

Arkansas Department of Environmental Quality Enforcement Program Review  
State Review Framework  
Fiscal Year 2009

**April 8, 2011**

## **I. EXECUTIVE SUMMARY**

### **Significant Findings and Recommendations**

The State Review Framework review of the Arkansas Department of Environmental Quality (ADEQ) identifies many areas where ADEQ is meeting program goals. ADEQ excels in the timeliness of RCRA enforcement actions. The review also provides recommendations for improvement in the areas of penalty calculation/documentation for Clean Water Act enforcement and identification of high priority violations for Clean Air Act enforcement.

### **Summary of Programs Reviewed**

#### **CAA Program**

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

- ADEQ identifies high priority violators (HPVs), but data entry does not meet program requirements. (details in Section IV, CAA findings 2.1 and 8.1)
- The Department does not meet the enforcement timeliness criteria for responding to HPVs. (details in Section IV. CAA finding 10.2)

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

- Data completeness overall, but minimal discrepancies in MDR data
- Timeliness of data entry, except for HPV data and designating Day Zero consistent with the HPV Policy
- Meeting commitments with relevant program grants
- Inspection coverage
- Quality of inspection reports
- Prompt reporting of compliance determinations, except for timely updating of compliance status
- Inclusion of corrective actions in enforcement actions
- Penalty calculations include gravity and economic benefit
- Penalty documentation

### **CWA/NPDES Program**

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

- Penalty documentation did not contain adequate information on the methodology behind the penalty calculations for economic benefit and gravity. In general, the amounts appeared below the range that EPA's penalty policy would generate. Economic benefit for delayed or avoided costs is not routinely being recovered or documented. (details in Section IV. CWA findings 11.1 and 12.1)

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

- Data completeness
- Data accuracy overall, but with some data entry problems
- Inspection coverage
- Quality of inspection reports
- Prompt reporting of compliance determinations
- Identification of SNC
- Inclusion of corrective actions in enforcement actions
- Appropriate enforcement actions, but untimely actions for majors

### **RCRA Program**

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

- Data completeness
- Data accuracy
- Timeliness of data entry
- Inspection coverage
- Quality of inspection reports
- Prompt reporting of compliance determinations
- Identification of SNC

- Inclusion of corrective actions in enforcement actions
- Penalty calculations include gravity and economic benefit
- Penalty documentation

**The good practices include:**

- ADEQ RCRA SNC enforcement actions follow expedited enforcement procedures and exceed national goals for timeliness. (details in Section IV. RCRA finding 10.1)

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

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

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

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

### **A. GENERAL PROGRAM OVERVIEW**

- **Agency Structure:** ADEQ is a cabinet level agency responsible for administering environmental programs. The Arkansas Pollution Control and Ecology Commission (Commission) enacts regulations under their statutory authority and ADEQ implements those regulations. ADEQ is organized into 12 divisions. There are 6 regulatory divisions – Air, Hazardous Waste, Water, Solid Waste, Mining and Regulated Storage Tanks; 3 environmental support divisions –Environmental Preservation and Technical Services, Legal and Public Outreach and Assistance; and 3 internal support divisions – Computer Services, Fiscal and Management Services.
- **Compliance/Enforcement Program Structure:** ADEQ’s Compliance and enforcement program is decentralized. Compliance and enforcement activities are managed within each regulatory division.
  - The Air Division administers all facets of the CAA programs (e.g., permitting, planning and enforcement). It is organized by branches including the Program Support Branch and Compliance Monitoring Branch that manage the enforcement and compliance monitoring activities respectively.

- The Hazardous Waste Division implements the authorized State RCRA hazardous waste program as well as the State's program for abandoned sites. Within the Hazardous Waste Division, the Enforcement and Inspection Branch manages enforcement and compliance monitoring activities.
- The Water Division is also organized into branches. The Inspection Branch and the Enforcement Branch manage compliance monitoring and enforcement activities respectively.
- The ADEQ Legal Division provides support for the above regulatory divisions.
- **Roles and responsibilities:** ADEQ administers the CAA program for stationary sources. The Department also is authorized to administer the RCRA hazardous waste program. ADEQ was the first State in Region 6 to assume the NPDES program and administers most of that program. ADEQ has not yet assumed the portion of the NPDES program dealing with sludge handling.
- **Local Agencies included/excluded from review:** None
- **Resources:**
  - The Air Division currently has 26 employees dedicated to compliance monitoring. This includes 18 full time field inspectors, 3 inspector supervisors, 2 individuals dedicated to stack testing, 2 administrative support personnel and a branch manager. The program support branch of the Air Division has 7 employees dedicated to enforcement activities including 4 enforcement analysts, 2 administrative support staff and an environmental program coordinator who manages the section. As the number of Stack Test observations increases due to the number of new Natural Gas gathering stations using engines that are subject to JJJJ, ADEQ may not have the available staff and may have to seek alternate solutions for staffing of Stack Test Observations.
  - The Hazardous Waste Division currently has 15 employees in the Enforcement and Inspection Branch dedicated to implementing the RCRA Subtitle C compliance monitoring and enforcement programs. This includes 5.5 field inspectors dedicated to general compliance monitoring and 2.5 inspectors that are dedicated to compliance monitoring at specific permitted commercial treatment, storage and disposal facilities. In addition the Branch has an inspector supervisor, 3 employees dedicated to enforcement, 1 administrative support staff and a branch manager.
  - The Water Division currently has 20 employees dedicated to compliance monitoring and operating out of the Field Services Branch of the Division. This includes 17 full time field inspectors, 1 inspector supervisor, 1 administrative support staff and 1 branch manager. The Enforcement Branch of the Division includes 15 employees dedicated to data

management and enforcement. This includes 6 enforcement analysts, 2 enforcement coordinators, 6 administrative support staff and a branch manager. Due to the increased work associated with the Fayetteville Shale Gas Exploration the Division has been authorized and is in the process of hiring 4 new full time field inspectors, 1 new inspector supervisor and 2 new enforcement analysts to assist in the monitoring and enforcement of sites within the Fayetteville Shale Play with a focus on sites within the Arkansas Game and Fish Commission Wildlife Management Areas. These additional positions are only currently funded for a two year period.

- The Air, Water, and RCRA program received laboratory support from the Environmental Preservation and Technical Services Division (EP/TS) which maintains a full Air sampling lab and a full environmental multi-media lab. In addition the EP/TS provides geographic information systems support for the agency.
- The ADEQ Legal Division which consists of 9 attorneys and 6 administrative staff, supports the work of the Air, Water, and RCRA Subtitle C programs, as well as, all other divisions in the Agency..

- **Staffing/Training:**

- The ADEQ Air, RCRA, and Water Compliance Monitoring programs generally remain close to fully staffed with some small expected staff turnover. Generally, ADEQ receives numerous qualified applicants for vacant field inspector positions. ADEQ Air, RCRA, and Water Enforcement Program staff have seen a larger number of vacancies and the applicants for vacant enforcement analysts positions have not always generated an adequate pool of qualified candidates. This has resulted in extended periods of staff shortages resulting in some delay in the completion of enforcement activities. In addition, as work related to the Fayetteville Shale Exploration increases or as federal program requirements change, ADEQ may face a serious shortage of personnel in the future without additional funded positions.
- ADEQ follows the Arkansas Office of Personnel Management's policies and procedures for filling vacant positions as well as evaluating existing staff.
- ADEQ provides training for the compliance monitoring and enforcement staff to meet or exceed the EPA mandated requirements. A primary source of training utilized by ADEQ has been the yearly Region 6 Inspector Workshop. This yearly training has been critical to insuring the adequate training of the ADEQ Compliance Monitoring staff. If this

training is no longer offered or if it is offered at less frequent intervals, ADEQ will have to seek additional training at a significant increase in cost.

- **Data reporting systems/architecture:** ADEQ uses several mechanisms to report data to EPA national databases including direct entry, flowing data over Exchange Network node and other forms of electronic data transfers to EPA's CDX Node.

## **B. MAJOR STATE PRIORITIES AND ACCOMPLISHMENTS**

- **Priorities:** (ADEQ provides the following insight into priorities) Arkansas is dedicated to ensuring that compliance monitoring and enforcement actions are conducted in accordance with federal standards, state law and state regulations. Enforcement actions are taken, as needed, to ensure that facilities return to compliance as soon as possible and that the appropriate gravity and economic benefit is considered to ensure that the economic incentive for noncompliance is eliminated and to ensure future compliance with the requirements.
- **Accomplishments:** (ADEQ provides the following information on its accomplishments) The ADEQ Air Division has exceeded the national average and met the national goal for A01H2S for HPV Day Zero Pathway and for A02B0S for Percent Actions at HPVs with penalty. In addition the Air Division has been successful in utilizing email and other electronic means of communication to transfer inspections and complaints reducing the processing time and making significant postage and paper cost savings. The ADEQ Hazardous Waste Division has increased inspection coverage of Large Quantity Generators to 32.9 percent which is well above the EPA 20 percent coverage requirement. The Hazardous Waste Division also had a significant noncompliance (SNC) identification rate of 20.6% which exceeds any of the other states in Region 6. In addition, 92.9% of SNCs with formal actions/referrals, were resolved either by settlement or through further action being taken, within 360 days. The is well above the national average of 35.8%.
- **Good Practices:** This SRF review indicates that ADEQ's Hazardous Waste Division's expedited enforcement process is helping the Department exceed national goals for timely and appropriate RCRA enforcement as ADEQ notes in the accomplishments discussion above. This is discussed in more detail in Section IV, finding 10.1.

### C. PROCESS FOR SRF REVIEW

- **Review Period:** October 1, 2008 - September 30, 2009
- **Key Dates:**
  - Preliminary meeting: December 16, 2009
  - Kick-off letter and data transmittal: February 10, 2010
  - Data corrections received: February 26, 2010
  - Preliminary data analysis and file selection list provided: April 29, 2010, revised May 10, 2010
  - File reviews conducted: RCRA - May 3-5, 2010; Water - May 24-27, 2010; Air - May 24-27, 2010
  - Draft report provided – August 10, 2010
- **Communication with the State:** The second round of began with a policy level meeting for Region 6 State Directors on May 29, 2008, to help the Region develop its plan for the second round of SRF reviews. In December 2009 ADEQ hosted a kick off meeting . On-site file reviews the following May, were concluded with exit conferences. Throughout the SRF review process ADEQ and the Region communicated by e-mail and phone as needed. The goal was for the ADEQ and EPA review teams to be equally informed throughout the review.
- **List state and regional lead contacts for review.**
  - ADEQ:
    - Karen Bassett, [bassett@adeq.state.ar.us](mailto:bassett@adeq.state.ar.us)
    - Ryan Benefield, [benefield@adeq.state.ar.us](mailto:benefield@adeq.state.ar.us)
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    - (CAA) Demitria Kimbrough, [kimbrough@adeq.state.ar.us](mailto:kimbrough@adeq.state.ar.us)
    - (CAA) Heinz Braun, [braun@adeq.state.ar.us](mailto:braun@adeq.state.ar.us)
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- (CAA) Toni Allen, [allen.toni@epa.gov](mailto:allen.toni@epa.gov)
- (CAA) Esteban Herrera, [herrera.esteban@epa.gov](mailto:herrera.esteban@epa.gov)
- (CAA) Janet Adams, [adams.janet@epa.gov](mailto:adams.janet@epa.gov)
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### **III. STATUS OF OUTSTANDING RECOMMENDATIONS FROM PREVIOUS REVIEWS**

During the first SRF review of ADEQ's compliance and enforcement programs, ADEQ and Region 6 identified a number of actions to be taken to address issues found during the review. ADEQ completed all of those actions. Appendix A contains a comprehensive list of completed actions for reference.

## **IV. FINDINGS**

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

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

<p><b>Areas for State * Improvement – Recommendations Required</b></p> <p><b>*Or, EPA Region’s attention where program is directly implemented.</b></p>	<p>This describes activities, processes, or policies that the metrics and/or the file reviews show are being implemented by the state that have significant problems that need to be addressed and that require follow-up EPA oversight. This can describe a situation where a state is implementing either EPA or State policy in a manner requiring EPA attention. For example, these would be areas where the metrics indicate that the State is not meeting its commitments, there is a pattern of incorrect implementation in updating compliance data in the data systems, there are incomplete or incorrect inspection reports, and/or there is ineffective enforcement response. These would be significant issues and not merely random occurrences. Recommendations are required for these problems that will have well defined timelines and milestones for completion. Recommendations will be monitored in the SRF Tracker.</p>
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CAA

Element 1 Degree to which the Minimum Data Requirements are Complete		
1.1	Is this finding a(n) (select one):	Good Practice Meets SRF Program Requirements X Area for State Attention Area for State Improvement – Recommendations Required
	Finding	Data and file review indicated minimal discrepancies in MDR data in AR.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>According to the data metrics, 54.5% of HPV day zeros have discovery dates linked. Although this compares favorably with the national average of 49.4%, it is an area for ADEQ attention. 39 files were reviewed (15 enforcement, 22 inspection and 2 supplemental). Three files were found to be missing information:</p> <ul style="list-style-type: none"> <li>• Permit shows plant subject to NSPS Dc and Dd; only Dd in AFS; missing Subpart has been added since review. ADEQ has since entered this data into AFS.</li> <li>• Plant subject to NESHAP Part 63, no Subparts in AFS; have been added since review. ADEQ has since entered this data into AFS.</li> <li>• Facility with HPV without Discovery Date linked to Day Zero.</li> </ul> <p>ADEQ and the Region will work together to improve data. Per ADEQ’s request, the Region will provide training for ADEQ staff. In their comments to the draft SRF report, ADEQ attributes incomplete data to staffing. ADEQ has addressed the staffing issue and believes this will improve data completeness. ADEQ has cross-trained staff, expanding AFS data entry capacity. On 10/4-7/10, the Region provided training to ADEQ on AFS data, as well as other program areas.</p> <p>FY10 data (e.g., day zero linked to discovery date) shows improvement.</p>
	Metric(s) and Quantitative Value	<p>Metric: 1c4 - % facilities with FCEs with NSPS subpart designations Value: Goal 100%, Nat. Avg. 82.2%, ADEQ 99.6%</p> <p>Metric: 1c5 - % facilities with FCEs with NESHAP subpart designations Value: Goal 100%, Nat. Avg. 37.9%, ADEQ 100%</p> <p>Metric: 1c6 - % facilities with FCEs with MACT subpart designations Value: Goal 100%, Nat. Avg. 92.4%, ADEQ 100%</p> <p>Metric: 1h1 - % HPV day zeros with discovery date Value: Goal 100%, Nat. Avg. 49.4%, ADEQ 54.5%</p> <p>Metric 1h2 - % HPV day zeros with violating pollutants Value: Goal 100%, Nat. Avg. 73.1%, ADEQ 100%</p>

		Metric: 1h3 - % HPV day zeros with violation type codes Value: Goal 100%, Nat. Avg. 76.9% ADEQ 100%
	State Response	During the preparation for the SRF round, both of our input personnel were on extended leave. Although we understand and support the need for 100% accuracy, all of the other metrics listed above indicate we are exceeding the National Average and only miss the Goal in two of the areas. The requested training was a result of the replacement of one of our Administrative Analysts which resulted in identification of the need for cross training.
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

