



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 8**

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OCT - 9 2012

Ref: 8ENF-PJ

Martha E. Rudolph, Director
Environmental Programs
Colorado Department of Public Health and the Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Re: Final State Review Framework (SRF) Evaluation Results for Fiscal Year 2010

Dear Ms. Rudolph:

Enclosed you will find the final SRF report summarizing evaluation of Colorado's Clean Air Act Stationary Source, Resource Conservation and Recovery Act Subtitle C, and National Pollutant Discharge Elimination System enforcement programs for federal fiscal year 2010. This report incorporates comments received from both the State of Colorado and EPA's Office of Compliance. We look forward to working with the Colorado Department of Public Health and the Environment in utilizing the results of this evaluation to advance our shared objective of protection of public health and the environment in Colorado.

If you have any questions regarding the SRF evaluation or the SRF in general, please contact me or have your staff contact the most knowledgeable person on my staff, Kaye Mathews at (303) 312-6889. Any program-specific questions should be directed to the EPA program contacts identified in the report.

Sincerely,

for Eddie A. Sierra
Andrew M. Gaydosh

Assistant Regional Administrator
Office of Enforcement, Compliance and
Environmental Justice

Enclosure

cc: By e-mail
Will Allison, CDPHE
Steve Gunderson, CDPHE
Gary Baughman, CDPHE
James Martin, Regional Administrator
Howard Cantor, Deputy Regional Administrator

State Review Framework

Colorado Round 2 Report
For Federal Fiscal Year 2010

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I. EXECUTIVE SUMMARY

Major Issues

The Round 2 SRF review of Colorado identified the following major issues:

Clean Air Act Program

- The State's inspection program exceeded national averages for inspections at major facilities and the inspection findings were well documented in timely inspection reports.
- Although the State is reporting most of the required data, some MDRs were missing in AFS. This is a continuing issue from Round 1.
- Colorado has also had recurring data timeliness and database interface problems affecting data accuracy as noted in the previous SRF.
- Compliance determinations are accurately made but not always promptly reported in the national database.
- Timeliness of enforcement actions was an issue in the previous review and continues to be difficult to improve.
- Although not addressed in the previous SRF, the State has had a longstanding practice of not documenting penalty calculations in its permanent files.

Clean Water Act/National Pollutant Discharge Elimination System Program

- Colorado has made notable improvements since the previous SRF to their data entry and data management as well as issuing timely and appropriate enforcement actions.
- Overall, the state implements an effective inspection program for majors, domestic minors, and CAFOs in addition to an effective enforcement program for all sectors of NPDES.
- Both the national Compliance Monitoring System requirements for construction and industrial stormwater inspection coverage as well as the FY10 PPA Inspection Plan commitment from Colorado were not met.
- Stormwater inspection coverage is a significant and recurring issue from the previous SRF, whereas quality of inspection reports was not.

Resource Conservation and Recovery Act Program

- Colorado has made significant improvement since the previous SRF regarding the timely entering of SNCs into RCRAInfo.
- Overall, the state implements an exemplary program for inspecting TSDFs and LQGs annually, as well as completing inspection reports within the requisite time frame.
- The State is also issuing timely and appropriate enforcement actions and returning facilities to compliance.

- While Colorado has made improvement in SNC identification, determination of a facility being a recalcitrant violator and/or substantially deviating from regulatory requirements needs to be better factored/integrated into SNC identification.

Summary of Programs Reviewed

I. Clean Air Act Program

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

- Data completeness - The State is reporting most of the required data, however, some minimum data requirements such as HPV violations and addressing actions were missing in AFS.
- Data accuracy - The State needs to improve the degree to which data reported in the national system is accurately entered and maintained.
- Timeliness of data entry - Data entry of some MDRs is not timely.
- Identification of alleged violations - Compliance determinations are accurately made but were not always promptly reported in the national database.
- Timely and appropriate action – The State needs to improve its timeliness with respect to enforcement actions. State’s enforcement actions are appropriately taken in accordance with policy.
- Penalty calculation method - Penalty calculations are not documented in the files. The State’s policy is to remove penalty calculations from the file after settlement.

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

- Completion of commitments
- Inspection coverage
- Quality of inspection or compliance evaluation reports
- Identification of SNC and HPV
- Enforcement actions promote return to compliance
- Final penalty assessment and collection

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

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

- Inspection coverage – The State did not meet its inspection commitments for major facility and stormwater inspections.
- Quality of inspection or compliance evaluation reports - 3 of 21 inspection reports reviewed were considered complete; 13 of 21 inspection reports were completed in a timely manner.

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

- Data completeness
- Data accuracy
- Timeliness of data entry
- Completion of commitments
- Identification of alleged violations
- Identification of SNC and HPV
- Enforcement actions promote return to compliance
- Timely and appropriate action
- Penalty calculation method
- Final penalty assessment and collection

III. Resource Conservation and Recovery Act Program

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

- Data completeness
- Data accuracy
- Timeliness of data entry
- Completion of commitments
- Inspection coverage
- Quality of inspection or compliance evaluation reports
- Identification of alleged violations
- Identification of SNCs
- Enforcement actions promote return to compliance
- Timely and appropriate action
- Penalty calculation method
- Final penalty assessment and collection

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

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

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

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

A. GENERAL PROGRAM OVERVIEW

The Colorado Department of Public Health and Environment (CDPHE) is one of 16 cabinet-level departments whose executive directors are appointed by the Governor. The mission of the Colorado Department of Public Health and Environment is to protect and preserve the health and environment of the people of Colorado. Chris Urbina serves as Executive Director of the Department. The Department is organized into 11 divisions that fall under three broad groupings: health programs, environmental programs and administration. Martha Rudolph serves as the Environmental Programs Director and leads the Department’s four environmental divisions.

CDPHE also serves as staff to five state-appointed boards or commissions: Colorado Board of Health, Air Quality Control Commission, Water Quality Control Commission, Solid and Hazardous Waste Commission, and the Water and Waste Water Facility Operators Certification Board.

CDPHE pursues its mission through broad-based public health and environmental protection programs. The department's environmental responsibilities span a full array of activities, including air and water quality protection and improvement; hazardous waste and solid waste management; pollution prevention; environmental leadership; and consumer protection.

CDPHE has a staff of approximately 1,227 employees, with the vast majority working at the department’s offices in Glendale, Colorado. The state laboratory is in Lowry and there are small satellite offices in Grand Junction and Pueblo. The department receives approximately 95 percent of its \$442 million funding from fees, grants and other non-general fund sources.

The CDPHE has four environmental divisions and programs:

Air Pollution Control Division The Air Division focuses on three major goal areas to protect air quality in the state:

- Achieve a level of air quality that protects and preserves human health
- Achieve a standard of air quality in Colorado that protects the integrity of the natural ecosystem
- Achieve a level of ambient air quality that protects and preserves welfare standards for odors and visibility.

Under the federal and state Clean Air Laws, a number of mandates are described. Some of these that the Air Division is implementing include: developing State Implementation Plan (SIP) revisions for areas exceeding air quality standards; implementing federally-enforceable programs in the SIPs such as operating permits, automobile inspections and ambient air quality monitoring.

The Air Division's work plan reflects the goals of three overall planning documents that guide the activities of the EPA Region 8 and the CDPHE. These documents include:

- The Colorado Department of Public Health and Environment Strategic Plan, which identifies six critical target areas that the department has identified to meet the mission of CDPHE. Under each of these target areas are the goals and objectives and outcomes CDPHE uses to measure success.
- The FY2011-15 National EPA Draft Strategic Plan and the
- U.S. EPA Region 8 Regional Strategic Plan that reflects EPA's work strategies and the work of its state partners.

Environmental Health and Sustainability Division The Office of Environmental Integration & Sustainability was integrated into the department's Consumer Protection Division effective July 1, 2010. As a part of this move, a business plan was created and the division was reorganized from a programmatic to a functional focus, and renamed to the Division of Environmental Health and Sustainability (Division). The Division is comprised of four work units, including the: 1) Direct Programs Implementation Unit; 2) Delegated Programs Unit; 3) Environmental Agriculture Program Unit; and, 4) Sustainability Program Unit. Each unit has a unit manager and at least one workgroup leader under the charge of the unit manager to oversee day-to-day programmatic functions.

The Division is responsible for a diverse array of environmental health responsibilities, many of which are not subject to oversight by EPA. Examples of the Division's work outside the purview of EPA include: monitoring food, milk, drugs and medical devices; regulating food preparation environments such as restaurants, food manufacturers and processing plants; ensuring safe and sanitary conditions at day care centers and correctional facilities; regulating, reviewing and investigating foods; consumer products and household substances; helping to control insects, rodents and other vectors of animal borne diseases; coordinating consumer protection activities with local, state and federal agencies; and assisting consumers with complaints. Functions within the Division that are included in the PPA are activities administered by the Division's Environmental Agriculture Program, the Sustainability Program

and several additional environmental programs, including the Small Business Ombudsman, Environmental Justice, Oil & Gas Consultation and the School Chemical Hazards Inspection programs.

Hazardous Materials and Waste Management Division HMWMD is comprised of several programs that regulate sites and facilities through a combination of traditional elements; i.e., licenses, certifications, permits, and inspections; augmented as needed by a variety of enforcement activities and compliance assistance. These regulatory programs include Colorado's equivalents of the EPA's Resource Conservation and Recovery Act solid and hazardous waste programs, the Nuclear Regulatory Commission's radioactive materials program, and the Food and Drug Administration's x-ray / mammography risk and quality control programs.

