 1724 1219 1797">State N</th> <th data-bbox="1224 1724 1268 1797">State D</th> <th data-bbox="1273 1724 1430 1797">State % or #</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1803 1008 1839">5a FCE coverage: majors and mega-sites</td> <td data-bbox="1013 1803 1089 1839">100%</td> <td data-bbox="1094 1803 1170 1839">88.5%</td> <td data-bbox="1175 1803 1219 1839">20</td> <td data-bbox="1224 1803 1268 1839">21</td> <td data-bbox="1273 1803 1430 1839">95.2%</td> </tr> </tbody> </table>						Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	5a FCE coverage: majors and mega-sites	100%	88.5%	20	21	95.2%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #													
5a FCE coverage: majors and mega-sites	100%	88.5%	20	21	95.2%													

	5b FCE coverage: SM-80s	100%	93.9%	6	9	66.7%
	5b FCE coverage: SM-80s (corrected)	100%	93.3%	6	6	100%
	5e Review of Title V annual compliance certifications	100%	81.3%	44	50	88.0%
	5e Review of Title V annual compliance certifications (corrected)	100%	81.3%	44	46	95.7%
	6a Documentation of FCE elements	100%		15	16	93.8%
	6b Compliance monitoring reports reviewed that provide sufficient documentation to determine facility compliance	100%		25	26	96.2%
State response						
Recommendation	None required.					

Element 3 — Violations

Finding 3-1	Meets or Exceeds Expectations					
Summary	Idaho makes accurate violation and HPV compliance determinations.					
Explanation	Twenty-six files were reviewed onsite. Based on the Compliance Monitoring Reports and other documentation in the files, the State made accurate compliance and HPV determinations.					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	7a Accuracy of compliance determinations	100%		26	26	100%
	8a HPV discovery rate at majors (Review Indicator)		4%	1	50	2%
	8c Accuracy of HPV determinations			14	14	100%
State Response						
Recommendation	None required.					

Element 4 — Enforcement

Finding 4-1	Area for State Attention																																			
Summary	HPVs are appropriately addressed but not always timely addressed.																																			
Explanation	<p>Three files reviewed contained an HPV activity. In addition, eight non-HPV violations addressed with formal enforcement actions were also reviewed. All 11 violations were appropriately addressed and either had already returned to compliance or were put on an enforceable compliance schedule.</p> <p>In addition to the two HPVs identified in ECHO, another HPV was found during file review that had been fully addressed before the violation was actually designated. A second HPV was addressed within 59 days. Both of these met the 270-day timeliness guideline.</p> <p>A third HPV violation was addressed by day 348, which exceeds the 270-day guideline in EPA’s HPV policy. The delay in this particular case was primarily due to regulatory complexities of the MACT rule involved and in-depth engagement by the facility representative. This was an anomalous set of circumstances and does not represent the IDEQ’s typical timeliness in addressing HPVs.</p> <p>Therefore, the 67% corrected value for timeliness merits a finding of Area for State Attention, not State Improvement.</p>																																			
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10b Appropriate enforcement responses for HPVs	100%		7	7	100%																															
State Response																																				
Recommendation	None Required.																																			

Element 5 — Penalties

Finding 5-1	Meets or Exceeds Expectations					
Summary	Files documented consideration of economic benefit and gravity, the rationale for reduction of penalties, and the collection of penalties.					
Explanation	<p>The ten files that contained a penalty action all included consideration of gravity and economic benefit as appropriate.</p> <p>Of the 10 penalty files, all final penalties were reduced from the initial penalty amount. All penalty reductions followed guidance and were documented accordingly.</p>					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	11a Penalty calculations include gravity and economic benefit	100%		10	10	100%
	12a Documentation on difference between initial and final penalty	100%		10	10	100%
	12b Penalties collected	100%		10	10	100%
State Response						
Recommendation	None Required.					