Element 2 Degree to which Minimum Data Requirements are Accurate		
2.1	Is this finding a(n) (select one):	Good Practice Meets SRF Program Requirements Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	With the exception of HPV day zero, the other MDRs are generally accurate.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	ADEQ reviewed the official data pull from OTIS and did not identify any data inaccuracies. According to ADEQ Air Division policy, HPV day zero cannot precede the date the NOV or consent order is issued. This can be seen in the data where day zero follows the NOV issuance date. The HPV Policy allows for some time after violation discovery (up to 90 days) to make a violation determination which is day zero. It appears that in practice, ADEQ's day zero designation in AFS exceeds the time allowed in the HPV Policy. In comments to the draft report, ADEQ said that they will start designating day zero in accordance with the HPV Policy. 39 files were reviewed (15 enforcement, 22 inspection and 2 supplemental). One facility had an incorrect HPV code – the GC4 code should have been GC8. All 5 HPVs reviewed reflected implementation of the Air Division's policy regarding day zero. Metric 7c2 indicates a relatively low percentage of failed stack test sources with non compliance status. ADEQ believes that this was primarily due to the mistaken assumption by staff that AFS automatically updated the source's compliance status upon entering a stack test failure. Staff now know that AFS does not automatically update the

	<p>compliance status and management will ensure that the compliance status for failed stack tests is appropriately documented.</p> <p>According to OTIS 8 facilities received 2 FCEs during FY09. ADEQ determined that 4 of the 8 were data entry errors (e.g., wrong date, duplicate entry) and has corrected these data errors in AFS and will ensure that FCE data is correctly entered in the future.</p>
Metric(s) and Quantitative Value	<p>File Metric: 2c - % of files reviewed where MDR data are accurately reflected in AFS. Value: 92%</p> <p>Metric 2a – Number of HPVs/Number of NC Sources (1 FY) Value: Goal &lt;= 50%, Nat. Avg. 56.8% ADEQ 27%</p> <p>Metric: 7c2 – percent facilities that have had a failed stack test and have noncompliance status (1yr) Value: Nat. Avg. 49%, ADEQ 25%</p>
State Response	[ADEQ will] begin designating Day Zero consistent with EPA’s HPV policy immediately. Facilities will be notified of possible HPV violations within 45 days of discovering the violation
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	EPA recommends that ADEQ ensure that all AFS minimum data requirements are accurate including FCE data and compliance status as well as Day Zero designations consistent with the HPV Policy. ADEQ has corrected the erroneous multiple FCE entries and will begin designating Day Zero consistent with EPA’s HPV policy immediately. ADEQ will ensure that the compliance status for sources with stack test failures is accurate. For those sources identified in metric 7c2, any needed compliance status corrections will be made by 9/30/11.

Element 3 Degree to which Minimum Data Requirements are Timely		
3.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p>X Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	
	Explanation. (If Area for State Attention, describe why action not required, if Area for	<p>Data Metric 3a indicates a relatively low percentage of HPVs entered within 60 days of designation. Comparing frozen data pulled in 3/10 with the official data used for this review (2/10), a few metrics reflect updates; notably informal enforcement actions went from 17 (official) to 26 (frozen) and number of stack test failures went from 4 (official) to 6 (frozen).</p> <p>As mentioned in finding 2.1 above, ADEQ will designate HPVs in accordance with the HPV Policy and they</p>

Improvement,, provide recommendation narrative.	believe that their revised procedures will also enable them to enter HPVs into AFS within 60 days of designation. ADEQ believes that the differences between the frozen data and original data sets was due to a temporary backlog in data entry due to having key staff on extended leave. This staffing issue has since been addressed.
Metric(s) and Quantitative Value	Metric: 3a - Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY) Value: Goal 100%, Nat. Avg. 33.6%, ADEQ 9.1% Metric: 3b1 - Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY) Value: Goal 100%, Nat. Avg. 54.6%, ADEQ 71.3% Metric: 3b2 - Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY) Value: Goal 100%, Nat. Avg. 69.9%, ADEQ 75.9%
State Response	ADEQ will begin designating Day Zero consistent with EPA's HPV policy immediately. Facilities will be notified of possible HPV violations within 45 days of discovering the violation.
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

**Element 4 Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.**

4.1	Is this finding a(n) (select one):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
	Finding	ADEQ met its inspection and enforcement commitments. HPV reporting issues discovered during this review are addressed in finding 2.1
	Explanation. (If Area for State Attention,, describe why action not required, if Area for	ADEQ's CMS for FY09 was consistent with the CAA CMS (i.e., at least 50% and 20% FCE coverage for majors and SM80s respectively). ADEQ projected FCEs at 210 majors (majors universe at the time 215) and 146 SM80s (SM80 universe at the time 449). The FY09 grant EOY report credited ADEQ with FCEs at 204 majors and 328 SM80s. OTIS indicates that ADEQ did 203 majors and 331 SM80s for FY09.

Improvement,, provide recommendation narrative.	The discrepancies between projections and EOY numbers are attributed to fluctuations in the major and SM80 universes. The reason for the difference between the 204 EOY and 203 in OTIS is under evaluation. The Region determined that ADEQ met its compliance monitoring commitments.
Metric(s) and Quantitative Value	File Metrics: 4a and b - see Appendix G, File Review Analysis
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

<b>Element 5 Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).</b>	
5.1	<p>Is this finding a(n) (select one):</p> <p>Good Practice  <input checked="" type="checkbox"/> Meets SRF Program Requirements  Area for State Attention  Area for State Improvement – Recommendations Required</p>
Finding	ADEQ completed the universe of planned inspections consistent with the national CMS Policy.
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	As mentioned in finding 4.1 above, ADEQ completed the universe of planned inspections, given the minor fluctuations in the majors and SM80 universes. ADEQ's CMS for FY09 was consistent with the CAA CMS (i.e., at least 50% and 20% FCE coverage for majors and SM80s respectively). Metric 5g indicates 94% Annual Compliance Certifications (ACC) reviewed. According to ADEQ, all ACCs are reviewed. They believe that the data showing less than 100% ACC reviewed is due to a lag in entering ACC review data for ACCs received late in the FY.
Metric(s) and Quantitative Value	Metric: 5a1 - CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle) Value: Goal: 100%, Nat. Avg. 86.5%, ADEQ 99.0%

	<p>Metric: 5b1 - CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)  Value: Goal 20%-100%, Nat. Avg. 82.6%, ADEQ 99.1%</p> <p>Metric: 5e – number of sources with unknown compliance status.  Value - 0</p> <p>Metric: 5g - Review of Self-Certifications Completed (1 FY)  Value: Goal 100%, Nat. Avg. 93.7%, ADEQ 94.4%</p>
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

<b>Element 6 Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.</b>	
6.1	<p>Is this finding a(n) (select one):</p> <p>Good Practice  <input checked="" type="checkbox"/> Meets SRF Program Requirements  Area for State Attention  Area for State Improvement – Recommendations Required</p>
Finding	The majority of the ADEQ inspection reports reviewed reflect that inspections were thorough; contained sufficient information to document violations and were completed in a timely manner.
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	Twenty-two inspection files reviewed; 21 of 22 contained all the necessary information. One inspection report did not include a compliance/enforcement history. This appears to be an isolated instance due to human error.
Metric(s) and Quantitative Value	File Metric 6b - % of FCEs that meet the definition of an FCE per the CMS policy. Value: 100%

	File Metric 6C - % of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility. Value: 95%
State Response	After reviewing this inspection it was found to be a human error. More thoroughness will be performed during future QC.
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

<b>Element 7 Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g., facility-reported information).</b>	
7.1	<p>Is this finding a(n) (select one):</p> <p>Good Practice Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention Area for State Improvement – Recommendations Required</p>
Finding	ADEQ generally makes accurate compliance determinations, but in some instances, non-compliance status in AFS was not timely updated.
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>Twenty-two FCE reports were reviewed. The one violation identified in the FCE reports reviewed was an equipment malfunction due to electrical power outage. ADEQ met with the company. The historical compliance status is reported per quarter. This facility was out of compliance per the inspection then in compliance per the meeting, all within a three-month window, so the quarter's compliance status doesn't reflect violation identified during the inspection.</p> <p>Data metric 7c2 reflects a relatively low percentage of stack test failures with non-compliance status. As mentioned in finding 2.1 above, ADEQ, believes this is due to a misunderstanding of AFS capabilities (i.e. AFS automatically updating compliance status with entry of a stack test failure). A recommendation for this is included in finding 2.1 above.</p>
Metric(s) and Quantitative Value	<p>File Metric: 7a - % of CMRs or facility files reviewed that led to accurate compliance determinations. Value: 100%</p> <p>File Metric 7b - % of non-HPVs reviewed where the compliance determination was timely reported to AFS. Value: 100%</p>

	Metric: 7c - Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY) Value: National Goal > ½ Nat. Avg., Nat. Avg. 22.3%, ADEQ 19.6%
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

**Element 8 Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.**

8.1	Is this finding a(n) (select one):	Good Practice Meets SRF Program Requirements Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	ADEQ generally identifies HPVs appropriately and enters HPV data, but not in all instances.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>The data metrics for HPV identification, 8a and c, indicate a lower rate than the national average. Metric 8e indicates a high percentage of stack test failures were not classified as HPVs. Recent FY09 data shows 10 of 16 failures not classified as HPVs. Of the 10 non-HPV stack test failures, 2 were indeed non-HPVs; 7 should have been HPVs and have since been linked to HPV actions. One of the 10 non-HPV stacktest failures is believed to have been a data entry error.</p> <p>Of the 15 enforcement and 2 supplemental files reviewed (17 total), there were 5 HPVs and 12 non-HPVs. All of the HPVs and most of the non-HPV determinations seemed appropriate. Two of the non-HPVs, however, appeared to meet the HPV criteria. One facility had a late stack test. The other facility failed to submit 2 semi-annual reports and certified compliance in its annual compliance certification. ADEQ has since updated AFS to designate both violations as HPVs.</p> <p>As noted in finding 3.1 above, metric 3a indicates HPVs were not always entered into AFS in a timely manner. In discussions with ADEQ, they indicated that in changing their procedures to designate day zero consistent with the HPV Policy, they believed that they would also be able to enter HPVs into AFS within 60 days of designation. ADEQ and Region 6 plan to conduct HPV training in FY11 and believe this training will improve HPV identification. The Region is working with OECA to provide an HPV webinar in FY11.</p> <p>The Region and ADEQ review HPV status on monthly HPV calls. Progress on improving HPV identification and</p>

	reporting will be reviewed on these calls.
Metric(s) and Quantitative Value	<p>Metric: 8a – HPV discovery rate per major source (1yr) Value: Nat. Avg. 7.4%, ADEQ 4.8%</p> <p>Metric: 8c - % formal enforcement actions at majors with prior HPV designation (1yr) Value: Nat. Avg. 73.7%, ADEQ 38.7%</p> <p>Metric: 8e – % Sources with failed stack tests that received HPV listing - Majors and Synthetic Minors (2 FY) Value: Nat. Avg. 42.7%, ADEQ 41.7%</p> <p>File Metric: 8f - % of violations in files reviewed that were accurately determined to be HPV Value: 88%</p>
State Response	ADEQ has requested additional training from Region 6 on the identification of HPVs. ADEQ hopes this additional training will further strengthen this area of the program.
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	Region 6 recommends that ADEQ designate HPV Day Zero consistent with the HPV Policy. ADEQ has indicated that they will do this. The Region also recommends that ADEQ enter HPVs, including stack test failures as appropriate, into AFS within 60 days of Day Zero. ADEQ believes that they will be able to do this. The Region and ADEQ believe that HPV training will help in improving HPV identification and project conducting training by 9/30/11.

**Element 9 Degree to which state enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.**

9.1	<p>Is this finding a(n) (select one):</p> <p>Good Practice  <input checked="" type="checkbox"/> Meets SRF Program Requirements  Area for State Attention  Area for State Improvement – Recommendations Required</p>
Finding	Enforcement actions include required corrective action and time frames.
Explanation. (If Area for State Attention, describe why action not required, if Area for	Seven formal enforcement actions were reviewed. All included the required corrective actions and specified time frames.

Improvement,, provide recommendation narrative.	
Metric(s) and Quantitative Value	File Metric: 9b % enforcement actions reviewed with corrective actions and compliance time frames specified. Value: 100%
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

**Element 10 Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.**

10.1	<p>Is this finding a(n) (select one):</p> <p>Good Practice  <input checked="" type="checkbox"/> Meets SRF Program Requirements  Area for State Attention  Area for State Improvement – Recommendations Required</p>
Finding	HPV addressing actions meet the HPV Policy appropriateness criteria.
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	Of the 7 formal enforcement actions reviewed, 4 were HPV actions. All 4 met the HPV Policy appropriateness criteria.
Metric(s) and Quantitative Value	File Metric: 10c % HPV addressing actions that were appropriate Value: 100%

	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	
10.2	Is this finding a(n) (select one):	Good Practice Meets SRF Program Requirements Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	HPV addressing actions did not meet the timeliness criteria
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	Of the 4 HPV addressing actions reviewed, 1 was timely based upon ADEQ's day zero designation. According to ADEQ, delays in issuing actions were due to having a backlog from the Air Enforcement program being under staffed. Air Enforcement is now fully staffed and has eliminated the backlog. ADEQ's administrative procedures rule requires the issuance of a notice of violation (NOV), specifying the violations, any required corrective action and penalty, before ADEQ can issue an order. The Respondent has 30 days to respond. An NOV does not need to precede an order on consent. As mentioned in finding 2.1 above, the Air Division does not designate day zero (i.e., start the response time clock) for HPVs until after the issuance of the NOV. Factoring this into the analysis, none of the HPV actions reviewed met the HPV enforcement timeliness criteria. Since the Air Division will now designate day zero consistent with the HPV Policy, timeliness of HPV enforcement can be more accurately reflected in AFS. ADEQ believes that having a full staff and having eliminated the back log of actions, will enable them to meet the 270 day clock a greater percentage of the time. The Region and ADEQ will monitor timeliness of HPV actions over the course of FY11 and determine if additional actions are needed by 9/30/11.
	Metric(s) and Quantitative Value	Metric: 10a % HPV actions not meeting the timeliness goal (2 years) Value: Nat. Avg. 34.2%, ADEQ 56.5% File Metric: % HPV actions reviewed that met the timeliness criteria (270 days) Value: 25%
	State Response	Currently, Air Enforcement is fully staffed and has caught up on the backlog of enforcement cases.

Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	ADEQ believes that having a full staff and having eliminated the back log of actions, they will meet the 270 day clock a greater percentage of the time. The Region and ADEQ will monitor timeliness of HPV actions over the course of FY11 and determine if additional actions are needed by 9/30/11
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**Element 11 Degree to which state documents in its files that initial penalty calculation include both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.**

11.1 Is this finding a(n) (select one):	Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
Finding	Files document appropriate gravity and economic benefit components of the penalty calculation.
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	Seven formal enforcement actions were reviewed. All included penalty calculations with gravity and economic benefit components. ADEQ uses a matrix to determine economic benefit in most instances with “canned” values for economic benefit. The penalties reviewed did not reflect the use of the EPA BEN model (note – use of EPA’s BEN model is not mandatory), however, in discussing this with the Air Division, they indicated that they would use the BEN model if they thought it was necessary.
Metric(s) and Quantitative Value	File Metric: 11a % of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.
State Response  Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this	

issue.)	
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**Element 12 Degree to which differences between the initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.**

12.1	Is this finding a(n) (select one):	Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
	Finding	Penalty files document final penalty collection.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	Seven penalty files were reviewed. All were associated with final consent orders. There were no differences between proposed and final penalty figures. The files documented penalty collection.
	Metric(s) and Quantitative Value	File Metric: 12c % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty Value: 100% File Metric: 12d % of files that document collection of penalty. Value: 100%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this	

issue.)	
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CWA

Element 1 Degree to which the Minimum Data Requirements are Complete	
1.1	<p>Is this finding a(n) (select one):</p> <p>Good Practice  X Meets SRF Program Requirements  Area for State Attention  Area for State Improvement – Recommendations Required</p>
Finding	Minimum data requirements are generally complete.
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>ADEQ exceeded the national goals for minimum data requirements in coding permits and entering DMR data. According to ADEQ, the facilities are considered active in ICIS without coding the facilities as administratively extended with an expired permit. This is in reference to metrics 1a3 and 1a4. The storm water permits that expired in 2009 had not been administratively extended by ADEQ. All formal and informal enforcement actions were coded in correctly to ICIS.</p> <p>Three (3) of the data metrics in Element 1 had nationally established performance goals – data metrics 1b1, 1b2, and 1b3. A discussion on each follows:</p> <p>Data metric 1b1: % of NPDES major facilities with permit limits in ICIS- ADEQ had 100% (112 of 112) of their major individual permits correctly coded.</p> <p>Data metric 1b2: % of outfalls for which DMR data is in ICIS- ADEQ had 94.3% . ADEQ essentially met the national goal of 95%.</p> <p>Data metric 1b3: % NPDES major facilities with permits that had DMRs in ICIS- ADEQ had 99.1% which exceeded the national goal of greater than 95% and the national average of 93.3%</p> <p>Data metric 1e1: Informal actions; number of major facilities – For fiscal year 2009, the data metric reflected 50 for the number of NPDES major facilities which received informal enforcement actions. ADEQ provided a list 65 with informal actions, noting the discrepancy between OTIS and ICIS.</p> <p>Data metric 1e2: Informal actions; number of actions at major facilities: The data metric reflected 82 for the total number of state informal enforcement actions issued to major facilities. ADEQ provided a list of 129 informal actions. The difference may be due to the lag between ICIS entry and OTIS refresh.</p>

	<p>Data metric 1f1: Formal Action NPDES Major Number of facilities: The data metric reflected 6 NPDES major facilities which received formal enforcement actions</p> <p>Data metric 1f2: Formal actions NPDES Majors number of actions: The data metric reflected 6 state formal enforcement actions issued to major facilities..</p> <p>ADEQ identified discrepancies between OTIS and ICIS for data metrics 1a1, 1f4s and 1g1s. The differences between ICIS and OTIS may be due to the lag in time between ICIS entry and OTIS refresh.</p>
Metric(s) and Quantitative Value	<p>Metric: 1a1 – Active majors with individual permits Value: 110, corrected 115</p> <p>Metric : 1a4 - Non-major general permits Value: initial 465, corrected 2301</p> <p>Metric 1b1 -% correctly coded major permit limits Value: Goal &gt;=95%, Na. Avg. 99.9% ADEQ 100.0%</p> <p>Metric : 1b2 -% major DMR entry rate Value: Goal &gt;= 95%, Nat Avg. 94.6%, ADEQ 94.3%</p> <p>Metric: 1b3 -% major DMR entry rate based on DMRs expected Value: Goal &gt;=95%, Nat. Avg. 93.3%, ADEQ 99.1%</p> <p>Metric: 1e1 – # of majors receiving informal actions Value: initial 50, corrected 65</p> <p>Metric: 1e2- # of informal actions issued to majors Value: initial 82, corrected 129</p> <p>Metric 1f1 - # of majors receiving formal actions Value: 6</p> <p>Metric: 1f2 - # of formal actions issued to majors Value: 6</p> <p>Metric: 1f3 - # of non-majors receiving formal action Value: 13</p> <p>Metric 1f4 - # of formal actions issued to non major facilities Value: initial 12, corrected 13</p> <p>Metric: 1g1s – total number of penalties Value: 11, corrected 14</p>
State Response	<p>ADEQ has not fully identified the discrepancy between OTIS and ICIS for data metrics 1a1, 1f4s and 1g1s. The discrepancy could be based on one of two possibilities; the time that the data was pulled from ICIS or the program</p>

	(IDEA) that converts ICIS to OTIS. ADEQ will continue to investigate and hope to eliminate this discrepancy.
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

**Element 2 Degree to which Minimum Data Requirements are Accurate**

2.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p><input checked="" type="checkbox"/> Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	Minimum data requirements were accurate for the most part, but there were some data entry problems.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>Data Metric 2a: Reports the percent of enforcement actions linked to violations for major facilities. The National goal is &gt;80% and ADEQ exceeded the National goal with 100% accuracy. A total of 33 files were reviewed. There were 11 storm water files (minors),and the data was accurately recorded in ICIS .</p> <p>In reviewing and discussing some of the metrics (e.g., 7b, 7c - unresolved schedule violations; 8a SNC rate), these turned out to be data coding/entry problems . ADEQ indicated that these are staffing related. As such, this is an area for State attention. ADEQ is addressing the staffing issues.</p> <p>In discussing the November 1 date in the response to the draft findings with ADEQ’s Water Division, they had not yet completed hiring by November 1, but hoped to early in calendar year 2011.</p>
	Metric(s) and Quantitative Value	<p>Metric: 2a – actions linked to violations – major facilities</p> <p>Value: Goal &gt;- 80%, ADEQ 100%</p> <p>File Metric: 2b - % of files reviewed where data is accurately reflected in the national data system</p> <p>Value 100%</p>
	State Response	Additional staff will be hired which should improve the accuracy of the data entry. ADEQ will place extra emphasis on making sure the items are coded in a timely manner into ICIS. ADEQ hopes to be fully staffed in the Water Enforcement Branch by November 1, 2010.

Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	
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**Element 3 Degree to which Minimum Data Requirements are Timely**

	Is this finding a(n) (select one):	Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
	Finding	Minimum data requirements are timely
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	A sense for data timeliness can be gained by comparing the official data set against the frozen data. The official data set pulled in 2/10 and the frozen data set (3/10) were virtually identical. The file review indicated that data entry was timely.
	Metric(s) and Quantitative Value	
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

**Element 4 Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.**

4.1	Is this finding a(n) (select one):	<p>Good Practice  <input checked="" type="checkbox"/> Meets SRF Program Requirements                  Area for State Attention                  Area for State Improvement – Recommendations Required</p>
	Finding	ADEQ met its compliance and enforcement commitments.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	<p>The CWA 106 grant document for ADEQ described the planned inspections, data requirements, reports and other enforcement and compliance commitments for the State fiscal year (details provided in Appendix G – File Review Analysis). ADEQ met its commitments for FY09.</p> <p>Consistent with the new compliance monitoring strategy (CMS) for the national NPDES program, ADEQ conducts Compliance Evaluation Inspections (CEIs) for majors at a frequency of once every two years at 100%; minor inspections at a frequency of once every five years, and Pretreatment Compliance Inspections (PCIs) at a frequency of two every five years . According to ADEQ’s EMS, their objective was to inspect all majors every two years and 92-500 minor permittees and pretreatment programs at least once a year. In addition, the EMS states emergency inspections are handled by individual contact, phone calls, and/or meetings between the Divisions. ADEQ is in the process of updating its EMS which includes the new CMS inspection frequencies.</p>
	Metric(s) and Quantitative Value	File Metric: 4a % of planned inspections completed Value: 100%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

Element 5 Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).		
5.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	ADEQ completed the universe of planned inspections consistent with national policy goals.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>ADEQ defines the inspection coverage in the 106 Grant work plan. In the document, ADEQ inspects 100% of all majors during a two year cycle (State FY09-10, 7/1/08-6/30/10). For State FY09, they completed inspections on 56 of the 112 majors (the universe at the time projections were made). This is within an acceptable percentage given the national goal for majors is 100% coverage in 2 years.</p> <p>According to the OTIS data for this review, During the period 10/1/08-9/30/09, ADEQ did 76 out of 109 majors. However, in making corrections to the data ADEQ noted that ICIS shows 83 out of 115 majors inspected.</p> <p>The discrepancies in the majors universe over time is due to the dynamic nature of the majors universe. A major can change status, for example, the flow can go under 1MGD. Discrepancies between OTIS and ICIS may be due to some expired major permits not being coded as administratively extended.</p> <p>ADEQ completed the planned inspections for non-majors (ADEQ projects approximately 20%/year). OTIS shows 156 of 652 inspected. ADEQ noted that ICIS shows 185 of 676 for the period 10/1/08 – 9/30/09.</p> <p>ADEQ also completed 8 planned PCIs (out of 24 approved pretreatment programs) which is consistent with the national goal of 2/5yrs.</p>
	Metric(s) and Quantitative Value	<p>Metric 5a: Inspection coverage – NPDES majors Value: Goal 100%, National Average 57.9%, ADEQ initial 69.7%, corrected (State FY) 72.2%</p> <p>Metric 5b1: Inspections at NPDES non-,majors with individual permits Value: 23.9%</p> <p>Metric 5b2: Inspections at NPDES non-majors with general permits Value: initial :61, corrected 80</p> <p>Metric: 5c: Other inspections performed Value: initial 14, corrected 130*</p> <p>*all other inspections not including 5b1 and 5b2.</p>
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted	

actions from Round 1 that address this issue.)	
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**Element 6 Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.**

6.1	Is this finding a(n) (select one):	Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
	Finding	ADEQ inspection reports properly document observations and are completed in a timely manner.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>ADEQ is thorough in the documentation of inspection observations and findings so proper compliance determinations could be drawn. Twenty-five inspection reports were reviewed under this element and all had proper documentation to determine compliance as well as determining whether a follow-up inspection was necessary to insure compliance in correcting the observed deficiencies. This SRF element also evaluated the completeness of the inspection reports. With respect to analyzing the completeness of State inspection reports, an inspection report completeness checklist was developed for SRF. Of the twenty five inspections reviewed and evaluated against this checklist, all were complete for the type of inspection performed.</p> <p>The SRF CWA File Review Plain Language Guide states that the timeline for completing inspection reports should be the timeline in the state-specific Enforcement Management System (EMS). According to ADEQ’s Memorandum of Agreement (MOA) with EPA, inspection reports are to be available within thirty days of the date of inspection. Of the fourteen NPDES and eleven storm water files all were completed within thirty days. This continues to be a strength of the ADEQ NPDES enforcement program.</p>
	Metric(s) and Quantitative Value	File Metric: 6b - % of inspection reports reviewed that are complete Value: 100% File Metric: 6c - % of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination Value: 100% File Metric: 6d - % of inspection reports reviewed that are timely Value: 100%

State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

**Element 7 Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g., facility-reported information).**

7.1	Is this finding a(n) (select one):	<p>Good Practice  <input checked="" type="checkbox"/> Meets SRF Program Requirements  Area for State Attention  Area for State Improvement – Recommendations Required</p>
	Finding	Compliance determinations were accurately made based upon compliance monitoring observations and reported in the national database.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>Data metrics 7a1 and 7a2 track SEVs in ICIS (7a1 tracks SEVs for active majors and 7a2 tracks SEVs for non majors. Pursuant to May 22, 2006 Final SEV Data Entry Guide for PCS, SEVs are a required data element for NPDES major and PL92-500(construction grant) non-majors (the guidance says that EPA strongly encourages entry of SEVs for non-major facilities, however, at this time, there is not a requirement for such entry).</p> <p>All twenty-five inspections reviewed led to accurate compliance determination. Two facilities had five single event violations that were accurately identified as SNC or Non SNC were reported timely and linked to the enforcement action in ICIS.</p> <p>For data metric 7b, 6 of 37 facilities had unresolved compliance schedule violations with a percentage rate of 16.2% which was under the national average of 31.0%. Some compliance schedules were received but were not coded into the system. ADEQ plans to finish coding the schedules. For data metric 7c, 56 of 134 facilities had unresolved permit schedule violations. According to ADEQ this is due to data entry staffing issues. ADEQ plans to complete the necessary data entry.</p> <p>ADEQ believes that the increased attention to coding schedules described in their comments to the draft findings will be effective. FY10 data for unresolved schedule violations shows improvement.</p> <p>The staffing issue related to data entry is noted as an area for State attention in finding 2.1.</p>

Metric(s) and Quantitative Value	<p>Metric: 7a1 – Single Event Violations at majors Value : 17</p> <p>Metric 7b – unresolved compliance schedule violations: Value: Nat Avg. 31.0% ADEQ 16.2%</p> <p>Metric 7c % facilities with unresolved permit schedule violations Value: Nat Avg. ADEQ 41.8%</p> <p>Metric 7d - % major facilities with DMR violations Value: Nat. Avg. 53.2%, ADEQ 54.5%</p> <p>File Metric: 7e - % of inspection reports or facility files reviewed that led to accurate compliance determinations Value: 100%</p>
State Response	ADEQ has made the coding of compliance schedules, as they are received and approved, a priority. ADEQ has begun the process of reviewing, locating and coding known compliance schedules and hope to be completed soon.
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

<b>Element 8 Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.</b>	
8.1	<p>Is this finding a(n) (select one):</p> <p>Good Practice  <input checked="" type="checkbox"/> Meets SRF Program Requirements  Area for State Attention  Area for State Improvement – Recommendations Required</p>
Finding	ADEQ accurately and timely identifies SNC in ICIS.
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,,	The 5 single event violations identified as SNC were reported timely and linked to the enforcement action in ICIS. According to OTIS data, the national average for major facilities in SNC is 24.2% and Arkansas has a rate of 43.6%. ADEQ believes that the high SNC rate is a data entry problem. The data entry related staffing issue is noted for State attention in finding 2.1.

provide recommendation narrative.	
Metric(s) and Quantitative Value	File Metric 8a2: % major facilities in SNC Value: Nat. Avg. 24.2%, ADEQ 43.6% File Metric: 8b: % of single event violation(s) that are accurately identified as SNC or Non-SNC. Value: 100% File Metric: 8c: % of single event violation(s) identified as SNC that are reported timely. Value: 100%
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

<b>Element 9 Degree to which state enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.</b>	
9.1	Is this finding a(n) (select one): Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
Finding	ADEQ enforcement actions include the required corrective actions and specify time frames
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide	The 14 formal and informal enforcement responses were reviewed and all of the responses will return a source in SNC or non-SNC to compliance. The enforcement responses in all of the files reviewed consisted of warning letters, Notices of Violation and Consent Administrative Orders with compliance schedules and/or a penalties and SEPs.

recommendation narrative.	
Metric(s) and Quantitative Value	File Metric: 9b - % of enforcement responses that have returned or will return a source in SNC to compliance Value: 100 % File Metric: 9c - % of enforcement responses that have returned or will return a source with non-SNC violations to compliance. Value: 100%
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

<b>Element 10 Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.</b>	
10.1	<p>Is this finding a(n) (select one):</p> <p>Good Practice Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention Area for State Improvement – Recommendations Required</p>
Finding	ADEQ enforcement actions appear to be appropriate, however, some are not timely.
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation	According to data metric 10a, ADEQ has a relatively high percentage of majors that do not receive timely enforcement action. ADEQ believes that this was in part due to staffing and turn over. Twelve files were reviewed for enforcement responses that addressed SNC. The enforcement responses were all taken in a timely manner and were appropriate. One of the files reviewed for an SNC violation (reporting) did not require a response because the facility had met the reporting requirements. Four of the SNC violations were addressed with formal enforcement actions which included consent Administrative Orders and penalties.

narrative.	
Metric(s) and Quantitative Value	<p>Metric: 10a - % major facilities without timely action Value: Goal &lt; 2%, Nat. Avg. 18.8%, ADEQ 32.7%</p> <p>File Metric: 10b - % of enforcement responses reviewed that address SNC that are taken in a timely manner. Value: 100%</p> <p>File Metric: 10c - % of enforcement responses reviewed that address SNC that are appropriate to the violations. Value: 100%</p> <p>File Metric: 10d - % enforcement responses that appropriately addressed non-SNC Value: 100%</p> <p>File Metric: 10e - % enforcement responses that timely addressed non-SNC Value: 100%</p>
State Response	Task reassignments, establishing priorities, and increased accountability have led to more timely enforcement actions but this area will continue to be a concern as ADEQ struggles with significant staff turnover and limited resources within both the Water and Legal Divisions of ADEQ.
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

<b>Element 11 Degree to which state documents in its files that initial penalty calculation include both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.</b>	
11.1	<p>Is this finding a(n) (select one):</p> <p>Good Practice Meets SRF Program Requirements Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required</p>
Finding	Penalty worksheets acknowledge gravity and economic benefit, but do not document methodology. Capture of economic benefit for delayed or avoided costs is not routinely documented.