To enhance the HMWMD compliance programs, the Division also maintains vital compliance assistance and pollution prevention components in addition to the more traditional compliance assurance activities. These efforts are integrated with similar activities in other divisions to improve consistency and effectiveness in all compliance assistance and compliance assurance efforts. HMWMD has established a variety of resources for providing technical assistance and regulatory guidance through trainings, workshops, published materials, compliance aids, the Division homepage, and the customer technical assistance phone line.

In a second major group of programmatic elements, HMWMD has several cleanup oversight programs and community involvement components. The strength of these programs lies in the expertise of the staff, their ability to use creative and problem-solving approaches, and their willingness to work in a collaborative fashion with other agencies and with facility representatives to achieve a common goal. The Division's strength is increased by the close interaction of similar cleanup efforts in the different divisional programs, although each is driven by a different set of laws and regulations. HMWMD works continuously to increase consistency among remediation requirements and to expedite the cleanup process for the regulated community.

HMWMD concentrates on performance-based measures for planning and implementing activities in all its programs. HMWMD places its priority on the parity of approaches to cleanups under all of its various programs and on improving the processes used for conducting cleanups. This approach is evident, for instance, in the equivalency of the Voluntary Cleanup Program and the Hazardous Waste Corrective Action Plan process. In another example, the Division has worked on developing policy and guidance that establishes a consistent set of criteria for making the important decision of when a request for no further action for ground water contamination to be used by all the remedial programs. In addition, the Radiation Management staff coordinates remediation oversight at several sites with the Superfund and Hazardous Waste program staff.

Water Quality Control Division The Water Quality Control Division is responsible for monitoring and reporting on the quality of state waters, preventing water pollution, protecting, restoring and enhancing the quality of surface and groundwater, and assuring that safe drinking water is provided from all public water systems. The Colorado Water Quality Control Division regulates the discharge of pollutants into the state's surface and ground waters and enforces the Colorado Primary Drinking Water Regulations. The Colorado Water Quality Control

Commission is the administrative agency responsible for developing specific state water quality policies in a manner that implements the broader policies set forth by the Legislature in the Colorado Water Quality Control Act. The Commission adopts water quality classifications and standards for surface and ground waters of the state, as well as various regulations aimed at achieving compliance with those classifications and standards. The Commission has also been given authority regarding the Colorado Primary Drinking Water Regulations.

B. MAJOR STATE PRIORITIES AND ACCOMPLISHMENTS

CDPHE is well into implementing its strategic plan of which the environmental goal is to achieve a Sustainable Colorado through performance-based programs. Under this strategic direction, CDPHE has developed and begun to implement a cross media permitting outcomes program, greening government for state agencies and enhanced innovations program. In addition, CDPHE continues to implement and enhance its cross media enforcement program, Mercury Program, Environmental Problem Solving, indicators program, integrated data effort and cross media compliance assistance efforts. CDPHE is seen as a leader in innovations for state regulatory agencies. CDPHE is spearheading the Environmental Management System (EMS) Permit Pilot Project, the first of its kind in the world, an Internal EMS and Stormwater Excellence Program. The Environmental Leadership Program continues to expand in scope and membership.

Over the next 10 years, it is estimated the state's population will grow from 5 million to 6.5 million and at the same time the percentage of senior citizens will increase. To be successful in its work, CDPHE must anticipate and be prepared for the demands of changing population demographics, as well as impacts from climate change and emerging health issues/diseases. CDPHE must be poised to anticipate, respond to and oversee new and existing environmental challenges, such as energy development, ozone, climate change, drinking water compliance and public health and environmental emergencies. CDPHE aims to achieve its vision and accomplish its mission by focusing on the following key objectives specific to environmental protection:

- Having an effective climate change strategy
- Having an effective emergency response system to address communicable disease, epidemics, and other public health and environmental emergencies
- Protecting and improving air and water quality across the state
- Eliminating health inequities in Colorado

The following are key priority investment areas for CDPHE in FY 2012:

Compliance Assurance and Enforcement Program CDPHE's compliance assurance and enforcement program is responsible for statewide environmental enforcement of environmental laws and includes compliance assistance and education for sources. CDPHE believes that a compliance assurance program, which respects state primacy in delegated programs and incorporates strong enforcement components, is crucial for successful environmental protection. CDPHE will continue to promote a strong, integrated and strategic compliance assurance program. The function of compliance assurance and enforcement is located throughout various

programs within the air, water, waste and consumer protection divisions. Compliance assurance activities include: environmental education; civil enforcement investigations and actions; investigation of environmental crimes (i.e., abandoned drums and waste tires and illegal dredge and fill activities); responding to environmental disasters; hazardous material incidents; and spills that threaten the environment. Integral to this program is CDPHE's commitment to educate sources and residents on environmental laws as well as to take enforcement actions as appropriate.

The key elements of CDPHE's compliance and enforcement monitoring program include:

- Inspection and compliance monitoring programs at the state and federal levels that adequately identify significant noncompliance.
- Maintaining a sufficient, qualified inspector field presence to effectively encourage regulated entities to comply with environmental laws and regulations.
- Adequate investment in compliance assistance initiatives.

To be effective, CDPHE believes that compliance and enforcement programs must be based upon requirements that are enforceable and include the following: continuous education of staff and sources (i.e., outreach efforts); ongoing monitoring and inspections to measure compliance; identification of violations in a comprehensive, consistent and timely manner; consistent responses to violations through compliance assurance and enforcement actions that require appropriate changes to achieve compliance, prevent and deter future noncompliance, promote going beyond compliance, and compel remediation of any harm caused by noncompliance; clear articulation of local, state, and federal roles and responsibilities; commitment of adequate staff resources, guidance, and training to compliance and enforcement; and a process to evaluate program results.

Community-Based Environmental Protection CDPHE works to encourage community-based programs along with effective partnerships in several areas throughout Colorado. The community-based environmental protection concept promotes a “place-driven approach” rather than a “program-driven approach”. In addition, CDPHE will continue its commitment to community preservation. The divisions of the Office of Environmental Programs will provide a comprehensive array of resources for communities to access and utilize. Such examples as Brownfields, grants to communities for water treatment facilities, pollution prevention grants, supplement environmental projects, and air program grants will assist communities in meeting capacity, infrastructure and data needs. As CDPHE data capabilities expand, CDPHE will assist communities to better understand and respond to community problems and to assist in helping communities define their vision of a sustainable quality of life.

CDPHE also has the following other priorities:

- Mitigating environmental impacts from energy development
- Improving air quality including attainment of national ozone standards
- Compliance with national drinking water standards

CDPHE also has the following additional accomplishments:

National Environmental Information Exchange Network CDPHE has had an operational Exchange Network Node since 2005. The department upgraded to Node 2.0 in September of 2008 and is currently using the node to transfer Facility data to U.S. EPA and receive Toxic Release Inventory Data from EPA. WQCD is implementing the Water Quality Exchange (WQX) and APCD is implementing the Emissions Inventory System (EIS) exchange. APCD is in the planning stages for the Air Quality System (AQS) and Greenhouse Gas exchanges.

EcoMap/EcoQuery Project CDPHE continues to implement the EcoMap/EcoQuery project. This system allows for the integration and reporting of facility and compliance information from across the divisions to both internal staff and the general public.

Infrastructure Development CDPHE continues to develop cross-divisional software and hardware infrastructure to support division and department systems. This includes a system for on-line collaboration and workflow that has already improved efficiency and accuracy in the divisions.

Records Management System DPHE is currently evaluating a system for management of its numerous physical and electronic records. When implemented, this system will allow for quicker and more effective access to the divisions' records for both internal staff and the general public.

C. PROCESS FOR SRF REVIEW

The SRF review process for each of the media programs include:

Review Period This is a review of Fiscal Year 2010 data and activities

Communication with the State Communications with the State have occurred primarily between program staff and managers. The final report will be mailed to the State Environmental Director.

State and Regional Lead Contacts for Review The Colorado contact for the SRF is Martha Rudolph. The EPA Region 8 SRF Coordinator role transitioned from Olive Hofstader to Kaye Mathews during the SRF review and report process. The Region 8 program staff who performed on-site reviews and data and file metric analysis are Albion Carlson, CAA; Natasha Davis, CWA; and Randy Lamdin, RCRA.

III. STATUS OF OUTSTANDING RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of Colorado's compliance and enforcement programs, Region 8 and Colorado identified a number of actions to be taken to address issues found during the review. Appendix A contains a comprehensive list of the outstanding actions and the status of progress toward completing those actions.

State	Status	Due Date	Media	E#	Element	Finding	Recommendation
CO - Round 1	Long Term Resolution	4/30/2010	CWA	E1	Insp Universe	Inspection reports are not always timely.	Improve inspection report timeliness. Updates: 1/25/08 - Due date changed from 9/30/04 to 9/30/08 to align with similar recommendation from 06 SRF review. 2/2/2010 - Due date changed from 4/30/2009 to 4/30/2010 per email from Aaron Urdiales. Will review status for FY09 EOY report.
CO - Round 1	Working	4/30/2010	CWA	E13	Other	Not all WEDNB data elements are entered into PCS.	Improve entry of WEDNB data elements into PCS. Update: Changed due date from 4/30/2009 to 4/30/2010 per 2/2/2010 email from Aaron Urdiales. Will re-evaluate for FY09 EOY report.
CO - Round 1	Working	4/30/2010	CWA	E3	Violations ID'ed Timely	Some inspection reports not timely.	CDPHE has implemented additional means to track completion of inspection reports. For FY08, CDPHE will work to ensure that inspection reports are completed within 30 days after the inspection. EPA will spot check progress made in FY08.
CO - Round 1	Working	4/30/2010	CWA	E10	Data Timely	Data entry not timely.	CDPHE should work to improve the timeliness of data entry. EPA will monitor progress towards improving the timeliness of data entry and will hold quarterly conference calls with CDPHE to discuss progress. Update: Quarterly Conference Calls. Changed due date from 4/30/2009 to 4/30/2010 per 2/2/2010 email from Aaron Urdiales. Will re-evaluate for FY09 EOY report.
CO - Round	Working	4/30/2010	CAA	E6	Timely &	16 of 30 enforcem	Hire and train additional staff to improve enforcement action timeliness.