Resource Conservation and Recovery Act Findings

RCRA Element 1 — Data

Finding 1-1	Meets or Exceeds Expectations					
Summary	The State satisfactorily met national goals for all metrics.					
Explanation	<p>The State met or exceeded national goals for all metrics except 2b. Accurate data entry and violations found during inspections were carefully reviewed and determined not to require state attention.</p> <p>For Metric 2b, the four files with minor data discrepancies did not indicate a problem in Idaho’s program implementation. The list of differences between the file information and RCRAInfo data is included in the File Metric Initial Analysis table.</p> <p>For Metric 7b, the 11% value for sites inspected at which violations were found was well below the national average and down from Idaho’s 43% in 2011 and 33% in 2012 (DMA trend.) We carefully reviewed 15 of the 27 inspection files from 2013 (excluding OAM and GME inspection type files) and found 3 discrepancies that we reported in Element 3 below. We determined that there was not a programmatic problem with the data metrics for inspections and enforcement.</p>					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	2a Long-standing secondary violators	--	--	3	--	--
	2b Complete and accurate entry of mandatory data	100%	--	21	25	84%
	5a Two-year inspection coverage for operating TSDFs	100%	87.6%	3	3	100%
	5b Annual inspection coverage for LQGs	20%	21%	5	19	26.3%
	5c Five-year inspection coverage for LQGs	100%	66.6%	19	19	100%
	5d Five-year inspection coverage for active SQGs	--	11%	52	98	53.1%
	7b Violations found during inspections	--	34.8%	3	27	11.1%
	8a SNC identification rate	--	1.7%	1	27	3.7%
	10a Timely enforcement taken to address SNC	80%	77.3%	2	2	100%

State response	Metric 2b - Four of the 25 sites chosen for file review were identified as having minor data discrepancies. Further research by the state has determined that each discrepancy occurred due to either incorrect information provided or no information provided by inspection/compliance staff to the data entry staff. In an effort to improve future data quality, Idaho IDEQ will institute additional QA/QC efforts.
Recommendation	None required.

RCRA Element 2 — Inspections

Finding 2-1	Meets or Exceeds Expectations																																															
Summary	The inspection coverage metrics were excellent, especially the 100% coverage of LQGs over 5 years. Overall, inspection reports were complete. Issues were found in the review of two files. EPA discussed these issues with the State and determined that they were not indicative of the overall program. The State has taken appropriate steps to correct these issues without additional EPA oversight.																																															
Explanation	<p>Metric 6a: One file included a complaint response document associated with a RCRAInfo entry for a Focused Compliance Inspection dealing with Universal Waste Regulations. Instead of a complete report sufficient to determine violations at this school district maintenance facility, the State wrote a memo to the file. For any inspection that is entered into RCRAInfo, it is crucial that complete inspection reports be prepared as follow-up for each inspection. EPA highlighted this issue to the State, and the State is taking steps to ensure complete reports are written for all inspections coded into RCRAInfo in the future.</p> <p>Metric 6b: In addition to the aforementioned facility report not timely completed, one inspection report was completed in 151 days, which exceeded the Enforcement Response Policy timeline by one day.</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>5a Two-year inspection coverage of operating TSDFs</td> <td>100%</td> <td>87.6%</td> <td>3</td> <td>3</td> <td>100%</td> </tr> <tr> <td>5b Annual inspection coverage of LQGs</td> <td>20%</td> <td>21%</td> <td>5</td> <td>19</td> <td>26.3%</td> </tr> <tr> <td>5c Five-year inspection coverage of LQGs</td> <td>100%</td> <td>66.6%</td> <td>19</td> <td>19</td> <td>100%</td> </tr> <tr> <td>5d Five-year inspection coverage of active SQGs</td> <td>--</td> <td>11%</td> <td>52</td> <td>98</td> <td>53.1%</td> </tr> <tr> <td>6a Inspection reports complete and sufficient to determine compliance</td> <td>100%</td> <td>--</td> <td>24</td> <td>26</td> <td>92.3%</td> </tr> <tr> <td>6b Timeliness of inspection report completion</td> <td>100%</td> <td>--</td> <td>24</td> <td>26</td> <td>92.3%</td> </tr> </tbody> </table>						Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	5a Two-year inspection coverage of operating TSDFs	100%	87.6%	3	3	100%	5b Annual inspection coverage of LQGs	20%	21%	5	19	26.3%	5c Five-year inspection coverage of LQGs	100%	66.6%	19	19	100%	5d Five-year inspection coverage of active SQGs	--	11%	52	98	53.1%	6a Inspection reports complete and sufficient to determine compliance	100%	--	24	26	92.3%	6b Timeliness of inspection report completion	100%	--	24	26	92.3%
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6a Inspection reports complete and sufficient to determine compliance	100%	--	24	26	92.3%																																											
6b Timeliness of inspection report completion	100%	--	24	26	92.3%																																											
State response	Metric 6a - Idaho IDEQ inspection staff will be reminded that it is crucial that complete inspection reports be prepared for each type of inspection entered into RCRAInfo. This comment pertained to a Focused Compliance Inspection associated with a complaint response. The compliance manager will reiterate the need for complete reports																																															