<p>Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.</p>	<p>ADEQ's Rule 7 which guides penalty determinations includes a component for the seriousness of the violation and actual or potential environmental effects. This is similar to EPA penalty policy regarding gravity. Ten penalty files were reviewed. In general documentation, consisting of a check sheet, reflected factors to be considered in penalty calculations under Rule 7. These factors include considerations for gravity and economic benefit. However, the check sheets did not contain adequate information on the methodology behind the penalty calculations for economic benefit and gravity. In general, the amounts appeared less than adequate, and below the range that EPA's penalty policy would generate. Economic benefit for delayed or avoided costs is a fundamental component of an adequate penalty and in the Region's view, this is not routinely being recovered or documented. Penalty documentation is also addressed in finding 12.1 below.</p>
<p>Metric(s) and Quantitative Value</p>	<p>Metric File: 11a - % of penalty calculations that consider and include where appropriate gravity and economic benefit Value: 50%</p>
<p>State Response</p>	<p>All ADEQ Water Division penalty calculations consider both gravity and economic benefit. ADEQ's penalty policy is consistent with the requirements of Regulation 7 of the Arkansas Pollution Control and Ecology Commission. In determining the gravity portion of any penalty, ADEQ considers many factors including actual or potential effects and seriousness of the violation. This process is very clearly outlined on the Water Division Penalty calculation worksheet which is prepared for each violation. ADEQ believes the review did not fully comprehend the ADEQ process for determining the gravity component of each penalty and that this area should be reevaluated and revised.</p>
<p>Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)</p>	<p>EPA recommends that ADEQ revise its current penalty calculation methodology to ensure adequate penalty assessments including the gravity component and recovery of economic benefit for avoided or delayed compliance. In addition, ADEQ should ensure that penalty files adequately document penalty calculations including the method used for calculating economic benefit and the gravity component. ADEQ is examining current penalty practices and will address EPA's recommendations. ADEQ will provide EPA updates on progress made to address the recommendations for findings 11.1 and 12.1 during the monthly enforcement program calls and in conjunction with the quarterly enforcement managers meetings. ADEQ and EPA will assess overall progress to determine the need for additional actions by 9/30/11.</p>

**Element 12 Degree to which differences between the initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.**

<p>12.1 Is this finding a(n) (select one):</p>	<p>Good Practice Meets SRF Program Requirements Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required</p>
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Finding	Penalty collection is documented; however, the rationale between initial and final penalty amounts is not always documented in files.
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	<p>All six of the Storm Water files reviewed for penalties had documentation for the initial and final assessed penalty. At the time of the on-site file review, none of the NPDES files reviewed documented the rationale between the initial and final assessed penalty. This is primarily because of the lack of information supplied for the total penalty calculations. ADEQ should ensure that penalty calculation sheets are available for review and for ADEQ's internal review. The documentation should include a section showing the methodology behind the economic benefit calculation, and a section for the gravity calculation. If there is not an economic benefit section, no one (either EPA or ADEQ) will readily know if economic benefit is being assessed and collected.</p> <p>According to Water Division procedures a reduction in a proposed penalty must be requested through a memo which documents the rationale for the reduction. ADEQ was able to provide copies of the penalty memos for some of the final penalty actions reviewed and provided other examples of memos recommending penalty reductions. The memos include the recommended penalty figure and include a basis for the recommendation. From the examples of penalty reduction memos provided, however, it was difficult to see how penalty reductions were consistent with the applicable penalty Rule/policy guidelines. It was also impossible to determine how gravity and recovery of economic benefit were ultimately addressed. The four NPDES files with penalties showed documentation for the collection of penalties. Of the six Storm Water files, three had documentation showing the collection of the penalties and three had documentation showing that enforcement actions have escalated to civil circuit court cases.</p>
Metric(s) and Quantitative Value	<p>Metric File 12a- % of penalties reviewed that document the difference and rational between the initial and final assessed penalty. Value: 60%</p> <p>Metric File: 12b -% of enforcement actions with penalties that document collection of penalty Value: 100%</p>
State Response	Initial penalties are calculated based on APC&EC Regulation 7 and the standard penalty policy worksheet for the ADEQ Water Division. The ADEQ generally seeks expedient resolution to violations through the negotiation of a Consent Administrative Order. The initial calculated penalty may be reduced for many different considerations including corrective action taken, demonstrated inability to pay, appropriate litigation considerations, as well as, other important factors. This is all done with the goal of bringing the facility back into compliance as quickly as possible while ensuring penalties are assessed and collected that provide a deterrent for future noncompliance. Any reductions between initial and final assessed penalties were made for this reason.
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	The Region recommends that ADEQ document the rationale behind differences between initial and final penalty amounts, including gravity and economic benefit, for all penalty actions. Also the documentation should reflect consistent application of Rule/policy guidelines. ADEQ is examining current penalty practices and will address EPA's recommendations. ADEQ will provide EPA updates on progress made to address the recommendations for findings 11.1 and 12.1 during the monthly enforcement program calls and in conjunction with the quarterly enforcement managers meetings. ADEQ and EPA will assess overall progress to determine the need for additional

	actions by 9/30/11.
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**RCRA**

Element 1 Degree to which the Minimum Data Requirements are Complete	
1.1	<p>Is this finding a(n) (select one):</p> <p>Good Practice  <input checked="" type="checkbox"/> Meets SRF Program Requirements            Area for State Attention            Area for State Improvement – Recommendations Required</p>
Finding	Minimum Data Requirements were complete.
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	ADEQ examined the official data set used for the RCRA review and found no data discrepancies. A total of 29 inspection files (19 inspections conducted in Fiscal Year 2009 and 10 inspections conducted prior to FY2009, but were reviewed as a result of an FY2009 enforcement action) and 25 enforcement files were reviewed. Minimum data elements were complete for all files reviewed.
Metric(s) and Quantitative Value	All data metrics for Element 1 can be found in Appendix B, Official Data Pull, below.
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	NA

Element 2 Degree to which Minimum Data Requirements are Accurate	
2.1	<p>Is this finding a(n) (select one):</p> <p>Good Practice  <input checked="" type="checkbox"/> Meets SRF Program Requirements            Area for State Attention            Area for State Improvement – Recommendations Required</p>
	<p>Finding</p> <p>Minimum data requirements were complete.</p>
	<p>Explanation.            (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)</p> <p>No significant data accuracy issues were identified either by ADEQ in its review of the original data set nor in the Region’s data and file reviews.</p> <p>Data metric 2B indicated 8 secondary violators (SVs), in violation for greater than 240 days. Two of the listed facilities were relative to the FY2009 review period for this report. According to ADEQ 7 of the 8 facilities listed, (1 of which is under an ongoing compliance order), were actually in compliance. Unfortunately, that information was not reflected in RCRAInfo, due to issues related to the relocation of ADEQ’s offices and issues related to the loss of some historical data as a result of the National RCRAInfo software conversion. Data for all 7 facilities has been updated in RCRAInfo and now reflects the correct compliance status for these facilities.</p> <p>Forty-four files were reviewed that involved actions in FY2009 (the SRF review period) – all minimum data requirements were complete and accurately reflected in RCRAInfo.</p>
	<p>Metric(s) and Quantitative Value</p> <p>Metric: 2b - Number of sites in violation for greater than 240 days            Value: 7</p> <p>File Metric: 2c - % of files reviewed where mandatory data are accurately reflected in the national data system.            Value: 100%</p>
	<p>State Response</p>
	<p>Recommendation(s)            (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)</p> <p>NA</p>

<b>Element 3 Degree to which Minimum Data Requirements are Timely</b>		
3.1	Is this finding a(n) (select one):	Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
	Finding	Minimum data requirements were timely.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	ADEQ enters RCRA minimum data requirements in a timely fashion. A comparison between the official data pull (2/10) and the frozen data set (3/10) shows negligible differences.
	Metric(s) and Quantitative Value	Metric: 3a - Percent SNCs entered > 60 days after designation, 1yr. (review indicator, not a program requirement) Value: 0%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	NA

**Element 4 Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.**

4.1	Is this finding a(n) (select one):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
	Finding	All enforcement/compliance commitments in relevant agreements were met.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	The State compliance and enforcement priorities for Fiscal Year 2009 were established from EPA national priorities, tips/complaints and resource prioritization focusing on facilities with greater risk potential. The priorities included conducting 24 hazardous waste inspections including: 100% of Federal TSDF's; 50% of Commercial TSDF's; and 20% of large quantity generators (LQGs); The Region approved these projections based on the consistency with RCRA program goals (100% TSDs every 2 years and 20% LQGs every year). According to RCRAInfo, during the 2009 Fiscal Year, the State exceeded these commitments by conducting 82 total inspections at 68 sites, which included 21 inspections at 10 Treatment, Storage and Land Disposal (TSD) facilities (including 1 federal facility), representing 91 percent of the 11 operating TSDs under full enforcement in the State (based on information from RCRAInfo for FY09). ADEQ also conducted Compliance Evaluation Inspections at 48 Large Quantity Generators (LQG's). This represents 33% of the total LQG universe which exceeds the 20% annual commitment. The remainder of the 82 inspections were conducted at Small Quantity Generators, Conditionally Exempt Small Quantity Generators, Transporters, etc.
	Metric(s) and Quantitative Value	File Metric: 4a – planned inspections completed Value: 100% File Metric: 4b – planned commitments completed Value: 100% Metric: 1b1 – Compliance monitoring: number of inspections (1yr) Value: 82
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	NA

**Element 5 Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).**

5.1	<p>Is this finding a(n) (select one):</p> <p>Good Practice  <input checked="" type="checkbox"/> Meets SRF Program Requirements  <input type="checkbox"/> Area for State Attention  <input type="checkbox"/> Area for State Improvement – Recommendations Required</p>
5.1	<p>Finding</p> <p>ADEQ completed the universe of planned inspections/compliance evaluations.</p>
5.1	<p>Explanation.          (If Area for State Attention, describe why action not required, if Area for Improvement, provide recommendation narrative.)</p> <p>As stated in finding 4-1 above, ADEQ met its inspection commitments. Bi-annual TSD coverage and 20% annual LQG coverage are consistent with national program goals. Metric 5c indicates that although ADEQ LQG coverage exceeded the national average, it did not cover 100% of the LQG universe for the 5 year period FY05-09. According to ADEQ, of the 37 sites “Not Counted” in the coverage, ten (10) are no longer in the LQG universe; two (2) are no longer in business; and one (1) was an SQG during FY2009. Therefore, the total universe would be 133 and not 146 as depicted and the total “Not Counted” would be 24. This would give ADEQ an LQG inspection coverage of 81.9% or a combined coverage with EPA Region 6 of 91.7%. This exceeds the National Average of 68.7% or 74.2% combined. Considering the dynamics of the LQG universe over a 5 year period and the relatively high coverage level this is not identified as an area for attention.</p>
5.1	<p>Metric(s) and Quantitative Value</p> <p>Metric: 5a - Inspection coverage for operating TSDFs (2 FYs)          Value: Goal 100%, Nat. Avg. 85.9%, ADEQ 100%          Metric: 5b - Inspection coverage for LQGs (1 FY)          Value: Goal 20%, Nat. Avg. 24.4%, ADEQ 32.9%          Metric: 5c - Inspection coverage for LQGs (5 FYs)          Value: 100%, Nat. Avg. 68.4%, ADEQ 74.7%</p>
5.1	<p>State Response</p> <p>Recommendation(s)          (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)</p> <p>NA</p>

**Element 6 Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.**

6.1	Is this finding a(n) (select one):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
	Finding	Inspection reports properly document observations are completed in a timely manner, and include accurate description of observations.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	All 19 (FY09) and 10 (pre-FY09) inspection reports reviewed were very well written including narratives that accurately described the facility, its procedures, violations observed and etc. The inspection files also contained photos, inspector handwritten notes, copies of pertinent facility records, drawings and schematics (when applicable). All inspection reports and files reviewed were complete and provided excellent documentation to determine the compliance of the facility being inspected. All inspection reports reviewed were completed within 60 days from the date of inspection, with the majority being completed in less than 30 days.
	Metric(s) and Quantitative Value	File Metric: 6a - # of inspection reports reviewed: 23 File Metric: 6b - % of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility. Value: 100% File Metric: 6c - Inspection reports completed within a determined time frame. Value: 100%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	NA

<b>Element 7 Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g., facility-reported information).</b>		
7.1	Is this finding a(n)	Good Practice X Meets SRF Program Requirements

	(select one):	Area for State Attention Area for State Improvement – Recommendations Required
	Finding	All compliance determinations were accurately made and were timely reported to RCRAInfo.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	Of the 19 FY09 inspection reports and associated documentation reviewed, 15 identified violations. All compliance determinations were consistent with State and EPA Enforcement Response Policy and Guidance. 100% of violation determinations reviewed in the files were reported to the national database within 150 days.
	Metric(s) and Quantitative Value	File Metric: 7a - % of inspection reports reviewed that led to accurate compliance determinations. Value: 100% File Metric: 7b - % of violation determinations in the files reviewed that are reported timely to the national database (within 150 days). Value: 100%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	NA

**Element 8 Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.**

8.1	Is this finding a(n) (select one):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
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Finding	The state accurately identified significant noncompliance and entered that information into RCRAInfo timely.
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	Data metrics indicate that ADEQ aggressively identified and timely reported SNCs. All files reviewed with identified violations were accurately determined to be SNC's or SV's, based on EPA ERP Guidance and Policy. Of the 19 (FY09) inspection reports reviewed, 15 identified violations, of those 9 were identified as SNCs and 6 were SV's.
Metric(s) and Quantitative Value	Metric: 8a – SNC identification rate at sites with inspections (1FY) Value: Goal ½ Nat. Avg. Nat. Avg. 3.1%, ADEQ 20.6% Metric: 8b – Percent of SNC determinations made within 150 days (1FY) Value: Goal 100%, Nat. Avg. 76.1%, ADEQ 100% Metric: 8c – Percent of formal actions taken that received a prior SNC listing (1 FY). Value: Nat. Goal ½ Nat. Avg., Nat. Avg. 61.3%, ADEQ 100% File Metric: 8d - % of violations in files reviewed that were accurately determined to be SNC. Vlaue: 100%
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	NA

**Element 9 Degree to which state enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.**

9.1 Is this finding a(n) (select one):	Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
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Finding	ADEQ enforcement actions included required corrective action that did or will return facilities to compliance within a specified timeframe.
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	25 enforcement files were reviewed with a mix of both informal and formal enforcement (13 of those addressed SNC violations). All 13 SNCs reviewed included some type of corrective or complying action that have or will return the facility to compliance within a prescribed timeframe. All 12 SVs reviewed included some type of complying action that have returned the facility to compliance within a specified timeframe.
Metric(s) and Quantitative Value	File Metric: 9b - % of enforcement responses that have returned or will return a source in SNC to compliance. Value: 100% File Metric: 9c - % of enforcement responses that have or will return Secondary Violators (SVs) to compliance. Value: 100%
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	NA

<b>Element 10 Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.</b>	
10.1	<p>Is this finding a(n) (select one):</p> <p><input checked="" type="checkbox"/> Good Practice  <input type="checkbox"/> Meets SRF Program Requirements  <input type="checkbox"/> Area for State Attention  <input type="checkbox"/> Area for State Improvement – Recommendations Required</p>
Finding	ADEQ takes timely and appropriate enforcement actions.