State	Status	Due Date	Media	E#	Element	Finding	Recommendation
1					Appropriate Actions	ent actions reviewed were timely.	
CO - Round 1	Working	4/30/2010	CAA	E10	Data Timely	HPV status data entry was sometimes not timely.	Improve timeliness of HPV status data entry.
CO - Round 1	Working	4/30/2009	CAA	E12	Data Complete	Some discrepancies between AFS and the Data Metric Report have been identified with the SM-80 universe.	Improve accuracy of AFS with regard to the SM-80 universe.

IV. FINDINGS

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

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

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

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.		
Clean Air Act Program		
1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The minimum data requirements are incomplete.
	Explanation	The State is reporting most of the required data. Some MDRs were missing in AFS. These included: missing pollutants, missing Zip codes, missing air program subparts, missing or incomplete addresses, missing HPV violations discovered, and missing HPV addressing actions.
	Metric(s) and Quantitative Value(s)	<p>1c4 - CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005 - 74.2%</p> <p>1c5 - CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005 - 17.9%</p> <p>1c6 - CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005 - 91.3%</p> <p>2c – Percentage of files reviewed where MDR data are accurately reflected in AFS: 66% (15/22 files had accurate data)</p>
	State Response	<p>The reason Colorado had problems with subpart uploads is that they did not exist in the database. The records in question were historical records that had not been modified since the NSPS/MACT subparts became MDRs. Once the discrepancy was identified, Colorado built a query of our database to identify those that were missing the NSPS/MACT subpart at the plant level. Colorado then went through and added the appropriate NSPS/MACT subparts by hand in our databases and AFS to update all records. Colorado believes this issue has been fully addressed and will not recur. In addition, when conducting FCE's, inspectors are reviewing and determining compliance with all applicable requirements, including NSPS and MACT, separate from the designation in AFS. It's not unusual for new requirements to apply to a facility, due to modifications or new rules, so inspectors are trained to review any possible applicable requirements for every FCE conducted. CMRs reflect the applicable requirements and compliance status.</p> <p>The additional data errors (e.g. any missing MDRs) noted above were corrected shortly after discovery. Colorado is continuing to identify problems with our databases as well as EPA's and working to address issues that we can.</p>

	Recommendation(s)	SRF Round 1 recommendation for this element is still open. EPA will monitor the data metrics verified during the annual data verification process for 2012 data to determine whether the data completeness issues identified in the CO SRF report are resolved. Addressed in Element 2.
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Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.		
Clean Air Act Program		
2-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The State needs to improve the degree to which data reported in the national system is accurately entered and maintained.
	Explanation	25 files were randomly selected using the file selection protocol. 7 of the 25 files were found to have discrepancies in the MDR data when compared to AFS. These included: inaccurate SIC codes, missing pollutants, missing Zip codes, missing air program subparts, missing or incomplete addresses, missing HPV violations discovered, and missing HPV addressing actions. The State's database has had problems uploading air program subparts correctly into AFS. Another recurring problem is the State's database is structured to allow CMS code source designations to switch from synthetic minor 80% to synthetic minor (and vice versa), and from synthetic minor 80% to major (and vice versa), in real time based on actual emissions. The State tracks and manually corrects the source classification when major sources switch to synthetic minor 80%; but, the State does not correct the source classification when synthetic minor 80% CMS codes switch to synthetic minor CMS codes. This creates a problem with AFS inspection frequency tracking. The monthly batch uploads change the CMS code in AFS which often renders the snapshot approach used by OTIS for SRF inaccurate.
	Metric(s) and Quantitative Value(s)	<p>1c4 – Percent (%) facilities with FCEs conducted after 10/1/2005 that have NSPS Subpart designations complete per ICR: 384 NSPS FCEs were not counted due to database issues.</p> <p>1c6 – Percent (%) facilities with FCEs conducted after 10/1/2005 that have MACT Subpart designations complete per ICR: 60 MACT FCEs were not counted due to database issues.</p> <p>2c – Percent % of files reviewed where MDR data are accurately reflected in AFS: 66% (15/22 files had accurate data)</p> <p>5b1 – Percent of CMS major sources receiving full compliance evaluations (FCE) by the state in most recently completed CMS 2 year cycle: 25 FCEs were not accounted for due to database interface problem.</p>
	State Response	The reason Colorado had problems with subpart uploads is that they did not exist in the database. The records in question were historical records that had not been modified since the NSPS/MACT subparts became MDRs. Once the discrepancy was identified, Colorado built a query of our database to identify those that were missing the NSPS/MACT subpart at the plant level. Colorado then went through and added the appropriate NSPS/MACT subparts by hand in our databases and AFS to update all records. Colorado this issue has been fully addressed and will not recur. The

		<p>additional data errors noted above were corrected shortly after discovery. Colorado is continuing to identify problems with our databases as well as EPA's and working to address issues that we can.</p> <p>For the source designation issue noted above, the CMS source classification for SM80 sources is determined automatically by actual emission levels of criteria and HAP pollutants. Generally, this has been an effective tool for CO in maintaining a current list of SM80 sources which is used for planning purposes. Because our CMS classification is conservative, the Division is treating more sources as SM80 than required. In addition, the Division has an internal goal of inspecting all SM & SM80 sources every 3 years, so we are exceeding national goals for SM80 inspections. After recent discussions with EPA Region 8, the Division believes we have a better understanding of EPA's concern, specific to ensuring we are meeting the goal of inspecting all SM80 sources at least every 5 years. EPA needs a static number of SM80 sources, consistent with our CMS plan, to compare to our ongoing work in order to determine if goals are met. The Division will investigate options for maintaining our flexible, current database as well as meet EPA's needs for static data for verification purposes.</p>
	<p>Recommendation(s)</p>	<p>The State and EPA will explore options to reconcile AFS database inaccuracies. The State will improve the clarity of their CMS plan to include a separate list of SM80 sources to be inspected in the fiscal year. The State would then provide EPA a list of SM80 inspections actually performed in the fiscal year. The State could post a caveat on the ECHO page concerning data discrepancies. EPA and the State will work to implement options for resolution by September 30, 2012.</p>

Element 3 — Timeliness of Data Entry: Degree to which the Minimum Data Requirements are timely.		
Clean Air Act Program		
3-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Data entry of MDRs is not timely.
	Explanation	MDR actions and HPV entries are not timely. Colorado has a several step process for formal HPV identification which can take several weeks to several months depending on the complexity of the inspections and violations and the workload of the Division's internal legal unit. Only after the inspector's finding has been reviewed and approved by their supervisor, and the resulting enforcement action is initiated by the legal unit, is the case number assigned and final HPV determination made for entry into the State's database for inclusion in the next batch upload to AFS.
	Metric(s) and Quantitative Value(s)	<p>3a – Metric calculates the percentage (%) of HPV Day Zero pathways reported to AFS within the 60 day MDR requirement using the actual new AFS data element Date Created: 6.2% HPVs entered <= 60 days, National goal is 100%.</p> <p>3b1 – Percentage (%) of Compliance Monitoring related MDR actions reported in timely (60 day) manner in FY: 51.9% compliance monitoring related MDR actions reported, National goal is 100%.</p>
	State Response	Colorado continues to work to improve timeliness related to data entry of MDRs into AFS. Colorado completes batch uploads on a monthly basis to AFS.
	Recommendation(s)	<p>SRF Round 1 recommendation for this element is still open. The State should explore options for expediting formal HPV identification and improving timeliness related to data entry of MDRs, including HPVs, into AFS. By April 30, 2012, Region 8 will meet with the State regarding the feasibility of standard operating procedure options available to improve timeliness related to data entry of MDRs, including HPVs, into AFS.</p> <p>By May 31, 2012: Colorado will develop and implement an “HPV Determination Form”. This form will allow for early internal flagging/prioritization of HPV cases. The form will follow the current HPV criteria and will be filled out by the inspector and reviewed/approved by the supervisor. These forms will be kept in the Division’s enforcement files until after the subsequent EPA review. This will allow Colorado to easily answer any questions as to why a case was designated as HPV or not.</p> <p>By June 30, 2012: Colorado will conduct an HPV Policy refresher course for inspectors. This will help inspectors recognize potential HPV cases early on in the process and prioritize those reports.</p> <p>By September 1, 2012: Colorado will implement new internal goals for timeliness related to HPV cases.</p> <p>Inspection reports with an enforcement referral will be submitted, reviewed by the</p>

		<p>supervisor, and sent to our Compliance Unit for enforcement within 75 days of the inspection. (60 days for report per CMS Policy and 15 days for QA/QC review and supervisor review).</p> <p>Compliance Unit will issue initiating document (Notice of Violation or Compliance Advisory) to source within 105 days of the inspection (30 days from receipt from Field Enforcement Unit).</p> <p>Hold meeting (as schedules allow) with source in response to initiating document within 135 days of inspection 30 days after initiating document).</p>
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Element 4 — Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements are met and any products or projects are completed.		
Clean Air Act Program		
4-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	State commitments are routinely met.
	Explanation	The State PPA commitments were routinely performed. The state has an EPA approved CMS plan and it is diligently implemented. The State's CMS plan FCE commitments include conducting an FCE at Title V majors every 2 years, every 3 years at SM80s (more frequent than required by EPA) and every 5 years at true minors. Most of the state's Title V majors were inspected during the year. Several majors considered to be high risk sources undergo an FCE every year. The majority of MACT sources receive an FCE every year.
	Metric(s) and Quantitative Value(s)	<p>4a - Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan were completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? Yes or no? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning evaluation coverage are to be discussed pursuant to the metrics under Element 5. If a state/local agency had negotiated and received approval for conducting its compliance monitoring program pursuant to an alternative plan, details concerning the alternative plan and the S/L agency's implementation (including evaluation coverage) are to be discussed under this Metric:100%</p> <p>4b – Delineate the air compliance and enforcement (c/e) commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The C/E commitments should be delineated:100%</p>
	State Response	
	Recommendation(s)	