	<p>during the April 15, 2015 RO/SO/TS bi-monthly conference call and will monitor inspection reports to ensure all required information is included.</p> <p>Metric 6b - The compliance manager will continue to stress to Idaho IDEQ inspection staff the importance of completing inspection reports within required timeframes.</p>
Recommendation	None required.

RCRA Element 3 — Violations

Finding 3-1	Area for State Attention
Summary	<p>The state process for designating violations and significant non-compliers included issues in two instances that the state will correct without additional EPA oversight. Violations observed and documented in reports were not cited if they were corrected by the facility during the inspection. IDEQ needs to cite and track all violations observed during inspections, including return to compliance dates on the same day if facilities correct violations during the inspection.</p> <p>Metrics 8b and 8c indicated two instances of problems with SNC designation and require closer attention by the State to SNC timing and criteria.</p>
Explanation	<p>Metric 7a: Two files we reviewed did not include accurate identification of violations. Information in the files indicated that potential violations were observed but were not cited, entered in RCRAInfo, or tracked as returned to compliance on the inspection date.</p> <p>Metric 7b: The rate of violations found during inspections was below one-third of the national average and Idaho’s DMA trend is declining over three years. The file review indicated that some observed violations were not recorded, for example, if they were corrected during the inspection. This lowered the percentage of violations found.</p> <p>EPA’s RCRA Enforcement Response Policy describes the appropriate response for secondary violators (SVs): <u>Informal Enforcement Response</u> If a facility is found to be in violation but is not designated a SNC, then it is designated a SV. An informal enforcement response is the minimally appropriate enforcement response for all SVs but the implementing agency can choose to take a formal enforcement response as it deems appropriate. An informal enforcement response is a non-formal action that notifies the violator of its violations.</p> <p>IDEQ needs to cite and track all violations observed during inspections, including return to compliance dates on the same day if facilities correct violations during the inspection. A policy of not citing violations that are corrected during an inspection may remove the incentive for hazardous waste handlers to maintain compliance when no inspector is present.</p>

Metric 8b: The SNC determinations were made in 142 and 168 days even though the inspection reports were completed in 56 and 29 days, respectively. Closer attention to the RCRA Enforcement Response Policy schedule of 150 days is needed.

Metric 8c: One file included an incorrect negative SNC determination. The penalty justification for the formal enforcement action included the same criteria that were met for positive SNC designation. This error also lowered the SNC identification rate for the year in which the inspection occurred, FY 2012, to 0% in the DMA trend.