<p>Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)</p>	<p>Metric 10a: SNC's with formal action/referral taken within 360 days: 14 SNC's were identified in FY09, 13 of those were reviewed for this report. All were timely (final enforcement issued within the 360 day Enforcement Response Policy requirement) and appropriate.</p> <p>Twelve of the 13 SNC actions reviewed followed the Hazardous Waste Division's Expedited Enforcement procedure which culminates in a Consent Administrative Order (CAO). The procedure has several notable features:</p> <ul style="list-style-type: none"> <li>• Inspection report normally completed within 30 days of inspection. Reports are exceptions based i.e., focus on compliance issues (checklists, compliant areas, etc. are documented elsewhere in supporting material).</li> <li>• Proposed CAO sent to respondent only addresses SNC violations. Secondary violations (from the same inspection) are addressed separately.</li> <li>• CAO spells out violation, required corrective action and proposed penalty.</li> <li>• CAO offers 50% reduction to proposed penalty if respondent agrees within 20 days of issuance.</li> </ul> <p>It should be noted that in FY09 ADEQ's average final penalty per order was \$20,075 which is comparable to both the national average for States - \$27, 024 and EPA (administrative) - \$15,959. As noted in finding 11-1 below, ADEQ penalty calculations are consistent with national policy.</p> <p>Metric 10c and 10d: Twenty-five enforcement files were reviewed where an enforcement action was issued in FY09 (13 SNC's and 12 SV's, with a mix of informal and formal actions). All were appropriate and taken in a timely manner meeting the requirements of the RCRA ERP.</p>
<p>Metric(s) and Quantitative Value</p>	<p>Metric: 10a – Percent of SNCs with formal action/referral taken within 360 days (1FY) Value: Goal 80%; National Average 35.8%; ADEQ 92.9% and 100% (refresh data). File Metric: 10c - % of enforcement responses reviewed that are taken in a timely manner Value: 100% File Metric: 10d - % of enforcement responses reviewed that are appropriate to the violations Value: 100%</p>
<p>State Response</p>	
<p>Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)</p>	<p>NA</p>

**Element 11 Degree to which state documents in its files that initial penalty calculation include both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.**

11.1	Is this finding a(n) (select one):	Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
	Finding	ADEQ enforcement files contain documentation that all initial penalty calculations include both gravity and economic benefit calculations.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	19 enforcement files were reviewed that included initial penalty calculations. All 19 contained an “ADEQ Civil Penalty Worksheet” and other pertinent information in the file that documents the violations being pursued and includes rationale and calculations used for both gravity and economic benefit and consistent with national policy.
	Metric(s) and Quantitative Value	File Metric: 11a - % of penalty calculations reviewed that consider and include where appropriate gravity and economic benefit. Value = 100%
	State Response Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	NA

**Element 12 Degree to which differences between the initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.**

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12.1	Is this finding a(n) (select one):	<p>Good Practice  <input checked="" type="checkbox"/> Meets SRF Program Requirements  Area for State Attention  Area for State Improvement – Recommendations Required</p>
	Finding	ADEQ files contained documentation where there are differences between initial and final penalties and the collection of final penalties.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	<p>In all files reviewed where there were final penalties collected, ADEQ either had a copy of the check or documentation of receipt of the check, check number, date received and amount.</p> <p>In all instances where there were differences in the initial and final penalties, ADEQ had documentation to reflect the differences and the rationale associated with the decision. This documentation included internal memos from ADEQ Management and letters to facilities outlining agreements. ADEQ in some cases uses an expedited settlement policy which allows a reduction of the initial penalty based on a facilities ability to meet certain requirements to expedite compliance and settlement. In some cases penalties were reduced due to the entities inability to pay, in those cases documentation was provided in the file to reflect that.</p>
	Metric(s) and Quantitative Value	Metric: 12a - % of files reviewed that document the difference and rationale between the initial and final assessed penalty Value = 100% 12b - % of file that document collection of penalty. Value = 100%
	State Response  Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	NA

## **APPENDIX A: STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS**

During the first SRF review of ADEQ's compliance and enforcement programs, ADEQ and Region 6 identified a number of actions to be taken to address issues found during the review. The table below shows the status of progress toward completing those actions.

Status	Due Date	Statute	Title	Finding	E#	Element
Complete	09/28/06	CWA	All inspection reports should be in files.	For the city of Rogers file, three of five inspection reports for inspections conducted over the period 3/05 - 8/05 were in the file. The other two inspection reports could not be located. Some of the 2005 inspection reports for the city of Searcy were not in the files at the time of the review.	E1	Inspection Coverage
Complete	09/29/06	CWA	Fill vacant positions, finalize EMS.	ADEQ attributes the instances where appropriate enforcement escalation has not taken place to staff/manager turn over. During the 2005 review period, 3 enforcement staff left ADEQ. In addition the Branch Manager and first line supervisor both retired. The loss of these individuals occurred as ADEQ storm water enforcement ramped up (see penalty chart in element 7). At the time of the review those management positions had not been permanently filled.	E6	Timely and Appropriate Enforcement
Complete	12/28/06	CWA	Submit Water Division Enforcement Strategy by 12/06.	In most cases, the Water Division Enforcement Strategy penalty guidelines, however, would not yield penalties as large as those that the CWA settlement penalty policy would yield. It should be noted that the State's statutory maximum is a third of the federal statute. Nonetheless, the	E7	Penalty Calculation

Status	Due Date	Statute	Title	Finding	E#	Element
				penalty guidelines may not support the calculation of sufficient economic benefit in all cases.		
Complete	10/11/07	CAA	Enter correct code for ACCs reviewed.	ADEQ attributes that apparent short fall on ACC reviews, as reflected in AFS, to coding errors (i.e., the SR code was not entered for all ACCs reviewed). ADEQ has corrected those omissions and AFS now reflects that the ACCs were reviewed.	E1	Inspection Coverage
Complete	10/11/07	CAA	Include enforcement history and inspection type.	None of the inspection reports reviewed contained an enforcement history as required by the CMS. ADEQ noted that the enforcement history is a part of its pre-inspection review, and any inspection report for a facility with an open enforcement action addresses that action. The inspection reports do not indicate whether the review being done is an FCE or a partial compliance evaluation (PCE); however, on-site PCEs are not conducted in Arkansas according to ADEQ staff. FCEs reviewed met the criteria for FCE designation in the CMS Policy.	E2	Violations Documented
Complete	10/11/07	CAA	Develop a penalty policy that includes gravity and economic benefit.	Of the 18 enforcement files reviewed, 13 had penalties; none included calculation documentation and hence an assessment for economic benefit or gravity. From the file review, it did not appear that the violations indicated an economic benefit was appropriate. The ADEQ Air Division is developing a penalty policy that includes economic benefit and gravity components. ADEQ indicated that under this policy, it will document penalty calculations including	E7	Penalty Calculation

Status	Due Date	Statute	Title	Finding	E#	Element
				economic benefit and gravity components.		
Complete	10/11/07	RCRA	ADEQ corrected TSDf identification in RCRAInfo.	Data metric 12.a.1 shows the Arkansas TSDf universe at 13, however, this is off by one. The actual universe is 12 and ADEQ has made the appropriate data corrections in RCRAInfo in August 2006.	E1	Inspection Coverage
Complete	10/11/07	RCRA	EPA Region 6 is working with ADEQ in expanding LQG inspection coverage to meet this goal.	In FY 2005, ADEQ inspected 32 out of 170 LQG's for an average of 19%.	E1	Inspection Coverage
Complete	10/11/07	RCRA	Include RTC documentation in file.	One facility inspection report identified a drum that needed a waste determination. The file, however, has no documentation as to whether a follow up hazardous waste determination was made. RCRAInfo shows the facility to be in compliance.	E2	Violations Documented
Complete	10/11/07	RCRA	Properly code enforcement actions.	The Framework review revealed that 11 proposed Consent Administrative Orders issued by ADEQ in FY2005 and coded into RCRAInfo as formal enforcement (211) do not appear to meet EPA's definition for formal enforcement action. Rather, they are considered to be informal enforcement actions by EPA because the proposed orders are not signed by the appropriate ADEQ authority and therefore, not yet binding upon the facility.	E11	Data Accuracy

## APPENDIX B: OFFICIAL DATA PULL

### CAA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			209	NA	NA	NA	No		
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			208	NA	NA	NA	No		
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			522	NA	NA	NA	No		
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			5	NA	NA	NA	No		
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			339	NA	NA	NA	No		
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			371	NA	NA	NA	No		
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			34	NA	NA	NA	No		

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			199	NA	NA	NA	No		
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	82.2%	99.6%	471	473	2	No		
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	37.9%	100.0%	27	27	0	No		
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	92.4%	100.0%	198	198	0	No		
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			527	NA	NA	NA	No		
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			574	NA	NA	NA	No		
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			0	NA	NA	NA	No		
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			163	NA	NA	NA	No		

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			17	NA	NA	NA	No		
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			17	NA	NA	NA	No		
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			11	NA	NA	NA	No		
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			11	NA	NA	NA	No		
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	49.4%	54.5%	6	11	5	No		
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	73.1%	100.0%	11	11	0	No		
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	76.9%	100.0%	11	11	0	No		
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			73	NA	NA	NA	No		
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			71	NA	NA	NA	No		
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$438,734	NA	NA	NA	No		

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		0	NA	NA	NA	No		
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	56.8%	27.5%	14	51	37	No		
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.7%	0.0%	0	69	69	No		
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			4	NA	NA	NA	No		
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	33.6%	9.1%	1	11	10	No		
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	54.6%	71.5%	751	1,050	299	No		
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	69.9%	75.9%	66	87	21	No		

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	86.5%	99.0%	207	209	2	No		
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	82.6%	98.2%	216	220	4	No		
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	82.6%	99.1%	425	429	4	No		
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	90.3%	82.6%	432	523	91	No		
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		81.2%	85.2%	529	621	92	No		
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		29.8%	86.1%	353	410	57	No		
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			0	NA	NA	NA	No		
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA	No		

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	93.7%	94.4%	204	216	12	No		
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	22.3%	19.6%	117	597	480	No		
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	49.0%	25.0%	1	4	3	No		
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	7.4%	4.8%	10	209	199	No		
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.6%	0.0%	0	522	522	No		
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	73.7%	38.7%	12	31	19	No		
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	47.1%	81.8%	9	11	2	No		

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 National Avg	42.7%	41.7%	5	12	7	No		
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		34.2%	56.5%	13	23	10	No		
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			73	NA	NA	NA	No		
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	86.3%	100.0%	14	14	0	No		

## CWA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			110	NA	NA	NA	Yes	115	ICIS	list provided
P01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	NA	NA	NA	No			

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			653	NA	NA	NA	Yes	674	ICIS	list provided
P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			465	NA	NA	NA	Yes	2301	ICIS	list provided
P01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	99.9%	100.0%	112	112	0				not verified
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	92.6%	95.6%	344	360	16				not verified
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=; 95%	92.7%	99.1%	109	110	1				not verified
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			10.5%	6	57	51	Yes	11	ICIS	list provided
P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			99.8%	639	640	1				not verified

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			87.5%	1,731	1,979	248				not verified
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			93.6%	617	659	42				not verified
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			80.7%	527	653	126	Yes	568/674 = 84.3%	ICIS	list provided
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	0	0	0				not verified
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			97	NA	NA	NA				not verified
P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			50	NA	NA	NA				not verified
P01E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			4	NA	NA	NA				not verified

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			82	NA	NA	NA				not verified
P01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			5	NA	NA	NA				not verified
P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA				not verified
P01E3E	Informal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA				not verified
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA				not verified
P01E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA				not verified
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			6	NA	NA	NA				not verified
P01F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			2	NA	NA	NA				not verified
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			6	NA	NA	NA				not verified

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			2	NA	NA	NA				not verified
P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			13	NA	NA	NA				not verified
P01F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			4	NA	NA	NA				not verified
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			12	NA	NA	NA	Yes	13	ICIS	list provided
P01F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			5	NA	NA	NA				not verified
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			11	NA	NA	NA	Yes	14	ICIS	list provided
P01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			3	NA	NA	NA				not verified
P01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$107,200	NA	NA	NA	No			
P01G2E	Penalties: total penalties (1 FY)	Data Quality	EPA			\$29,625	NA	NA	NA				not verified
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA	NA	No			

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$400,501	NA	NA	NA				not verified
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$608,312	NA	NA	NA	Yes	\$614,912	ICIS	list provided
P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$30,625	NA	NA	NA				not verified
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$107,200	NA	NA	NA	No			
P01G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA			\$29,625	NA	NA	NA				not verified
P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		100.0%	6	6	0	No			
P02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	>=; 80%		0.0%	0	2	2				not verified
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	57.9%	69.7%	76	109	33	Yes	83/115 = 72.2%		
P05A0E	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100%	5.8%	3.7%	4	109	105				not verified
P05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	60.9%	69.7%	76	109	33				not verified

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			23.9%	156	652	496	Yes	185/676 = 27.4%	ICIS	list provided
P05B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA			0.0%	0	652	652				not verified
P05B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			23.9%	156	652	496				not verified
P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			19.6%	61	311	250				not verified
P05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA			0.0%	0	311	311				not verified
P05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			19.6%	61	311	250				not verified
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			9.0%	14	156	142				not verified
P05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			0.0%	0	156	156				not verified
P05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			9.0%	14	156	142				not verified