Element 5 — Inspection Coverage: Degree to which state completed the universe of planned inspections/compliance evaluations.		
Clean Air Act Program		
5-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The State completes universe of planned inspections/compliance evaluations addressing core requirements and federal, state and regional priorities.
	Explanation	The State exceeds national averages and goals for inspections. The state made available for review to EPA the additional data from the CACTIS database which verified the planned inspections/compliance evaluations completed.
	Metric(s) and Quantitative Value(s)	5a2- FCE coverage, Majors: 98.2% 5b1- FCE coverage, SM-80s: 102% 5c- Informational measure provides data for all synthetic minors: FCE/PCE coverage, SM-80s: 98.9% 5g- Percent (%) of self certifications received by state in fiscal year that have been reviewed: Review of Self-Certifications Completed (1 FY): 98.7%
	State Response	
	Recommendation(s)	

Element 6 — Quality of Inspection or Compliance Evaluation Reports: Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.		
Clean Air Act Program		
6-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Inspection reports properly document observations, are completed in a timely manner, and include accurate description of observations.
	Explanation	On-site file reviews were conducted at the CDPHE offices in August of 2011. 19 inspection reports were reviewed. All inspection reports were completed within 60 days of the inspection and they all included the 7 basic CMR elements.
	Metric(s) and Quantitative Value(s)	6a- number of files reviewed with FCEs: 19 6b- % of FCEs that meet the definition of an FCE per the CMS policy: 100% 6c- % of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility: 100%
	State Response	
	Recommendation(s)	

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

Clean Air Act Program		
7-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Compliance determinations are accurately made but not always promptly reported in the national database. In FY10 State did not change compliance status in AFS to correspond to reported/uploaded stack test violations.
	Explanation	Of the 25 facility files reviewed 18 were in noncompliance in FY10; however, only 9 of the 18 facilities had a compliance status consistent with the violations reported in AFS. Where the files reviewed documented non-compliance, EPA agreed with the State's determination. Some compliance determinations were not timely reported to AFS as shown in metric 3a. When State learned compliance status had to be changed in AFS when violations are reported /uploaded they updated their software for automatic compliance status generation in February of 2011.
	Metric(s) and Quantitative Value(s)	2a- Number of HPVs/Number of NC Sources (1FY) - 55.1% 3a – Metric calculates the percentage (%) of HPV Day Zero pathways reported to AFS within the 60 day MDR requirement using the actual new AFS data element Date Created: 6.2% HPVs entered <= 60 days, National goal is 100% 7a: % of CMRs or facility files reviewed that led to accurate compliance determinations – 100% 7b: % of non-HPVs reviewed where the compliance determination was timely reported to AFS – 40% 7c1: Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY) – 19.4% 7c2 : Percent facilities with failed stack test and have noncompliance status (1FY) – 7.7%
	State Response	Colorado continues to work to improve timeliness related to data entry of compliance determinations into AFS. Colorado completes batch uploads on a monthly basis to AFS.
	Recommendation(s)	See Element 3 Recommendation.

Element 8 — Identification of SNC and HPV: Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.		
Clean Air Act Program		
8-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The State accurately identifies HPVs and exceeds the National goal and average on other HPV indicators.
	Explanation	15 of 15 HPVs reviewed were accurately determined.
	Metric(s) and Quantitative Value(s)	8a - New HPVs identified in fiscal year by the State divided by the number of major sources. High Priority Violation Discovery Rate - Per Major Source (1 FY) – 6.5% 8c: Percent Formal Actions With Prior HPV - Majors (1 FY) – 61.1% 8e: Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY) – 43.5% 8f: % of violations in files reviewed that were accurately determined to be HPV – 100%
	State Response	
	Recommendation(s)	

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

Clean Air Act Program

9-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The State's enforcement actions promote return to compliance.
	Explanation	10 of 10 formal enforcement actions reviewed had adequate corrective action and specific timeframes.
	Metric(s) and Quantitative Value(s)	9b – % of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame: 100%
	State Response	
	Recommendation(s)	

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

Clean Air Act Program		
10-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	State needs to improve its timeliness with respect to enforcement actions. State's enforcement actions are appropriately taken in accordance with policy.
	Explanation	Only 2 of 12 HPVs reviewed had enforcement action taken within 270 days from day zero. This has been an issue with the State in previous reviews. 9/9 HPVs violation addressed through legally enforceable mechanism.
	Metric(s) and Quantitative Value(s)	10b – % of enforcement responses (formal & informal) for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days): 17% 10c – % of enforcement responses for HPVs appropriately addressed: 100%
	State Response	<p>Colorado has been working to improve our timeliness related to addressing HPV violations within 270 days. While the number of HPV cases resolved within the required timeframe was less than we strive for during FY10, Colorado has made improvements to our timeliness since the end of FY10. For example, for calendar year 2011 (Jan-Sept), Colorado addressed 46.7% of our HPV cases within the 270 day timeframe.</p> <p>Colorado has a vigorous enforcement program that deals with many HPV and non-HPV cases every year. We have been prioritizing our HPV cases ahead of others to try to address them within the required timeframe. Colorado would also like to point out that many of our recent HPV cases have been extremely complex and once resolved have properly addressed the violations, assessed significant penalties (both gravity and economic benefit) and included compliance requirements where necessary to fully address the violations.</p>
	Recommendation(s)	<p>SRF Round 1 recommendation for this element is still open. Improve timeliness of enforcement actions per specific EPA/State determined milestones. By April 30, 2012, EPA will meet with the state to discuss options for process improvements for HPV identification, reporting and enforcement.</p> <p>By May 31, 2012: Colorado will develop and implement an “HPV Determination Form”. This form will allow for early internal flagging/prioritization of HPV cases. The form will follow the current HPV criteria and will be filled out by the inspector and reviewed/approved by the supervisor. These forms will be kept in the Division's enforcement files until after the subsequent EPA review. This will allow Colorado to easily answer any questions as to why a case was designated as HPV or not.</p> <p>By June 30, 2012: Colorado will conduct an HPV Policy refresher course for inspectors. This will help inspectors recognize potential HPV cases early on in the process and prioritize those reports. By September 1, 2012: Colorado will implement</p>

		<p>new internal goals for timeliness related to HPV cases. Inspection reports with an enforcement referral will be submitted, reviewed by the supervisor, and sent to the Compliance Unit for enforcement within 75 days of the inspection. (60 days for report per CMS Policy and 15 days for QA/QC review and supervisor review).</p> <p>Compliance Unit will issue initiating document (Notice of Violation or Compliance Advisory) to source within 105 days of the inspection (30 days from receipt from Field Enforcement Unit).</p> <p>Hold meeting (as schedules allow) with source in response to initiating document within 135 days of inspection (30 days after initiating document).</p>
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Element 11 — Penalty Calculation Method: Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.

Clean Air Act Program		
11-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Penalty calculations are not documented in the files. The State's policy is to remove penalty calculations from the file after settlement.
	Explanation	Of the 17 files that had associated penalties, none included penalty calculations for review. Per the State's policy, the State only makes penalty calculations available to EPA during settlement. Once settlement is signed and upon receipt of payment the penalty calculations are removed from the files excepting for economic benefit documentation which is removed after the end of year review. The State's concern is confidentiality issues.
	Metric(s) and Quantitative Value(s)	11a – % of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit: 0%
	State Response	<p>Colorado does not agree with this finding or the inclusion of a recommendation for Element 11. In reviewing all of our settlement documents, one can see that we include both a gravity penalty and, where applicable, address any economic benefit derived by the source. Colorado does not, and has not for many years, maintained copies of our penalty calculations in our master files due to confidentiality issues. Penalty calculations are routinely removed from our files once a settlement has been reached. For economic benefit, any settlement document for an HPV case includes a paragraph regarding economic benefit and whether an economic benefit penalty is collected or considered negligible. In addition, Colorado maintains the applicable BEN files and documentation in our enforcement files until after EPA's review in case EPA would like to review them. After EPA review, the BEN files are removed as well rather than put in the Master File. During the on-site file review, Colorado offered to provide all of the BEN documentation for the files reviewed and EPA declined.</p> <p>Colorado agrees that we need to determine with EPA how to ensure EPA is comfortable with our penalties. Colorado will work with EPA Region 8 to determine how to document that our penalty calculations address both gravity and economic benefit, while maintaining the necessary confidentiality of the documents.</p>
	Recommendation(s)	State and EPA should determine how to include documented penalty calculations in the files. The development of a penalty worksheet for inclusion in the file which demonstrates accurate and appropriate penalty policy implementation and includes just the necessary penalty calculation components is the ultimate goal. EPA will meet with the state by April 30, 2012 to discuss options for resolving this issue. By July 31, 2012 the EPA and the state will agree on an interim process to be used for the next SRF which will allow for real time penalty calculation reviews to be performed when selected enforcement actions are active and penalty calculations are available to EPA, Resolution will be implemented by September 30, 2012.