Relevant metrics

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
2a Long-standing secondary violators			3		
7a Accurate compliance determinations	100%		24	26	92.3%
7b Violations found during inspections		34.8%	3	27	11.1%
8a SNC identification rate		1.7%	1	27	3.7%
8b Timeliness of SNC determinations	100%	77.8%	1	2	50%
8c Appropriate SNC determinations	100%	--	8	9	88.9%

State response

Metric 7a - As noted, in some instances minor potential violations that were corrected during the inspection were not cited or entered into RCRAInfo. The Idaho IDEQ will ensure in the future that all violations observed during inspections will be cited in the inspection reports and tracked in RCRAInfo, including return to compliance dates, with enforcement as appropriate per the Enforcement Response Policy.

Metric 8b - The Idaho IDEQ compliance manager will ensure that all SNC designations are documented in the facility file within required timeframes. An enforcement case tracking sheet is being developed to aid in this effort.

Metric 8c - The Idaho IDEQ recognizes EPA's comment that one enforcement case included a negative SNC designation while the penalty justification worksheet appeared to indicate that SNC designation would have been appropriate. As noted, the facility did receive an appropriate formal enforcement action. While SNC designations can be somewhat subjective in certain instances, the compliance manager will pay closer attention in the future to SNC criteria and designations.

Recommendation

None required.

RCRA Element 4 — Enforcement

Finding 4-1	Meets or Exceeds Expectations					
Summary	All files reviewed with enforcement actions were appropriate and returned violators to compliance.					
Explanation	All nine files reviewed with enforcement actions were appropriate and returned violators to compliance. One SNC that was inappropriately designated SV (metric 8c) did receive an appropriate formal enforcement action. Both SNC designated violators were addressed with formal actions in less than 360 days.					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	9a Enforcement that returns violators to compliance			9	9	100%
	10a Timely enforcement taken to address SNC	80%	77.3%	2	2	100%
	10b Appropriate enforcement taken to address violations			9	9	100%
State response	No additional comment.					
Recommendation	None required.					

RCRA Element 5 — Penalties

Finding 5-1	Meets or Exceeds Expectations					
Summary	Enforcement files with penalties were all well documented. One penalty case was still in progress after referral to the state attorney general and the penalty collected metric was not applicable.					
Explanation	All three files with formal enforcement actions and penalties in 2013 were reviewed. Penalty calculations included criteria for gravity and economic benefit. Appeals, mitigating factors and settlement discussions were all recorded as they affected penalties. One referral was still pending a final order as of the review date, May 20, 2014.					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	11a Penalty calculations include gravity and economic benefit			3	3	100%
	12a Documentation on difference between initial and final penalty			3	3	100%
	12b Penalties collected			2	2	100%
State response	No additional comment.					
Recommendation	None required.					

Appendix A

IDEQ Comments on the Air Portion of the Draft SRF Report



STATE OF IDAHO
DEPARTMENT OF
ENVIRONMENTAL QUALITY

1410 North Hilton • Boise, Idaho 83706 • (208) 373-0502
www.deq.idaho.gov

C.L. "Butch" Otter, Governor
John H. Tippetts, Director

September 22, 2015

Edward Kowalski, Director
Office of Compliance and Enforcement
1200 Sixth Avenue, Suite 900, M/S: OCE-184
Seattle, WA 98101-3140

RE: Response to EPA Region 10 Revised Draft Idaho Clean Air Act State Review Framework Report

Dear Mr. Kowalski:

The Department of Environmental Quality (DEQ) received an electronic copy of EPA Region 10, Revised Draft Idaho Clean Air Act (CAA) State Review Framework Report (revised report) on August 5, 2015. The revised report was developed in response to DEQ's comments concerning the initial draft report. DEQ has completed its review of the revised report and has no further comments.

Thank you for the opportunity to review and submit comments on the draft reports. If you have any additional questions or comments, please feel free to contact Mike Simon or Steve Bacom at (208) 373-0502.

Sincerely,

A handwritten signature in black ink that reads "Tiffany Floyd". The signature is written in a cursive style.