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			17	NA	NA	NA				not verified
P07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			19	NA	NA	NA				not verified
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		35.8%	16.2%	6	37	31				not verified
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		28.3%	41.8%	56	134	78				not verified
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		53.6%	54.5%	60	110	50				not verified
P08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			48	NA	NA	NA				not verified
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		24.2%	43.6%	48	110	62				not verified
P10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.8%	32.7%	36	110	74				not verified

## RCRA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			10	NA	NA	NA	No			
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			164	NA	NA	NA	No			
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			321	NA	NA	NA	No			
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			1,408	NA	NA	NA	No			
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			146	NA	NA	NA	No			
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			82	NA	NA	NA	No			
R01B1E	Compliance monitoring: number of inspections (1 FY)	Data Quality	EPA			8	NA	NA	NA	No			
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			68	NA	NA	NA	No			
R01B2E	Compliance monitoring: sites inspected (1 FY)	Data Quality	EPA			8	NA	NA	NA	No			
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			94	NA	NA	NA	No			

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R01C1E	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA			7	NA	NA	NA	No			
R01C2S	Number of sites with violations determined during the FY	Data Quality	State			50	NA	NA	NA	No			
R01C2E	Number of sites with violations determined during the FY	Data Quality	EPA			0	NA	NA	NA	No			
R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State			52	NA	NA	NA	No			
R01D1E	Informal actions: number of sites (1 FY)	Data Quality	EPA			2	NA	NA	NA	No			
R01D2S	Informal actions: number of actions (1 FY)	Data Quality	State			80	NA	NA	NA	No			
R01D2E	Informal actions: number of actions (1 FY)	Data Quality	EPA			2	NA	NA	NA	No			
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			14	NA	NA	NA	No			
R01E1E	SNC: number of sites with new SNC (1 FY)	Data Quality	EPA			0	NA	NA	NA	No			
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State			25	NA	NA	NA	No			
R01E2E	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA			2	NA	NA	NA	No			

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			16	NA	NA	NA	No			
R01F1E	Formal action: number of sites (1 FY)	Data Quality	EPA			1	NA	NA	NA	No			
R01F2S	Formal action: number taken (1 FY)	Data Quality	State			17	NA	NA	NA	No			
R01F2E	Formal action: number taken (1 FY)	Data Quality	EPA			1	NA	NA	NA	No			
R01G0S	Total amount of final penalties (1 FY)	Data Quality	State			\$281,051	NA	NA	NA	No			
R01G0E	Total amount of final penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA	No			
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	No			
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	No			
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			7	NA	NA	NA	No			
R02B0E	Number of sites in violation for greater than 240 days	Data Quality	EPA			1	NA	NA	NA	No			
R03A0S	Percent SNCs entered &ge; 60 days after designation (1 FY)	Review Indicator	State			0.0%	0	15	15	No			

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R03A0E	Percent SNCs entered &ge; 60 days after designation (1 FY)	Review Indicator	EPA			0 / 0	0	0	0	No			
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	85.7%	100.0%	10	10	0	No			
R05A0C	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100%	90.8%	100.0%	10	10	0	No			
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.4%	32.9%	48	146	98	No			
R05B0C	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	26.5%	34.2%	50	146	96	No			
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	68.4%	74.7%	109	146	37	No			
R05C0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	73.8%	83.6%	122	146	24	No			
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			10.3%	33	321	288	No			
R05D0C	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined			10.9%	35	321	286	No			
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only	State				15	NA	NA	NA	No		
R05E1C	Inspections at active CESQGs (5 FYs)	Informational Only	Combined				18	NA	NA	NA	No		
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State				18	NA	NA	NA	No		

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R05E2C	Inspections at active transporters (5 FYs)	Informational Only	Combined			21	NA	NA	NA	No			
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			0	NA	NA	NA	No			
R05E3C	Inspections at non-notifiers (5 FYs)	Informational Only	Combined			0	NA	NA	NA	No			
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			11	NA	NA	NA	No			
R05E4C	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	Combined			13	NA	NA	NA	No			
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			73.5%	50	68	18	No			
R07C0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA			0.0%	0	8	8	No			
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	3.1%	20.6%	14	68	54	No			
R08A0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 National Avg	3.3%	18.9%	14	74	60	No			

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	76.1%	100.0%	18	18	0	No			
R08B0E	Percent of SNC determinations made within 150 days (1 FY)	Goal	EPA	100%	64.2%	0 / 0	0	0	0	No			
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	61.3%	100.0%	17	17	0	No			
R08C0E	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	EPA	1/2 National Avg	72.1%	0 / 0	0	0	0	No			
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	35.8%	92.9%	13	14	1	No			
R10A0C	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	Combined	80%	32.8%	92.9%	13	14	1	No			
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			17	NA	NA	NA	No			
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$281,051	NA	NA	NA	No			

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	ArkansasMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	63.9%	93.3%	14	15	1				
R12B0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 National Avg	64.3%	93.3%	14	15	1				

## **APPENDIX C: PDA TRANSMITTAL LETTER**



### **ADEQ State Review Framework preliminary data analysis and file review**

**Mark Potts** to: basset, benefield

04/29/2010 01:22 PM

Bcc: Toni Allen, Esteban Herrera, Paulette Johnsey, Carol Peters, Nancy Williams, Eva Steele, Rhonda Smith, Mark Potts

[Show Details](#)

Karen and Ryan, thanks to everyone for their assistance thus far in the review.

To sum up where we are:

The Region provided the data metrics out of the OTIS State Review Framework web site to ADEQ. ADEQ reviewed and provided corrected data where needed.

Here's the spreadsheets showing the corrected data:



ADEQ sfr round 2 data CAA.xls



ADEQ SRF round 2 data CWA ADEQ corrections.xls



ADEQ sfr round 2 data RCRA.xls

The Region used the corrected data to identify potential areas of concern or questions needing further discussion or research. ADEQ and Regional staff have also been working together on file selection lists. File reviews are scheduled for RCRA this coming week, 5/3-7/10. Water and Air are planned for the week of 5/24/10.

This next attachment is a description of the preliminary data analyses for Air, Water and RCRA. It also includes the file selection rationales and the file selection lists for Air and RCRA. There's a



placeholder for the Water rationale and file list. I will try to add Water in and send to you as soon as possible. ADEQ PDA and file selection air, water & RCRA.docx

With the RCRA file review next week, I wanted to get this to you sooner rather than later even if the Water file portion is not quite ready. Let me know if you have questions. Thanks again.

## **APPENDIX D: PRELIMINARY DATA ANALYSIS CHART**

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

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

### **CAA**

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	Evaluation
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality			163	NA	NA	NA		verify with ADEQ
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	100%	49.4%	54.5%	6	11	5		discuss with ADEQ

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	Evaluation
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	33.6%	9.1%	1	11	10		appears low, discuss with ADEQ
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	54.6%	71.5%	751	1,050	299		discuss with ADEQ
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	69.9%	75.9%	66	87	21		discuss with ADEQ
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	100%	93.7%	94.4%	204	216	12		discuss with ADEQ
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	> 1/2 National Avg	49.0%	25.0%	1	4	3		appears low, discuss with ADEQ
A08A0S	High Priority Violation Discovery Rate - Per Major Source	Review Indicator	> 1/2 National Avg	7.4%	4.8%	10	209	199		discuss with ADEQ

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	Evaluation
	(1 FY)									
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	> 1/2 National Avg	73.7%	38.7%	12	31	19		discuss with ADEQ
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	> 1/2 National Avg	42.7%	41.7%	5	12	7		discuss with ADEQ
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator		34.2%	56.5%	13	23	10		discuss with ADEQ

## CWA

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Correction	Evaluation
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Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Correction	Evaluation
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality			110	NA	NA	NA	115	explain discrepancy
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality			653	NA	NA	NA	674	explain discrepancy
P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality			465	NA	NA	NA	2301	explain discrepancy
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality			10.5%	6	57	51	11	explain discrepancy. Discuss 19% (11/57) override with ADEQ

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Correction	Evaluation
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality			12	NA	NA	NA	13	explain discrepancy
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality			11	NA	NA	NA	14	explain discrepancy
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only			\$608,312	NA	NA	NA	\$614,914	explain discrepancy

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Correction	Evaluation
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	100%	57.9%	69.7%	76	109	33	83/115 = 72.2%	discuss data difference with ADEQ. 2009 Grant (7/1/08 - 6/30/09): 100% majors. Verify with ADEQ
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal			23.9%	156	652	496	185/676 = 27.4%	explain discrepancy
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality		28.3%	41.8%	56	134	78		discuss with ADEQ. Consider supplemental files selection.
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator		24.2%	43.6%	48	110	62		verify with ADEQ

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Correction	Evaluation
P10A0C	Major facilities without timely action (1 FY)	Goal	< 2%	18.8%	32.7%	36	110	74		discuss with ADEQ.

## RCRA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	Evaluation
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State				7	NA	NA	discuss with ADEQ
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	68.4%	74.7%	109	146	37	discuss with ADEQ
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	3.1%	20.6%	14	68	54	significantly higher than the national avg. Discuss with ADEQ
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	35.8%	92.9%	13	14	1	verify proper data coding (see round 1). Examine for best practice

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

### CAA

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality			209	NA	NA	NA				
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality			208	NA	NA	NA				
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality			522	NA	NA	NA				
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality			5	NA	NA	NA				
A01B3S	Source Count: Active Minor facilities or	Information al Only			339	NA	NA	NA				

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
	otherwise FedRep, not including NESHAP Part 61 (Current)											
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality			371	NA	NA	NA				
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality			34	NA	NA	NA				
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality			199	NA	NA	NA				
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	100%	82.2%	99.6%	471	473	2				

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	100%	37.9%	100.0%	27	27	0				
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	100%	92.4%	100.0%	198	198	0				
A01D1S	Compliance Monitoring : Sources with FCEs (1 FY)	Data Quality			527	NA	NA	NA				
A01D2S	Compliance Monitoring : Number of FCEs (1 FY)	Data Quality			574	NA	NA	NA				
A01D3S	Compliance Monitoring : Number of PCEs (1	Informational Only			0	NA	NA	NA				

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
	FY)											
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality			163	NA	NA	NA				??
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality			17	NA	NA	NA				
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality			17	NA	NA	NA				
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality			11	NA	NA	NA				
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality			11	NA	NA	NA				
A01H1S	HPV Day Zero Pathway Discovery date: Percent	Data Quality	100%	49.4%	54.5%	6	11	5				discuss with ADEQ

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
	DZs with discovery											
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	100%	73.1%	100.0%	11	11	0				
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	100%	76.9%	100.0%	11	11	0				
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality			73	NA	NA	NA				
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality			71	NA	NA	NA				
A01J0S	Assessed Penalties: Total Dollar	Data Quality			\$438,734	NA	NA	NA				

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
	Amount (1 FY)											
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	0		0	NA	NA	NA				
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	<= 50%	56.8%	27.5%	14	51	37				
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	0%	1.7%	0.0%	0	69	69				
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality			4	NA	NA	NA				

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	33.6%	9.1%	1	11	10				appears low, discuss with ADEQ
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	54.6%	71.5%	751	1,050	299				discuss with ADEQ
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	69.9%	75.9%	66	87	21				discuss with ADEQ

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	100%	86.5%	99.0%	207	209	2				
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	100%	82.6%	98.2%	216	220	4				
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	20% - 100%	82.6%	99.1%	425	429	4				
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	100%	90.3%	82.6%	432	523	91				

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only		81.2%	85.2%	529	621	92				
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only		29.8%	86.1%	353	410	57				
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator			0	NA	NA	NA				
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only			0	NA	NA	NA				
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	100%	93.7%	94.4%	204	216	12				discuss with ADEQ

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	> 1/2 National Avg	22.3%	19.6%	117	597	480				
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	> 1/2 National Avg	49.0%	25.0%	1	4	3				appears low, discuss with ADEQ
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	> 1/2 National Avg	7.4%	4.8%	10	209	199				discuss with ADEQ
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	> 1/2 National Avg	0.6%	0.0%	0	522	522				

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	> 1/2 National Avg	73.7%	38.7%	12	31	19				discuss with ADEQ
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	< 1/2 National Avg	47.1%	81.8%	9	11	2				
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	> 1/2 National Avg	42.7%	41.7%	5	12	7				discuss with ADEQ
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator		34.2%	56.5%	13	23	10				discuss with ADEQ

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator			73	NA	NA	NA				
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	>= 80%	86.3%	100.0%	14	14	0				

### CWA

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality			110	NA	NA	NA	Yes	115	discrepancy between ICIS and OTIS	explain discrepancy
P01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality			0	NA	NA	NA	No			

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality			653	NA	NA	NA	Yes	674	discrepancy between ICIS and OTIS	explain discrepancy
P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality			465	NA	NA	NA	Yes	2301	discrepancy between ICIS and OTIS	explain discrepancy
P01B1C	Major individual permits: correctly coded limits (Current)	Goal	>=, 95%	99.9%	100.0%	112	112	0			not verified	
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	>=, 95%	92.6%	95.6%	344	360	16			not verified	

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	>=; 95%	92.7%	99.1%	109	110	1			not verified	
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality			10.5%	6	57	51	Yes	11	discrepancy between ICIS and OTIS	explain discrepancy. Discuss 19% (11/57) override with ADEQ
P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only			99.8%	639	640	1			not verified	
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only			87.5%	1,731	1,979	248			not verified	

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only			93.6%	617	659	42			not verified	
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only			80.7%	527	653	126	Yes	568/674=84.4%	discrepancy between ICIS and OTIS	
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only			0 / 0	0	0	0			not verified	
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only			97	NA	NA	NA			not verified	
P01E1S	Informal actions: number of major facilities (1	Data Quality			50	NA	NA	NA			not verified	

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
	FY)											
P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality			82	NA	NA	NA			not verified	
P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality			0	NA	NA	NA			not verified	
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality			0	NA	NA	NA			not verified	
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality			6	NA	NA	NA	No			
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality			6	NA	NA	NA	No			

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality			13	NA	NA	NA	No			
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality			12	NA	NA	NA	Yes	13	discrepancy between ICIS and OTIS	explain discrepancy
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality			11	NA	NA	NA	Yes	14	discrepancy between ICIS and OTIS	explain discrepancy
P01G2S	Penalties: total penalties (1 FY)	Data Quality			\$107,200	NA	NA	NA	No			
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality			\$0	NA	NA	NA	No			

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only			\$608,312	NA	NA	NA	Yes	\$614,914	See Total State Local Penalty Amount Issued By State of Arkansas in Final Orders Issued Dates from 10/01/2006 through 09/30/2009	explain discrepancy
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality			\$107,200	NA	NA	NA	No			
P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	>=: 80%		100.0%	6	6	0	No			
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	100%	57.9%	69.7%	76	109	33	Yes	83/115 = 72.2%		discuss data difference with ADEQ. 2009 Grant (7/1/08 - 6/30/09): 100% majors. Verify with ADEQ

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal			23.9%	156	652	496	Yes	185/676 = 27.4%	discrepancy between ICIS and OTIS	explain discrepancy
P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal			19.6%	61	311	250			not verified	
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only			9.0%	14	156	142			not verified	
P07A1C	Single-event violations at majors (1 FY)	Review Indicator			17	NA	NA	NA			not verified	
P07A2C	Single-event violations at non-majors (1 FY)	Informational Only			19	NA	NA	NA			not verified	
P07B0C	Facilities with unresolved compliance schedule violations	Data Quality		35.8%	16.2%	6	37	31			not verified	

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
	(at end of FY)											
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality		28.3%	41.8%	56	134	78			not verified	discuss with ADEQ. Consider supplemental files selection.
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality		53.6%	54.5%	60	110	50			not verified	
P08A1C	Major facilities in SNC (1 FY)	Review Indicator			48	NA	NA	NA			not verified	
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator		24.2%	43.6%	48	110	62			not verified	verify with ADEQ
P10A0C	Major facilities without timely action (1 FY)	Goal	< 2%	18.8%	32.7%	36	110	74			not verified	discuss with ADEQ.