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

Clean Air Act Program		
12-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	<p>The State files only included one value (it is both initial and final) for penalties. The State is discontinuing the practice of retaining documentation of penalty collected in the file.</p> <p>The preliminary data analysis showed only 69.6% of HPVs had an associated penalty entered into AFS when 100% of HPVs actually had associated penalties.</p>
	Explanation	<p>The State explained they only had one value for penalty in each file because the initial and final values are the same in every instance. The State never reduces its initial penalty in the course of a settlement action. Only 4/8 of files contain documentation of penalty collected. State is working to remove documentation (copies of checks) from the files due to security concerns.</p> <p>The State assessed and collected penalties for 100% of their HPV cases during FY10. The discrepancy in AFS arose from the fact that in FY10 there were several large, multi-facility settlements that included HPV violations. At that time, the Division would calculate one large administrative penalty to address violations at all of the facilities and then report the penalty information all under one facility. The State has since addressed this issue with separate penalty calculations and separate penalty information reporting for individual facilities involved in multi-facility settlements.</p>
	Metric(s) and Quantitative Value(s)	<p>12b - % of actions at HPVs with penalty assessed: 69.6 %</p> <p>12c – % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty: 0%</p> <p>12d – % of files that document collection of penalty: 50%</p>
	State Response	<p>Colorado respectfully disagrees with this finding as well. It is considered a serious security issue to maintain copies of checks for penalty payments in our master files which are accessible to the public. Colorado no longer keeps copies of penalty checks in our master files. However, once received a copy of the check is routed to our database manager for input into our CACTIS database, which is an electronic record of the penalty payment. Colorado maintains that our “electronic files” in CACTIS is proper documentation that the penalty was in fact collected. Colorado recognizes that our electronic file is not readily available as the “penalty collected” data point is not displayed in AFS. Colorado will work with EPA to find a workable solution for both parties.</p>
	Recommendation(s)	

Clean Water Act Program

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.		
Clean Water Act Program		
1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The minimum data requirements are complete.
	Explanation	Colorado enters all inspection and formal enforcement information for all major and minor individually permitted facilities into ICIS. Colorado does not track informal enforcement in the national database.
	Metric(s) and Quantitative Value(s)	<p>1a – Active facility universe counts for all NPDES permit types. [This metric provides: the number of active NPDES major facilities with individual permits (1a1) Colorado - 113; the number of active NPDES major facilities with general permit (as a Region-only metric)(1a2) Colorado - 0; the number of active NPDES non-major facilities with individual permits (1a3) Colorado 521; and the number of active NPDES non-major facilities with general permits (1a4) Colorado - 1303]</p> <p>1b – Majors Permit Limits and DMR Entry – Colorado – 98.9 - 100%</p> <p>1c – Non-majors permit limits and DMR entry - Colorado – 90.6 – 84.1%</p> <p>1e – Informal action counts complete – Colorado – N/A</p> <p>1f – Formal action counts complete – Colorado – 5 formal actions taken against 5 major facilities and 50 formal actions taken against 40 non-major facilities.</p> <p>1g – Assessed penalties complete – Colorado – 26 penalty actions taken.</p>
	State Response	
	Recommendation(s)	

Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.		
Clean Water Act Program		
2-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	DMRs for one facility reviewed did not match the limit data in the permit.
	Explanation	One of four major facility files reviewed (Public Service Valmont Station) had DMR limits that did not match the permit. The units for one of the effluent limits on the DMR did not match the units in the permit and another effluent limit was coded as a 7 day average rather than a daily maximum. Upon discussing the finding with Colorado, ICIS was correctly coded when the permit was issued even though the permit contained errors. Based on this information, the data reported in the national system was accurately entered and maintained.
	Metric(s) and Quantitative Value(s)	<p>2a – 100 % of formal enforcement actions, taken against major facilities, with enforcement violation type (EVTP in PCS or equivalent in ICIS-NPDES) codes entered.</p> <p>2b – 100% of files reviewed where required data is accurately reflected in the national data system.</p> <p>Description of Metric – Percent of files reviewed where data is accurately reflected in the national data system.</p>
	State Response	Data entered into ICIS were accurate; the error was discovered to be a minor error in the permit. Colorado reviewed the entire Valmont Station permit for the issues EPA identified. In regards to ammonia (00610) on outfall 001A, page 3 has the units as ug/l, but page 5 under B.1. has the units as mg/l, the proper ammonia units. Upon original ICIS permit coding, the permit error was compensated for by properly coding the correct units (mg/l) for the permit ammonia effluent limit in ICIS. The permit contained an additional error and listed the 7 Day Average TSS limit as a Daily Max. TSS limits are specified in regulation and generally do not change (Regulation 62 - 30 Day Average = 30 and 7 Day Average = 45). The permit error was compensated for by properly coding the permit effluent limit of 45 mg/l TSS in ICIS as a Max 7 Day Average.
	Recommendation(s)	

Element 3 — Timeliness of Data Entry: Degree to which the Minimum Data Requirements are timely.		
Clean Water Act Program		
3-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The minimum data elements are timely.
	Explanation	Comparison of data sets between the frozen and production data showed no or minimal changes of 5 of the 20 required data quality metrics reviewed in 1A-G, 2A, 5A & B and 7A.
	Metric(s) and Quantitative Value(s)	3a - Comparison of data sets – Comparison of required data quality elements in 1a-g, 2a, 5a & b and 7a identified 5 of the 20 elements had not appreciably changed between the frozen and production data sets.
	State Response	
	Recommendation(s)	

Element 4 — Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements are met and any products or projects are completed.		
Clean Water Act Program		
4-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Colorado completed 14 of the required 15 enforcement/compliance commitments in the PPA. Colorado met or exceeded 5 of the 8 inspection commitments. Inspection commitments are discussed in detail in Element 5.
	Explanation	In FY10, Colorado met the PPA reporting commitments and as well as the inspection commitments for minors and CAFOs. Stormwater inspection commitments were not met; Colorado conducted 29 industrial stormwater, 109 construction stormwater outside of MS4s and 0 construction stormwater within MS4s, and it committed to 42, 129, and 4, respectively. Major facility inspection commitment was 52 and the state conducted 48 inspections.
	Metric(s) and Quantitative Value(s)	<p>4a - Planned inspections completed. Colorado completed 48 of its planned 52 inspections at majors (92%); 152 of its planned 119 minor inspections (>100%); 29 of its planned 42 industrial storm water inspections (69%); 39 of its planned 40 industrial stormwater reconnaissance inspections (98%); 109 of its 129 planned construction storm water inspections outside of MS4s (84%) and 0 of its 4 planned construction stormwater inspections within MS4s; 4 of its 3 MS4 audits; 100 of its 100 MS4 screening inspections; and 41 of its 40 planned CAFO inspections (>100%). Description of Metric – Percent of planned inspections completed</p> <p>4b - Planned commitments completed. Colorado completed the 15 commitments tracked for this measure. Description of Metric – Reviewers should delineate all compliance and enforcement related commitments in the state work plan, and the progress the state has made in meeting them.</p>
	State Response	The Division and EPA will continue to discuss PPA reporting commitments during the routine EPA/WQCD wastewater quarterly meetings.
	Recommendation(s)	

Element 5 — Inspection Coverage: Degree to which state completed the universe of planned inspections/compliance evaluations.		
Clean Water Act Program		
5-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Colorado did not meet its inspection commitments for major facility and stormwater inspections. The main area for state improvement is industrial stormwater inspections as well as construction stormwater inspections within MS4s.
	Explanation	<p>CO committed to inspecting 52 major facilities, or 46% of the universe. CO did not meet its major facility inspection commitment by 4 facilities. Nationally, the FY10 average coverage is 60% for majors and the Compliance Monitoring System (CMS) goal is 50% of the universe annually.</p> <p>CO committed to inspecting 119 minor facilities and exceeded its minor facility inspection commitment by 30 facilities, for a total coverage of 45% of the universe. The CMS goal is to inspect 20% of the universe annually.</p> <p>CO committed to inspecting 129 construction stormwater facilities outside of MS4s and 4 construction stormwater inspections inside MS4s. The CMS inspection goal for construction stormwater ranges from 5 to 10% depending on site size. Colorado inspected 109 facilities outside MS4s in FY10; less than 4% of their construction stormwater universe.</p> <p>CO committed to inspecting 42 industrial stormwater facilities; and 40 industrial stormwater reconnaissance inspections. The CMS inspection goal for industrial stormwater is 10% of the universe annually. Colorado inspected 68 facilities in FY10; less than 4% of their industrial stormwater universe.</p> <p>CO committed to inspecting 40 CAFOs, and exceeded its CAFO inspection commitment by one facility. The CMS inspection goal for CAFOs is 20% of the universe annually; Colorado inspected 56% of their universe in FY10.</p>
	Metric(s) and Quantitative Value(s)	<p>5a - Inspection coverage – NPDES majors – Colorado – 42.5%</p> <p>5b1-Inspections at NPDES non-majors with individual permits, excluding those permits which address solely stormwater, pretreatment, CAFOs, CSOs, or SSOs. – Colorado - 13%</p> <p>5b2 - Inspections at NPDES non-majors with general permits, excluding those permits which address solely stormwater, pretreatment, CAFOs, CSOs, or SSOs – Colorado – 6.6%</p> <p>5c - Other inspections performed (beyond facilities indicated in 5a and 5b.) Colorado – N/A (Colorado does not track this in the national database)</p>