Tiffany Floyd
Administrator, Air Quality Division

c: Christine Kelly, State Oversight Coordinator

Appendix B

IDEQ Comments on the RCRA Portion of the Draft SRF Report



STATE OF IDAHO
DEPARTMENT OF
ENVIRONMENTAL QUALITY

1410 North Hilton • Boise, Idaho 83706 • (208) 373-0502

C.L. "Butch" Otter, Governor
Curt Fransen, Director

April 2, 2015

Edward Kowalski
Director
Office of Compliance and Enforcement
US EPA Region 10
1200 Sixth Avenue, Suite 900, M/S: OCE-184
Seattle, WA 98101-3140

Re: Response to EPA Region 10 Draft Idaho RCRA State Review Framework Report

Dear Mr. Kowalski:

The purpose of this letter is to transmit the Idaho RCRA Program comments, which provide additional information to the EPA Region 10 Draft Idaho RCRA State Review Framework (SRF) Round 3 Report provided to Idaho DEQ in hard copy, dated February 19, 2015, and received by Idaho DEQ on March 2, 2015. Thank you for this opportunity to submit state input to develop a more accurate report. Air quality comments will be sent separately.

Please do not hesitate to contact John Brueck, Natalie Clough, or Rene' Anderson at (208) 373-0502, if you have any questions regarding these comments.

Sincerely,

A handwritten signature in blue ink that reads "Orville D. Green".

Orville D. Green
Administrator
Waste Management and Remediation Division

ODG:JHB:ra

Enclosure

cc by email: Scott Downey, EPA Air & RCRA Compliance Unit Manager
Mike Slater, EPA Oregon Operations Office
Barbara McCullough, EPA Idaho RCRA Program Coordinator
Tiffany Floyd, Idaho DEQ Air Division Administrator

**Idaho RCRA Program Comments
State Review Framework Round 3
May 2014**

Idaho's comments follow the format of the draft report.

EXECUTIVE SUMMARY

No additional comment.

I. BACKGROUND on the STATE REVIEW FRAMEWORK

No comment.

II. SRF REVIEW PROCESS

No comment.

III. SRF FINDINGS

RCRA Element 1 - Data

State Response

Metric 2b - Four of the 25 sites chosen for file review were identified as having minor data discrepancies. Further research by the state has determined that each discrepancy occurred due to either incorrect information provided or no information provided by inspection/compliance staff to the data entry staff. In an effort to improve future data quality, Idaho IDEQ will institute additional QA/QC efforts.

RCRA Element 2 - Inspections

State Response

Metric 6a - Idaho IDEQ inspection staff will be reminded that it is crucial that complete inspection reports be prepared for each type of inspection entered into RCRAInfo. This comment pertained to a Focused Compliance Inspection associated with a complaint response. The compliance manager will reiterate the need for complete reports during the April 15, 2015 RO/SO/TS bi-monthly conference call and will monitor inspection reports to ensure all required information is included.

Metric 6b - The compliance manager will continue to stress to Idaho IDEQ inspection staff the importance of completing inspection reports within required timeframes.

RCRA Element 3 - Violations

State Response

Metric 7a - As noted, in some instances minor potential violations that were corrected during the inspection were not cited or entered into RCRAInfo. The Idaho IDEQ will ensure in the future that all violations observed during inspections will be cited in the

inspection reports and tracked in RCRAInfo, including return to compliance dates, with enforcement as appropriate per the Enforcement Response Policy.

Metric 8b -The Idaho IDEQ compliance manager will ensure that all SNC designations are documented in the facility file within required timeframes. An enforcement case tracking sheet is being developed to aid in this effort.

Metric 8c - The Idaho IDEQ recognizes EPA's comment that one enforcement case included a negative SNC designation while the penalty justification worksheet appeared to indicate that SNC designation would have been appropriate. As noted, the facility did receive an appropriate formal enforcement action. While SNC designations can be somewhat subjective in certain instances, the compliance manager will pay closer attention in the future to SNC criteria and designations.

RCRA Element 4 - Enforcement

State Response

No additional comment.

RCRA Element 5 - Penalties

State Response

No additional comment.