## RCRA

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality			10	NA	NA	NA				
R01A2S	Number of active LQGs in RCRAInfo	Data Quality			164	NA	NA	NA				
R01A3S	Number of active SQGs in RCRAInfo	Data Quality			321	NA	NA	NA				
R01A4S	Number of all other active sites in RCRAInfo	Data Quality			1,408	NA	NA	NA				
R01A5S	Number of LQGs per latest official biennial report	Data Quality			146	NA	NA	NA				
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality			82	NA	NA	NA				
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality			68	NA	NA	NA				

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality			94	NA	NA	NA				
R01C2S	Number of sites with violations determined during the FY	Data Quality			50	NA	NA	NA				
R01D1S	Informal actions: number of sites (1 FY)	Data Quality			52	NA	NA	NA				
R01D2S	Informal actions: number of actions (1 FY)	Data Quality			80	NA	NA	NA				
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality			14	NA	NA	NA				
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality			25	NA	NA	NA				
R01F1S	Formal action: number of sites (1 FY)	Data Quality			16	NA	NA	NA				
R01F2S	Formal action:	Data Quality			17	NA	NA	NA				

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
	number taken (1 FY)											
R01G0S	Total amount of final penalties (1 FY)	Data Quality			\$281,051	NA	NA	NA				
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality			0	NA	NA	NA				
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality			0	NA	NA	NA				
R02B0S	Number of sites in violation for greater than 240 days	Data Quality			7	NA	NA	NA				discuss with ADEQ
R03A0S	Percent SNCs entered &ge; 60 days after designation (1 FY)	Review Indicator			0.0%	0	15	15				

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	100%	85.7%	100.0%	10	10	0				
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	20%	24.4%	32.9%	48	146	98				
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	100%	68.4%	74.7%	109	146	37				discuss with ADEQ
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only			10.3%	33	321	288				
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only			15	NA	NA	NA				
R05E2S	Inspections at active transporters (5 FYs)	Informational Only			18	NA	NA	NA				
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only			0	NA	NA	NA				
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only			11	NA	NA	NA				

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator			73.5%	50	68	18				
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	1/2 National Avg	3.1%	20.6%	14	68	54				significantly higher than the national avg. Discuss with ADEQ
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	100%	76.1%	100.0%	18	18	0				
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	1/2 National Avg	61.3%	100.0%	17	17	0				
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	80%	35.8%	92.9%	13	14	1				verify proper data coding (see round 1). Examine for best practice

Metric	Metric Description	Metric Type	National Goal	National Average	Arkansas Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Evaluation
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator			17	NA	NA	NA				
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator			\$281,051	NA	NA	NA				
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	1/2 National Avg	63.9%	93.3%	14	15	1				

## **APPENDIX F: FILE SELECTION**

Files to be reviewed are selected according to a standard protocol (available to EPA and state users here: [http://www.epa-otis.gov/srf/docs/fileselectionprotocol\\_10.pdf](http://www.epa-otis.gov/srf/docs/fileselectionprotocol_10.pdf)) and using a web-based file selection tool (available to EPA and state users here: [http://www.epa-otis.gov/cgi-bin/test/srf/srf\\_fileselection.cgi](http://www.epa-otis.gov/cgi-bin/test/srf/srf_fileselection.cgi)). The protocol and tool are designed to provide consistency and transparency in the process. Based on the description of the file selection process in section A, states should be able to recreate the results in the table in section B.

### **CAA**

#### **A File Selection Process**

- There are 895 records generated for major, federally-reportable minor, minor, synthetic minor and synthetic minor 80% (MAJOR, FRMI, MINOR, SM, AND SM80).
- The File Selection Protocol recommends a range of 25-40 files to select for review for a number of facilities in the universe of greater than 700.
- 40 files were selected for review - 20 inspection files, 4 supplemental files (stack test failures at majors that weren't HPVs), and 16 enforcement files.
- For inspection files, every 25th major inspection and every 35th SM80 inspection were selected.
- The 4 supplemental files were selected at random among the failed stack tests with no HPV identified.
- The enforcement files selected for review were every 4th major enforcement action and every 5th SM80 enforcement action.

#### **B. File Selection Table**

CAA Inspection files

Program ID	FCE	Stack Test Failure	Universe	Select
500100008	0	1	MAJR	accepted_supplemental
500300005	1	0	MAJR	accepted_representative
502700145	1	0	MAJR	accepted_representative

504100036	1	0	MAJR	accepted_representative
504700090	1	1	MAJR	accepted_supplemental
505300008	1	0	MAJR	accepted_representative
506700010	1	0	MAJR	accepted_representative
509300115	1	0	MAJR	accepted_representative
509300914	1	1	MAJR	accepted_supplemental
511900003	1	0	MAJR	accepted_representative
513100150	1	0	MAJR	accepted_representative
513100294	1	1	MAJR	accepted_supplemental
514300144	1	0	MAJR	accepted_representative
500100005	1	0	SM80	accepted_representative
502700218	1	0	SM80	accepted_representative
504300209	1	0	SM80	accepted_representative
505700305	1	0	SM80	accepted_representative
508300366	1	0	SM80	accepted_representative
511300001	1	0	SM80	accepted_representative
512300034	1	0	SM80	accepted_representative
514100304	1	0	SM80	accepted_representative
577700328	1	0	SM80	accepted_representative
577700793	1	0	SM80	accepted_representative
577701027	1	0	SM80	accepted_representative

## CAA Enforcement

Program ID	Violation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
500500081	8	0	0	1	11,620	MAJR	accepted_representative
503500054	4	0	0	1	1,344	MAJR	accepted_representative
504500244	12	0	0	1	2,768	MAJR	accepted_representative
505100077	12	1	0	1	50,000	MAJR	accepted_representative
505500256	6	0	0	1	10,595	MAJR	accepted_representative
506900016	8	0	1	1	810	MAJR	accepted_representative
510300035	12	1	0	1	3,891	MAJR	accepted_representative
512500010	4	1	0	1	4,680	MAJR	accepted_representative
513900016	6	1	0	1	1,975	MAJR	accepted_representative
513900543	4	0	0	1	4,414	MAJR	accepted_representative
514900009	4	0	0	1	495	MAJR	accepted_representative
505100413	4	0	0	1	20,000	SM80	accepted_representative
508900005	4	0	0	1	9,949	SM80	accepted_representative
513900039	4	0	1	1	4,455	SM80	accepted_representative
577700237	2	0	1	1	1,575	SM80	accepted_representative
577700715	3	0	0	1	3,250	SM80	accepted_representative

## RCRA

### A File Selection Process

- Using the File Selection Tool in OTIS 30 facilities were selected for review.
- All facilities that were issued a penalty were selected in the file review (14);
- Of the 25 SNC's identified in FY09, 13 were randomly selected for review;

- The remaining files selected for review were based on those universes that may have not been represented in the above selections (i.e., Transporters, CESQG, or Other), to ensure a representative review.
- The files selected represents 11 LQG's 1 Transporter, 7 TSD's, 6 Other, 1 CESQG, 4 SQG.

## B. File Selection Table

### RCRA

Program ID	State District	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
ARR000001263	3	1	11	0	1	0	0	LQG	accepted_representative
ARR000018119	2	1	0	0	0	0	0	TRA	accepted_representative
ARD058076811	3	1	11	0	1	0	0	LQG	accepted_representative
ARD980867873	4	1	2	1	3	1	7,500	TSD(TSF)	accepted_representative
ARD982558595	3	1	5	1	3	1	12,004	LQG	accepted_representative
ARR000018960	2	1	1	1	2	0	0	OTH	accepted_representative
ARD069748192	4	5	20	5	11	1	0	TSD(COM)	accepted_representative
ARD010330561	4	1	7	1	2	0	0	CES	accepted_representative
ARR000012708	3	0	11	1	3	1	7,650	LQG	accepted_representative
ARD007022445	1	0	4	1	2	1	12,767	LQG	accepted_representative
ARD089234884	1	1	3	0	1	0	0	TSD(COM)	accepted_representative
ARR000017731	4	0	0	0	1	1	500	OTH	accepted_representative
ARR000010355	3	0	11	1	1	2	100,000	OTH	accepted_representative
ARD980629992	1	0	0	0	0	1	12,091	SQG	accepted_representative
ARD091680603	3	1	7	1	2	0	0	SQG	accepted_representative
ARR000014431		0	0	0	0	1	68,775	OTH	accepted_representative
ARD006344824	2	1	1	1	2	1	14,000	TSD(LDF)	accepted_representative
ARR000017087	3	0	0	0	0	1	2,500	OTH	accepted_representative

ARD049658628	2	2	0	0	0	0	0	OTH	accepted_representative
ARD983278243	1	1	0	0	0	0	0	LQG	accepted_representative
AR0213820707	4	5	6	0	2	0	0	TSD(COM)	accepted_representative
ARR000017897	4	0	3	1	3	1	19,322	LQG	accepted_representative
ARR000006734	2	1	7	0	1	0	0	LQG	accepted_representative
ARD007240716	2	1	8	1	3	1	6,742	LQG	accepted_representative
ARR000000547	2	1	0	0	0	0	0	LQG	accepted_representative
ARD006354161	4	4	2	1	2	0	0	TSD(COM)	accepted_representative
ARD006345052	4	0	0	0	1	1	13,200	SQG	accepted_representative
ARD047335096	1	1	0	0	0	0	0	TSD(LDF)	accepted_representative
ARD982758997	3	1	5	0	1	0	0	LQG	accepted_representative
ARR000017798	4	0	0	0	1	1	4,000	SQG	accepted_representative

## CWA

### A File Selection Process

- The OTIS file selection tool shows 1051 facilities. For this number of records, the file selection protocol recommends selecting 25-40 files. Thirty-three were selected.
- Five to six files were selected from 6 categories of facilities – major municipals, minor municipals, major industrials, minor industrials, storm water construction and storm water industrial.
- Files were selected in each category to get a representative sampling of inspection and enforcement related activities conducted in FY09.
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### B. File Selection Table

#### CWA

Program ID	Permit Component	Inspection	Violation	Single Event Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
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AR0047236		5	6	0	1	0	0	0	Minor	accepted_representative
AR0000663		1	4	0	3	2	0	0	Major	accepted_representative
ARR152551	SWC	4	10	0	0	0	0	0	Minor	accepted_representative
ARR00C337	SWI	1	0	0	0	0	0	0	Minor	accepted_representative
AR0022560	POT PRE	7	18	0	1	0	1	31,700	Major	accepted_representative
AR0000876		0	1	0	0	0	0	0	Minor	accepted_representative
AR0045284	POT	1	13	0	4	0	0	0	Minor	accepted_representative
AR0033979	PRE	0	2	0	0	0	0	0	Minor	accepted_representative
AR0002968		0	6	0	0	0	0	0	Major	accepted_representative
AR0000752		1	12	0	3	3	0	0	Major	accepted_representative
AR0036790		0	7	0	1	0	0	0	Minor	accepted_representative
ARR150804	SWC	0	4	0	0	0	0	0	Minor	accepted_representative
AR0001830		1	1	0	0	0	0	0	Major	accepted_representative
AR0022004	POT	2	2	0	0	0	0	0	Major	accepted_representative
ARR10B466	SWC	0	4	0	0	0	0	0	Minor	accepted_representative
AR0000647		2	40	0	4	0	1	2,000	Major	accepted_representative
AR0048895		0	1	0	0	0	0	0	Minor	accepted_representative
ARR150775	SWC	0	4	0	4	0	0	0	Minor	accepted_representative
AR0000591		0	4	0	1	1	0	0	Major	accepted_representative
AR0033626	POT PRE	1	4	1	0	2	0	0	Major	accepted_representative
AR0044954	POT	0	5	0	0	0	0	0	Minor	accepted_representative
AR0042781	POT	0	16	0	2	0	0	0	Minor	accepted_representative
AR0036692	POT PRE	1	3	0	0	0	0	0	Major	accepted_representative
ARR151703	SWC	2	0	0	0	0	1	7,900	Minor	accepted_representative
ARR00C484	SWI	1	0	0	0	0	0	0	Minor	accepted_representative

AR0045837	POT	0	47	0	4	0	1	2,000	Minor	accepted_representative
ARR000317	SWI	1	0	0	0	0	0	0	Minor	accepted_representative
ARR00B890	SWI	1	0	0	0	0	1	1,200	Minor	accepted_representative
AR0037176	POT	2	30	0	1	1	1	15,500	Major	accepted_representative
ARR00C422	SWI	2	0	0	0	0	0	0	Minor	accepted_representative
AR0020001	POT	1	7	0	0	0	0	0	Minor	accepted_representative
AR0042455		0	32	0	0	0	1	0	Minor	accepted_representative
ARR00B817	SWI	1	0	0	0	0	0	0	Minor	accepted_representative

## **APPENDIX G: FILE REVIEW ANALYSIS**

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

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

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

### **CAA**

<b>CAA Metric #</b>	<b>CAA File Review Metric Description:</b>	<b>Metric Value</b>	<b>Initial Findings</b>
<b>Metric 2c</b>	% of files reviewed where MDR data are accurately reflected in AFS.	87%	39 files were reviewed (15 enforcement, 22 inspection and 2 supplemental). 5 files were found to have inaccurate or missing information: <ul style="list-style-type: none"><li>• Permit shows plant subject to NSPS Dc and Dd; only Dd in AFS; missing Subpart has been added since review.</li></ul>

CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
			<ul style="list-style-type: none"> <li>• Facility subject to NESHAP Part 63, no Subparts in AFS; have been added since review.</li> <li>• Facility with HPV without Discovery Date linked to Day Zero. Late Day Zero (identified as 11/30/08; should have been 11/01/08 according to policy).</li> <li>• Facility with incorrect HPV code - GC4 code should be GC8; incorrect Day Zero - required stack test conducted 10/23/07; Day Zero would have been 45 days after test results receipt date. Day Zero was identified as 5/29/08.</li> <li>• Violation involving stack test discovered in 2006 (45 days after submittal of stack test in summer of 2006). Day Zero 8/25/08. Also, plant's historical compliance status in AFS doesn't reflect non-compliance for entire length of HPV – in violation April 09 - December 09. Historical data fix has to be done by HQ.</li> </ul>
Metric 4a	<p>Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan were completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? Yes or no? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning evaluation coverage are to be discussed pursuant to the metrics under Element 5. If a state/local agency had negotiated and received approval for conducting its compliance monitoring program pursuant to an alternative plan, details concerning the alternative plan and the S/L agency's implementation (including evaluation coverage) are to be discussed under this Metric.</p>	100%	<p>ADEQ's CMS for FY09 was consistent with the CAA CMS (i.e., at least 50% and 20% FCE coverage for majors and SM80s respectively). ADEQ projected FCEs at 210 majors (majors universe at the time 215) and 146 SM80s (SM80 universe at the time 449). The FY09 grant EOY report credited ADEQ with FCEs at 204 majors and 328 SM80s. OTIS indicates that ADEQ did 203 majors and 331 SM80s for FY09. The discrepancies between universe counts are attributed to fluctuations in the major and SM80 universes over time. The Region determined that ADEQ met its compliance monitoring commitments.</p>