	<p>State Response</p>	<p>Colorado disagrees with the finding of ‘Area for State Improvement’. In light of the comments below, the ‘Area for State Attention’ is more appropriate.</p> <p>In FY 10 Colorado completed 51 of 52 committed inspections at major facilities. Fifty of the fifty-one accurately appeared in the ICIS database at one point, but we the state does not control this database. The fifty-first major is a re-use facility not included in ICIS, but is a considered a major facility in Colorado, as identified in the Inspection Plan for that year.</p> <p>Starting in IY10 (FFY10), Colorado has been utilizing the OECA Inspection Targeting Model (ITM) to plan compliance inspections for major process water facilities. This approach includes sewage and industrial treatment facilities, but does not include facilities with stand-alone stormwater permits or MS4s.</p> <p>The ITM planning approach does not conform to a percent coverage commitment as outlined by the national compliance monitoring strategy, but to specified inspection frequency based upon multiple criteria (set by EPA). As such, since IY10 (FFY10), Colorado has not made percent-based commitments, thus reducing the number of major facility inspections.</p> <p>Starting in IY11 (FFY11), Colorado requested and EPA agreed to Colorado’s proposal to further reduce the number of major process water inspections to facilitate a redirection of Colorado’s inspection resources to enable the Division to focus upon areas where there has been little or no field-based compliance oversight and upon facilities with priority issues of specific concern to EPA and to the Division, such as SSOs. This is delineated in the IY11 Inspection Plan.</p> <p>The Division agrees that more should be done to meet its inspection commitments. In IY11, and in the draft inspection plan submitted to EPA for IY12, the Division reduced inspection commitments to more accurately reflect periodic staff vacancies and competing demands that result in additional non-inspection work, which in turn reduces the Division’s ability to conduct as many inspections. The Division and EPA have also had more extensive communication during the development of the PPA and draft inspection plan to result in an inspection plan that is a more accurate reflection of inspection work that will be conducted both by the Division and EPA during the IY. The Division and EPA have also worked to make the quarterly coordination meetings more consistent, and to include more routine discussion on the status of inspection implementation. The Division expects these efforts to produce the expected improvement in meeting inspection commitments.</p>
	<p>Recommendation(s)</p>	<p>Region 8 believes that the use of the ITM to reduce major facility inspections below the CMS goal is a good use of agency tools, state resources, and shows that the major facilities in Colorado have a good compliance history. In coming years Colorado has committed to increasing their stormwater inspections where receiving waters are impaired or have a TMDL in place. The increase in stormwater inspections will be possible due to decreased frequency of inspections at majors based on the results of the ITM.</p> <p>In addition to reduced inspections at majors, Colorado will ensure it meets its stormwater inspection commitments by reducing the number of stormwater inspections committed to in the PPA until staffing vacancies and shortfalls are met. Colorado will discuss any issues with inspection commitments with the Region during the routine EPA/WQCD wastewater quarterly meetings in FY12. EPA will monitor progress to meet inspection commitments and has agreed to work share with Colorado where inspection commitments cannot be met.</p>

Element 6 — Quality of Inspection or Compliance Evaluation Reports: Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.		
Clean Water Act Program		
6-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	3 of 21 inspection reports reviewed were considered complete; 13 of 21 inspection reports were completed in a timely manner.
	Explanation	<p>Many inspection reports were missing the same type of information. Some reports were missing facility contact phone number, type of inspection, or time in and out. Most reports were missing a facility description, process which generates wastewater, areas that were evaluated during the inspection, and supporting documentation such as photos. See the File Review Appendix G for specific items missing from the reports reviewed.</p> <p>Most reports provided sufficient documentation to support the compliance determination. Those that did not contain sufficient documentation (Coors, Snowcap Coal, West Elk Mine August inspection, and Sonoran Custom Homes) were missing a description of the areas of the site inspected and/or records reviewed. Region 8 has established a forty-five day time frame for completion of inspection reports. Eight of the inspection reports reviewed were completed more than 45 days after the inspection or receipt of sample results.</p> <p>Colorado needs to develop procedures and/or report templates which include all of the required inspection report completeness items to ensure that their inspectors create consistent and complete reports.</p> <p>Although not related to the quality of inspection reports, the facility files were not well organized did not contain all of the facility information, and none of the files reviewed contained the facility response to the inspection report.</p>
	Metric(s) and Quantitative Value(s)	<p>6a – 21 inspection reports reviewed. Description of Metric – Number of inspection reports reviewed.</p> <p>6b – 3 of 21 (14%) of inspection reports reviewed are complete. Description of Metric – Percent of inspection reports reviewed that are complete.</p> <p>6c – 16 of 21 (76%) of inspection reports reviewed provide sufficient documentation to determine compliance at the facility. Description of Metric – Percent of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.</p> <p>6d – 13 of 21 (61%) of inspection reports were completed within the prescribed time frame. Description of Metric – Percent of inspection reports reviewed that are timely.</p>

	State Response	<p>Colorado disagrees with this finding. Additionally, because the actual <i>CWA Inspection Report Evaluation Guide CWA NPDES Inspection Report Completeness Checklist</i> has not been included for every inspection report reviewed – it is difficult to understand EPA’s assessment of this information. Colorado is requesting that EPA provide a copy of each of the Report Completeness Checklists that were used in developing these findings to help us understand how EPA is reviewing and interpreting the information.</p> <p>Based upon the formal written and verbal feedback that EPA has provided to Colorado subsequent to EPA’s oversight inspections – these findings are not appropriate. These findings are actually contradictory to verbal communications that were provided to Colorado from EPA over the past 5 years.</p> <p>Additionally, (and has been the case for at least the last 10 years) EPA is copied on every process water inspection report and has never communicated that Colorado is not meeting SRF Program requirements or that any level of improvement is required for report quality.</p> <p>Colorado agrees that there is always room for improvement and we are striving to do so.</p> <p>Colorado disagrees with the finding that some reports were missing facility contact phone number, type of inspection, or time in and out. The CDPS Facility Inspection Report that is attached to every inspection letter includes the phone number and type of inspection.</p> <p>Colorado disagrees with the finding that most reports were missing a facility description, process which generates wastewater, areas that were evaluated during the inspection. The CDPS Facility Inspection Report that is attached to every inspection letter includes this information in the Determinations and Treatment Units Sections.</p> <p>Colorado plans to develop Standard Operating Procedures (SOPs) to ensure appropriate documentation of the inspection as well as violation escalation.</p>
	Recommendation(s)	<p>Colorado must record all of the required facility contact information, inspection type, and time in/time out. In addition, inspection reports need to contain facility process descriptions and areas inspected. Colorado should work to complete inspection reports in a timely manner. SOPs will be developed by September 30, 2012 (FY12), with implementation beginning October 1, 2012 (FY13). The SOPs will be in line with the EPA inspection report completeness items necessary to meet SRF program requirements. EPA will review FY13 inspection reports for consistency with EPA’s completeness criteria as part of the EOY review for FY13.</p>

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

Clean Water Act Program		
7-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Colorado accurately makes compliance determinations. The inspection reports reviewed did not contain information that the facilities had a single event violation that needed to be entered into the national database. However, the lack of single-event violation identification and data entry as well as the percentage of facilities with unresolved permit schedule violations are areas for state attention.
	Explanation	<p>CO regularly notes a compliance determination on its inspection reports. Twenty-one of 21 reports reviewed led to a compliance determination.</p> <p>CO is not entering SEVs into the national database. CO is currently developing a policy for identifying and entering single-event violations into the national database. The SEV policy will train inspectors how to identify a SEV as well as streamline how the SEV codes are entered into the national database. CO has committed to developing this policy in their FY11 Performance Partnership Agreement.</p> <p>There are 176 facilities with permit schedule milestones that occurred in FY10. Of those 176 facilities, 88 had schedule violations that were not resolved and 88 facilities had schedule milestones that were resolved. Nationally, the average number of facilities with unresolved permit schedule violations is 21.9%, whereas Colorado's average was 50%.</p>
	Metric(s) and Quantitative Value(s)	<p>7a1 - Number of single-event violations at active majors. Colorado – 0</p> <p>7a2 - Number of single-event violations at non-majors. Colorado – 0</p> <p>7b - Compliance schedule violations. Colorado – 12</p> <p>7c - Permit schedule violations Colorado – 88</p> <p>7d - Percent of major facilities with DMR violations reported to the national database Colorado – 45/113 or 39%</p> <p>7e – Inspection reports reviewed that led to a compliance determination. Description of Metric – Percent of inspection reports or facility files reviewed that led to accurate compliance determinations. Colorado – 100%</p>
	State Response	
	Recommendation(s)	

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

Clean Water Act Program

8-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Four major facility inspection reports were reviewed; there were no single-event violations identified that was SNC.
	Explanation	CO is developing a policy for identifying and entering single-event violations into the national database. All of the major facility inspection reports reviewed were facilities that were not in SNC, nor were there SEVs identified during the review that would have put the facility in SNC. Colorado is below the national average for major facilities that are in SNC during FY10.
	Metric(s) and Quantitative Value(s)	8a1 - Active major facilities in SNC during reporting year Colorado – 21 8a2 - Percent of active major facilities in SNC during the reporting year – Colorado – 18% 8b Verify that facilities with an SEV were accurately determined to be SNC or non-SNC. Colorado – N/A Description of Metric – Percentage of single event violation(s) (SEVs) that are accurately identified as SNC or Non-SNC. 8c – Verify that SEVs that are SNC are timely reported. Colorado – N/A Description of Metric – Percent of single event violation(s) identified as SNC that are reported timely.
	State Response	
	Recommendation(s)	

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

Clean Water Act Program

9-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	EPA reviewed 5 enforcement action files. 100% of the enforcement actions taken to address SNC returned the source to compliance; 100% of the actions taken to address non-SNC returned the source to compliance.
	Explanation	One of one enforcement actions taken to address SNC returned the source to compliance. Four of four actions taken to address non-SNC returned the sources to compliance.
	Metric(s) and Quantitative Value(s)	<p>9a – 5 Enforcement responses reviewed. Description of Metric – Number of formal/informal enforcement responses reviewed. This metric establishes the universe to be used in calculating the percentages in 9b and 9c.</p> <p>9b – Responses that have returned or will return a source in SNC to compliance. Colorado – 100% Description of Metric – Percent of enforcement responses that have returned or will return a source in SNC to compliance.</p> <p>9c – Responses that have returned or will return sources with non-SNC violations to compliance. Colorado – 100% Description of Metric – Percent of enforcement responses that have returned or will returned a source with non-SNC violations to compliance.</p>
	State Response	
	Recommendation(s)	

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

Clean Water Act Program

10-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Enforcement responses that address non-SNC violations did not meet the goals identified in Colorado’s Enforcement Management System. One out of four formal enforcement actions and four out of five informal enforcement actions were taken in a timely manner.
	Explanation	<p>The informal action against CSI Construction, formal actions against West Elk Mine, Lone Pine Field, and Western Sugar were taken outside of the timeframe identified in the EMS. The time control goals identified in CO’s EMS state that effluent exceedances must be responded to within 7 to 21 days from the last known notification or discharge monitoring report. Effluent limit violations at West Elk Mine that occurred from 2004 to 2008 were addressed through enforcement in 2010 and effluent violations at Western Sugar in 2008 were addressed through enforcement taken two years after the last known violations occurred. Effluent limit violations at Lone Pine Field from 2006 to 2010 were addressed through enforcement in 2010.</p> <p>Colorado’s EMS states that where a construction site has a low to moderate environmental impact a Compliance Advisory (CA) is appropriate within 30 days of the incident, but where there are documented impacts with high potential an NOV is appropriate within 180 days. CSI Construction had several documented impacts from July to October 2009; a CA was issued in November rather than an NOV. This action is less a timeliness issue and more of a concern about appropriateness of the informal versus formal response according to the EMS.</p> <p>The EMS has “goals” for enforcement response times, rather than concrete requirements. The EPA decided to change the finding to Area for State Attention based on the State’s response.</p>
	Metric(s) and Quantitative Value(s)	<p>10a – major facilities without timely action as appropriate Colorado – 7%</p> <p>10b – Enforcement responses reviewed that address SNC in a timely manner. Colorado – 100% Description of Metric – Percent of reviewed enforcement responses to address SNC that are taken in a timely manner.</p> <p>10c – Enforcement actions reviewed that address SNC that are appropriate to the violations. Colorado – 100% Description of Metric – Percent of enforcement responses reviewed that address SNC that are appropriate to the violations.</p> <p>10d – Enforcement responses reviewed that appropriately address non-SNC violations. Colorado – 88% Description of Metric – Percent of enforcement responses reviewed that appropriately address non-SNC violations.</p> <p>10e – Enforcement responses that address non-SNC violations in a timely manner. Colorado – 55% Description of Metric – Percent of enforcement responses for non-SNC violations where a response was taken in a timely manner.</p>

	<p>State Response</p>	<p>The Division's formal enforcement response to the West Elk Mine violations was delayed /complicated as a result of the July 30, 2008 voluntary disclosure and the facility owner's October 30, 2008 permit amendment request. As a result of these activities, the Division made the efficiency decision to bypass the normal initiating enforcement step, issuance of a unilateral Notice of Violation, and proceeded directly into settlement negotiation, which due to the complexity of the situation was not completed until December 1, 2009. The Division believes that its decision to delay a unilateral enforcement response resulted in significant efficiencies for both the Division and the Mountain Coal Company and further resulted in quicker facility improvements, stronger commitments and an overall better environmental outcome.</p> <p>The Division's formal enforcement response to the Western Sugar violations was delayed /complicated as a result of the unique facility configuration (consisting of both state only groundwater that was subsequently determined to be hydrologically connected to surface water and minimal use surface water discharge outfalls) and a complicated pending permit renewal that incorporated a new interpretation of the proper application of EPA effluent limit guidelines.</p> <p>The Division disagrees with EPA's interpretation of the Division's EMS and conclusion that the CSI Construction violations warranted a formal enforcement response. The Division does not think that the identified violations established documented significant environmental impacts, nor was there a high potential for environmental impacts from the site. The report documented the potential for erosion, but did not provide evidence of erosion or discharges of sediment. While the report documented that BMPs were inadequately implemented, BMPs were in place and were expected to function to some extent. The Division continues to believe that the issuance of a Compliance Advisory in this matter was the appropriate enforcement response, consistent with the EMS. In addition, CSI Construction promptly responded to and addressed the Division's concerns identified during the inspection and referenced in the Compliance Advisory.</p> <p>The Division intends to convene enforcement staff in a 4 hour workshop to review and discuss the Division's enforcement escalation policies and procedures in order to ensure that enforcement staff is properly trained and aware of Division/EPA expectations regarding formal enforcement escalation.</p> <p>Since EPA has not historically expected and the Division has not made any specific time control commitments for the enforcement response to "<u>non-snc</u>" violations, the Division believes categorizing this finding as an "Area for State Attention" seems more appropriate.</p>
	<p>Recommendation(s)</p>	

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

Clean Water Act Program

11-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	State files document that initial penalty calculations include both gravity and economic benefit.
	Explanation	Three of three penalty actions reviewed documented that gravity and economic benefit were considered.
	Metric(s) and Quantitative Value(s)	11a - Penalty calculations reviewed that consider and include where appropriate gravity and economic benefit. Colorado – 100%. Description of Metric –Percentage of penalty calculations that consider and include where appropriate gravity and economic benefit.
	State Response	
	Recommendation(s)	

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

Clean Water Act Program		
12-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Final penalty amounts are documented in the file. One penalty assessed in 2010 was sent to collections.
	Explanation	Three of three penalty files reviewed did not have a difference between initial calculations and final penalty collected. One home builder construction stormwater penalty assessed in 2010 was sent to Central Collection Services due to company neglecting to respond to Colorado's enforcement actions.
	Metric(s) and Quantitative Value(s)	12a – Document the rationale for differences between the initial proposed penalty amount and final assessed penalty that was collected. Colorado – 100% Description of Metric – Percent of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.
	State Response	
	Recommendation(s)	

Resource Conservation and Recovery Act Program

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.		
Resource Conservation and Recovery Act Program		
1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The CDPHE appears to be reporting all of the requisite Minimum Data Requirements.
	Explanation	The counts for site universes (active TSDFs, LQGs, SQGs and other active sites), inspections, violations, informal enforcement actions, SNCs, formal enforcement actions and assessed penalties are complete.
	Metric(s) and Quantitative Value(s)	1A1-Number of operating TSDFs in RCRAInfo: 9 1A2- Number of active LQGs in RCRAInfo: 113 1A3- Number of active SQGs in RCRAInfo: 594 1A4-All other active sites in RCRAInfo: 3,446 1A5: Number of LQGs per latest Biennial Report (BR) that falls w/in SRF review period: 107 1B1-Number of inspections performed by state during reporting period: 572 1B2: Number of sites inspected during reporting period: 39 1C1- Number of sites with open violations during review year, regardless of date determined: 110 1C2: Number of sites with violations determined during review year: 85 1D1-Number of sites with informal enforcement actions: 88 1D2: Number of informal enforcement actions issued: 88 1E1-Number of new SNCs detected in last FY: 8 1E2: Number of sites in SNC status in last FY: 19 1F1-Number of sites with formal actions: 9 1F2: Number of formal actions taken: 9

		1G-Total amount of final (assessed) penalties: \$157,539
	State Response	
	Recommendation(s)	

Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.		
Resource Conservation and Recovery Act Program		
2-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The CDPHE appears to be reporting all of the requisite Minimum Data Requirements accurately.
	Explanation	Of the 20 files reviewed, no areas of improvement were identified. EPA concurs with the CDPHE that the Corrective Action component of a formal enforcement action should be excluded as it typically exceeds the 240 days threshold.
	Metric(s) and Quantitative Value(s)	<p>2A1-Measures "closeness" between SNC determination and formal enforcement action. Shows the number of sites that were "SNC determined" on same day as formal action: 0</p> <p>2A2 - Measures "closeness" between SNC determination in last FY and formal enforcement action. Shows the number of sites with SNC determination within one week of formal action: 0</p> <p>2B - Number of sites in violation for greater than 240 days. This measure is designed to ensure that violations are given an end date or sites are re-designated SNC when appropriate: 2</p> <p>2C – Percentage of files reviewed where mandatory data are accurately reflected in the national data system: 100%</p>
	State Response	
	Recommendation(s)	

Element 3 — Timeliness of Data Entry: Degree to which the Minimum Data Requirements are timely.		
Resource Conservation and Recovery Act Program		
3-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The CDPHE appears to be reporting the vast majority of the Minimum Data Requirements in a timely manner. Although significant improvement has been made, SNC identification and timely data entry continues to be an area for state attention.
	Explanation	During SRF Round 1, a deficiency was identified for this element as it relates to the identification of SNCs and timely entering of SNCs data into the RCRAInfo database. In FY06, the CDPHE was 100.0% untimely entering SNCs into RCRAInfo (8 of 8). In FY10, the CDPHE was only 18.1% untimely entering SNCs into RCRAInfo (2 of 11). While significant improvement has been made between FY06 and FY10, continued state attention to address this deficiency is warranted.
	Metric(s) and Quantitative Value(s)	<p>3A - Percent of SNCs that are entered to RCRAInfo more than 60 days after the determination. Measures the "lag" between the date of SNC determination and the actual reporting of the SNC determination to RCRAInfo: The Colorado metric is 18.1%, the count =2, the universe = 11 and 9 were not counted.</p> <p>3B - Percent change in each of the Element 1 data metrics between the frozen data set and the current data metrics results: There are statistically no appreciable differences between the FY10 OTIS 'frozen' and 'official' data sets.</p>
	State Response	
	Recommendation(s)	