<b>CAA Metric #</b>	<b>CAA File Review Metric Description:</b>	<b>Metric Value</b>	<b>Initial Findings</b>
<b>Metric 4b</b>	Delineate the air compliance and enforcement commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The compliance and enforcement commitments should be delineated.	100%	According to ADEQ's Air Program grant, ADEQ committed to: <ul style="list-style-type: none"> <li>• Submit a CMS</li> <li>• Complete universe of planned inspections</li> <li>• Report HPV per HPV Policy</li> <li>• Conduct compliance monitoring and enforcement consistent with State and EPA policy</li> <li>• Enter MDRs into AIRS</li> </ul> The Region determined that ADEQ met these grant commitments.
<b>Metric 6a</b>	# of files reviewed with FCEs.	22	
<b>Metric 6b</b>	% of FCEs that meet the definition of an FCE per the CMS policy.	100%	Twenty-two inspection files reviewed, all met the FCE definition (CMS Policy).
<b>Metric 6c</b>	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	95%	21 of 22 contained all the necessary information. One inspection report did not include any compliance/enforcement history.
<b>Metric 7a</b>	% of CMRs or facility files reviewed that led to accurate compliance determinations.	100%	22 FCE reports were reviewed. One identified violations. Compliance determinations were accurate.
<b>Metric 7b</b>	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	100%	The one violation identified in the FCE reports reviewed was an equipment malfunction due to electrical power outage. ADEQ met with the company. The historical compliance status is reported per quarter. This facility was out of compliance per the inspection then in compliance per the meeting, all within a three-month window, so the quarter's compliance status doesn't reflect violation identified during the inspection.
<b>Metric 8f</b>	% of violations in files reviewed that were accurately determined to be HPV.	88%	Of the 15 enforcement and 2 supplemental files reviewed (17 total), there were 5HPVs and 13 non-HPVs. Two of the non-HPVs appeared to meet the HPV criteria: <ul style="list-style-type: none"> <li>• One plant stack tested late – test deadline</li> </ul>

CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
			<p>11/14/08; didn't test until 2/18/10. Not identified as HPV;</p> <ul style="list-style-type: none"> <li>Plant missed submitting three semi-annual reports; company did not include deficiency on ACC-certified in compliance. Was not identified as HPV; would have been GC7 per policy. ADEQ has since input HPV into AFS</li> </ul>
<b>Metric 9a</b>	# of formal enforcement responses reviewed.	7	
<b>Metric 9b</b>	% of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame.	100%	Seven formal enforcement actions were reviewed. All included required corrective action with specified time frames.
<b>Metric 10b</b>	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	25%	Four HPV actions reviewed. 1 addressed timely. 3 untimely
<b>Metric 10c</b>	% of enforcement responses for HPVs appropriately addressed.	100%	All 4 HPV actions were appropriate
<b>Metric 11a</b>	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	Seven penalty calculations reviewed. All included gravity and economic benefit components.
<b>Metric 12c</b>	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	NA	The 7 penalties reviewed were final consent orders. Proposed consent orders were not reviewed
<b>Metric 12d</b>	% of files that document collection of penalty.	100%	Penalty files reviewed documented collection of the penalty.

## RCRA

<b>RCRA Metric #</b>	<b>RCRA File Review Metric:</b>	<b>Metric Value</b>	<b>Initial Findings</b>
<b>Metric 2c</b>	% of files reviewed where mandatory data are accurately reflected in the national data system.	100%	A total of 29 inspection files (19 inspections conducted in Fiscal Year 2009 and 10 inspections conducted prior to FY2009, but were reviewed as a result of an FY2009 enforcement action) and 25 enforcement files were reviewed. Minimum data elements were complete for all files reviewed.
<b>Metric 4a</b>	Planned inspections completed	100%	100% of Federal TSDF's; 50% of Commercial TSDF's; and 20% of large quantity generators (LQGs). According to RCRAInfo, during the 2009 Fiscal Year, the State exceeded these commitments by conducting 82 total inspections at 68 sites, which included 21 inspections at 10 Treatment, Storage and Land Disposal (TSD) facilities (including 1 federal facility), representing 91 percent of the 11 operating TSDs under full enforcement in the State (based on information from RCRAInfo for FY09). ADEQ also conducted Compliance Evaluation Inspections at 48 Large Quantity Generators (LQG's). This represents 33% of the total LQG universe which exceeds the 20% annual commitment. The remainder of the 82 inspections were conducted at Small Quantity Generators, Conditionally Exempt Small Quantity Generators, Transporters, etc.
<b>Metric 4b</b>	Planned commitments completed	NA	Inspection commitments described above.
<b>Metric 6a</b>	# of inspection reports reviewed.	19	19 reports on FY09 inspections were reviewed. In conjunction with FY09 enforcement reviewed, reports for 10 pre-FY09 inspections were reviewed.
<b>Metric 6b</b>	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility.	100%	All 19 reports for FY09 inspections accurately described the facility, its processes and violations observed. The inspection files also contained photos, inspector's handwritten notes, copies of pertinent facility records, drawings and schematics (when applicable). All inspection reports and files reviewed were complete and provided excellent documentation to determine the compliance of the facility being inspected.

<b>RCRA Metric #</b>	<b>RCRA File Review Metric:</b>	<b>Metric Value</b>	<b>Initial Findings</b>
<b>Metric 6c</b>	Inspection reports completed within a determined time frame.	100%	All inspection reports reviewed were completed within 60 days from the date of inspection, with the majority being completed in less than 30 days.
<b>Metric 7a</b>	% of accurate compliance determinations based on inspection reports.	100%	Of the 19 FY09 inspection reports and associated documentation reviewed, 15 identified violations. All compliance determinations were consistent with State and EPA Enforcement Response Policy and Guidance.
<b>Metric 7b</b>	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days).	100%	100% of violation determinations reviewed in the files were reported to the national database within 150 days.
<b>Metric 8d</b>	% of violations in files reviewed that were accurately determined to be SNC.	100%	Of the 19 (FY09) inspection reports reviewed, 15 identified violations, of those 9 were identified as SNCs and 6 were SV's.
<b>Metric 9a</b>	# of enforcement responses reviewed.	25	25 enforcement files were reviewed with a mix of both informal and formal enforcement (13 of those addressed SNC violations).
<b>Metric 9b</b>	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	All 13 SNCs reviewed included some type of corrective or complying actions that have or will return the facility to compliance within a prescribed timeframe.
<b>Metric 9c</b>	% of enforcement responses that have returned or will return Secondary Violators (SV's) to compliance.	100%	All 12 SVs reviewed included some type of complying actions that have returned the facility to compliance within a specified timeframe.
<b>Metric 10c</b>	% of enforcement responses reviewed that are taken in a timely manner.	100%	All 13 SNC enforcement responses reviewed were timely (final enforcement issued within the 360 day Enforcement Response Policy requirement). The 12 actions addressing SVs were also timely.
<b>Metric 10d</b>	% of enforcement responses reviewed that are appropriate to the violations.	100%	All 13 SNC actions reviewed were appropriate as were the 12 actions reviewed that addressed SVs.

<b>RCRA Metric #</b>	<b>RCRA File Review Metric:</b>	<b>Metric Value</b>	<b>Initial Findings</b>
<b>Metric 11a</b>	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	19 enforcement files reviewed with initial penalty calculations. All contained an “ADEQ Civil Penalty Worksheet” and documentation on violations pursued and rationales/calculations used for both gravity and economic benefit and consistent with national policy.
<b>Metric 12a</b>	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	Differences between initial and final penalties documented to reflect the rationales and decisions. Documentation included internal memos from ADEQ Management and letters to facilities outlining agreements. ADEQ in some cases uses an expedited settlement policy which allows a reduction of the initial penalty based on factors in the State’s civil penalty regulation (e.g., facility’s cooperativeness, expeditious compliance). In some cases, documentation included penalty reduction due to inability to pay.
<b>Metric 12b</b>	% of files that document collection of penalty.	100%	All final penalty collections were documented by either a copy of the check or documentation of receipt of the check, check number, date received and amount.

## CWA

<b>CWA Metric #</b>	<b>CWA File Review Metric:</b>	<b>Metric Value</b>	<b>Initial Findings</b>
<b>Metric 2b</b>	% of files reviewed where data is accurately reflected in the national data system.	100%	A total of 33 files were reviewed, 11 of these were storm water files. DMR data was reviewed for the 33 NPDES major and minor files, and the data was accurately recorded in ICIS. Informal enforcement actions were reviewed for 6 majors and 3 minors. Formal enforcement actions were reviewed for 3 majors and 2 minors and the required data was all located in ICIS.

CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings
<b>Metric 4a</b>	% of planned inspections completed. Summarize using the Inspection Commitment Summary Table in the CWA PLG.	72.2%	CWA 106 Grant Work Plan 2009-2010: For State FY09 (July1, 2008- June 30, 2009): CEIs at 37 major municipal, 19 major non-mun.; 8 PCIs; CSIs at 4 major mun., 4 major non-mun., 4 minor non-mun., 8 minor, mun. There were identical projections for SFY 10. ADEQ met its FY09 commitments. According to OTIS, out of 115 majors, ADEQ has completed 82 inspections. ADEQ committed to 100% inspections of all majors at a frequency of once per every two years consistent with the CMS. The remaining 33 inspections will be completed in the next fiscal year.
<b>Metric 4b</b>	Other Commitments. Delineate the commitments for the FY under review and describe what was accomplished. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The commitments should be broken out and identified.	100%	CWA 106 Grant Work Plan 2009-2010 also includes: Submit QNCR for majors and ANCR for non-majors Submit Facility Watch List, quarterly, for SNC majors Inspection data entry into PCS/ICIS Investigate citizens complaints and fish kills  The Region determined that ADEQ met its FY09 compliance and enforcement related grant commitments
<b>Metric 6a</b>	# of inspection reports reviewed.	25	25 inspection reports were reviewed, 8 Compliance Evaluation Inspections 6 majors & 2 minors; 2 Compliance Sampling Inspections, 1 major & 1 minor, and 3 Reconnaissance Inspections 2 majors & 2 minors. Eleven of the twenty-five reports are storm water.
<b>Metric 6b</b>	% of inspection reports reviewed that are complete.	100%	All 25 of the inspection reports that were reviewed were complete and contained sufficient information to make all accurate determinations of the condition at the facilities. Eleven of the twenty-five reports are storm wate

<b>CWA Metric #</b>	<b>CWA File Review Metric:</b>	<b>Metric Value</b>	<b>Initial Findings</b>
<b>Metric 6c</b>	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.	100%	All 25 of the inspection reports reviewed contained sufficient documentation and observations that would lead to an accurate compliance determination. Eleven of the twenty-five reports are storm water.
<b>Metric 6d</b>	% of inspection reports reviewed that are timely.	100%	All of the inspection reports viewed were timely. The time range for inspection reports was from zero to thirty days.
<b>Metric 7e</b>	% of inspection reports or facility files reviewed that led to accurate compliance determinations.	100%	All of the 25 inspection reports (both NPDES and storm water) reviewed led to accurate compliance determinations.
<b>Metric 8b</b>	% of single event violation(s) that are accurately identified as SNC or Non-SNC.	100%	Of the 33 files reviewed, 2 facilities had 5 single event violations that were accurately identified as SNC or Non SNC. The SNC- or Non SNC determination does not apply to the storm water files.
<b>Metric 8c</b>	% of single event violation(s) identified as SNC that are reported timely.	100%	The 5 Single Event Violations identified as SNC were reported timely and linked to the enforcement action in ICIS.
<b>Metric 9a</b>	# of enforcement files reviewed	25	Twenty-five enforcement files (14 NPDES, 11 stormwater) were reviewed including 10 major NPDES facilities and 15 minors (4 NPDES and 11 storm water). Minor NPDES facilities are not issued warning letters unless a Consent Administrative Order will be issued.

CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings
<b>Metric 9b</b>	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	14 formal and informal enforcement responses were reviewed. 12 addressed SNC and all of the responses will return a source in SNC to compliance. The enforcement responses in all of the files reviewed consist of warning letters, Notice of Violations, Consent Administrative Order with a compliance schedule and/or a penalty and SEP. SNC and non-SNC do not apply to the 11 (minor) storm water files reviewed and those storm water files are excluded from counts in metrics 9b-10e.
<b>Metric 9c</b>	% of enforcement responses that have returned or will returned a source with non-SNC violations to compliance.	100%	The 4 facilities reviewed with informal enforcement responses for non-SNC violations were all returned to compliance within ten to thirty days after a warning letter had been sent out by ADEQ. Once a facility achieves compliance, ADEQ would send the facility a letter notifying them that the response was adequate. Minor facilities are not issued a warning letter unless a Consent Administrative Order will be issued.
<b>Metric 10b</b>	% of enforcement responses reviewed that address SNC that are taken in a timely manner.	100%	The 12 files reviewed for enforcement responses that addressed SNC were taken in a timely manner. One of the files reviewed did not require a response because the facility had met the reporting requirements.
<b>Metric 10c</b>	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	100%	Of the 12 files reviewed for enforcement responses addressing SNC, all responses were appropriate. Four of the SNC violations were addressed with a formal enforcement action which included Consent Administrative Orders and penalties.
<b>Metric 10d</b>	% of enforcement responses reviewed that appropriately address non-SNC violations.	100%	Four of the 12 files reviewed also appropriately addressed non-SNC violations. The facilities were issued warning letters; cited for deficiencies and observations that required a 10 day response with corrective action measures to be taken by the facility. Documentation for all enforcement responses was located in the files.
<b>Metric 10e</b>	% enforcement responses for non-SNC violations where a response was taken in a timely manner.	100%	All four of the files reviewed for enforcement responses for non-SNC violations were taken in a timely manner.

<b>CWA Metric #</b>	<b>CWA File Review Metric:</b>	<b>Metric Value</b>	<b>Initial Findings</b>
<b>Metric 11a</b>	% of penalty calculations that consider and include where appropriate gravity and economic benefit.	50%	Of the 4 NPDES and the 6 storm water penalty files reviewed, none had a gravity component for the penalty calculation; however, all of the files, both NPDES and storm water, had an economic benefit portion.
<b>Metric 12a</b>	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	60%	All six of the storm water files reviewed for penalties had documentation for the difference and rationale between the initial and final assessed penalty. None of the 4 NPDES files reviewed documented the rationale between the initial and final assessed penalty.
<b>Metric 12b</b>	% of enforcement actions with penalties that document collection of penalty.	100%	Of the 4 NPDES files with penalties, all showed documentation for the collection of penalties. Three of the six Storm Water files (SWI) reviewed for penalties had documentation showing the collection of the penalties. The remaining 3 (SWC) had documentation showing that these enforcement actions had escalated to civil circuit court cases.