Element 4 — Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements are met and any products or projects are completed.		
Resource Conservation and Recovery Act Program		
4-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	All compliance monitoring/enforcement commitments required in the FFY10 CDPHE/USEPA performance partnership agreement have been met.
	Explanation	This agreement requires inspection of all federal/state/local Treatment, Storage and Disposal Facilities (TSDFs) annually, all active Land Disposal Facilities (LDFs) annually/all inactive LDFs biennially, Groundwater Monitoring Evaluations (GMEs) or Operation and Maintenance (OAMs) at all active LDFs triennially, all Treatment and Storage Facilities (TSFs) biennially and a minimum of 20% of the Large Quantity Generator (LQG) universe every rolling 5 years. There are no categorical grants, CMS plans or authorization agreements.
	Metric(s) and Quantitative Value(s)	<p>4A- Regions can track yearly commitments or multi-year plans. Reserved for inspection plan targets negotiated between the region and state. There are no goals for Small Quantity Generators (SQGs), but they may be substituted for LQGs per the OECA national program guidance (Guidance for FY08 RCRA Core LQG Pilot Projects). Tradeoffs using this flexibility should be explained by the state (and plans should have been submitted to the region): 100%</p> <p>4B- Delineate the non-inspection commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, authorization MOAs, or other relevant agreements. State whether these commitments were met:100%</p>
	State Response	
	Recommendation(s)	

Element 5 — Inspection Coverage: Degree to which state completed the universe of planned inspections/compliance evaluations.		
Resource Conservation and Recovery Act Program		
5-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	CDPHE exceeded all the National Goals and National Averages for TSDFs and LQGs, with the exception of being only 1.2% short of the National Goal of 100% inspection coverage for LQGs (5FYs).
	Explanation	Inspection of operating TSDFs (5A) met National Goal and exceeded National Average by 12.6%. Inspection of LQGs (5B) exceeded National Goal by 22.1% and exceeded National Average by 18.0%. Inspection of LQGs (5C) fell short of National Goal by 1.2% (not 4.7% - 3 facilities not in LQG universe) yet exceeded National Average by 37.1%. Inspection of SQGs, Conditionally Exempt Small Quantity Generators (CESQGs), Transporters (TRANs), Non-Notifiers and Others (5D and 5E1-5E4) appears to be sufficient.
	Metric(s) and Quantitative Value(s)	<p>5A - Per RCRA, region/state should inspect all operating TSDFs within two years; however, if facilities included on the list were not operating for the full two years, inspection is not expected: 100%</p> <p>5B:- National measure guidance calls for 20% annual coverage. If the region/state falls into an exception based on regional commitments, the region should utilize metric 4a to indicate actual commitments or agreements. 42.1%</p> <p>5C- National guidance calls for 100% inspection coverage of LQGs over 5 years: 95.3%</p> <p>5D- While no national goal exists for inspections at SQGs, inspection coverage of all RCRA-regulated facilities is a requirement of the regulations regarding authorization of state hazardous waste programs (40CFR271.15 - B2). This metric helps provide a complete picture of state evaluation activity, and is necessary when SQG inspections are substituted for LQG inspections. Informational-only metrics are not used in themselves to assess state performance: 41.8%</p> <p>5E1- Number of inspections at CESQGs: 744</p> <p>5E2- Number of inspections at transporters: 86</p> <p>5E3- Number of inspections at non-notifiers: 77</p> <p>5E4- Number of inspections at sites other than those listed in 5a-d and 5e1-5e3: 295</p>
	State Response	
	Recommendation(s)	

Element 6 — Quality of Inspection or Compliance Evaluation Reports: Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.		
Resource Conservation and Recovery Act Program		
6-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	All inspection reports properly documented inspector observations, provided accurate descriptions of those observations and identified appropriate regulatory requirements evaluated during each inspection.
	Explanation	File reviews were conducted on August 4, 9 and 11, 2011, and from September 28-29, 2011. Twenty-three (23) inspection reports for Twenty (20) facilities were reviewed. All inspection reports reviewed were complete, comprehensive and provided sufficient documentation to determine facility compliance, to include attachments and photographs as necessary. All inspection reports except for one (1), a sampling inspection awaiting analytical results (49 days legitimate mitigating circumstance) were completed within the requisite Forty- five (45) days from the inspection date. The average number of days for each inspection report completion was twenty-five (25) days.
	Metric(s) and Quantitative Value(s)	6A- Number of inspection reports reviewed: 23 6B- % of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility: 100% 6C- % of timely inspection reports reviewed: 100%
	State Response	
	Recommendation(s)	

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

Resource Conservation and Recovery Act Program

7-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Compliance determinations appear to be accurately made and promptly reported into RCRAInfo.
	Explanation	100% (23/23) of inspection reports reviewed led to accurate compliance determinations. 100% (13/13) of violation determinations in the files reviewed were reported timely to RCRAInfo (within 150 days). The violation identification rate for inspections conducted by CDPHE in FY10 was 21.4%. Absent 151 EFRs (Enforcement Follow-up Reviews), which are typically non-field/in-office events, the violation identification rate for inspections by CDPHE would be 34.6%.
	Metric(s) and Quantitative Value(s)	7A- % of inspection reports reviewed that led to accurate compliance determinations. 100% 7B- % of violation determinations in the files reviewed that are reported timely to the national database (within 150 days). 100% 7C- Number of non-SNC sites with violations found during the review year over number of sites inspected in review year.: 21.4% (34.6% w/o EFRs)
	State Response	
	Recommendation(s)	

Element 8 — Identification of SNC and HPV: Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.		
Resource Conservation and Recovery Act Program		
8-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention (8D only) <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	CDPHE exceeded all of the National Goals (1/2 National Average) for SNC identification rate at sites inspected, for percent of SNC determinations made within 150 days and percent of formal enforcement actions taken which received a prior SNC listing.
	Explanation	SNC identification rate at sites inspected (8A) was 2.0%. The percent of SNC determinations made within 150 days (8B) was 100.0% - the National Goal being 100%; CDPHE met the National Goal and exceeded the National Average by 16.8%. The percent of formal enforcement actions taken which received a prior SNC listing (8C) was 55.6% - 1/2 of the National Average being 31.2% - CDPHE exceeded the National Goal by 24.4%. Of the thirteen (13) files reviewed which had enforcement actions issued (8D), twelve (12) were accurately determined to be either a SNC or SV. One (1) of the SVs should have been SNCed, based upon being a chronic/recalcitrant violator and/or substantially deviating from regulatory requirements (Clean Parts). While SNC identification has dramatically improved between FY06 (13%) and FY10 (92%), the CDPHE still needs to ensure that they are embracing the chronic/recalcitrant violator and/or substantially deviating from regulatory requirements SNC criterion.
	Metric(s) and Quantitative Value(s)	8A-This measure helps assess whether the region/state are actively identifying SNC problems from evaluations. Numerator=new SNC sites in last FY, Denominator=evaluated sites in last FY: 2.0% 8B- % of SNC determinations (SNY date) completed within 150 days of "Day Zero" (first day of inspection) in last FY: 100.0% 8C- Metric computes the % of formal actions taken during the FY that received a prior SNC listing, and benchmarks it to national average: 55.6% 8D- % of violations in files reviewed that were accurately determined to be SNC. 92.3%
	State Response	
	Recommendation(s)	

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

Resource Conservation and Recovery Act Program

9-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	All CDPHE enforcement actions reviewed (13) resulted in facilities returning to compliance within the stipulated time frames, except three (3) ... see mitigating circumstances.
	Explanation	Enforcement file reviews were conducted on August 9 and 11, 2011, and from September 28-29, 2011. Thirteen (13) enforcement actions, four (4) formal and nine (9) informal, were reviewed. Of the formal enforcement actions reviewed, all returned to compliance except one (1), which was referred to collections (Clean Parts). Of the informal enforcement actions reviewed, all returned to compliance except two (2), both of which went out of business (Kings 1-Hour Cleaners and One Stop Autobody)
	Metric(s) and Quantitative Value(s)	9A- Number of enforcement responses reviewed: 13 9B- % of enforcement responses that have returned or will return a source in SNC to compliance: 100% (1 of 1) 9C- % of enforcement responses that have or will return Secondary Violators (SV's) to compliance: 100% (9 of 9)
	State Response	
	Recommendation(s)	

Element 10 — Timely and Appropriate Action: Degree to which state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.		
Resource Conservation and Recovery Act Program		
10-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	All enforcement actions reviewed were timely and appropriate.
	Explanation	The universe for SNCs with formal enforcement action taken within 360 days (10A) should reflect seven (7) instead of eight (8), as Plating Specialties is a Corrective Action (CA) only order. As such, Colorado's metric would be 100% not 87.5%, and they exceeded the National Goal and National Average by 20.0% and 53.5% respectively. In accordance with the 2003 RCRA Enforcement Response Policy and 2008 CDPHE Hazardous Waste Enforcement Response Policy, the CDPHE appears to have taken timely enforcement actions for all of the informal/formal enforcement actions reviewed (10C). Of the enforcement actions reviewed, all were appropriate for the violations (10D).
	Metric(s) and Quantitative Value(s)	10A- % of enforcement action/referral to DOJ/AG that have been taken within 360 days of Day Zero. Measured as number of SNC sites NOT exceeding 360 days from day zero over number of total SNCs in state. Note that ERP policy allows 20% of SNCs to exceed 360 timeliness milestone:100% (7 of 7) 10B- No formal actions taken by state in fiscal year. 9 formal enforcement actions 10C- % of enforcement responses reviewed that are taken in a timely manner:100% (13 of 13) 10D- % of enforcement Responses reviewed that are appropriate to the violations.100% (13 of 13)
	State Response	
	Recommendation(s)	

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

Resource Conservation and Recovery Act Program

11-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	There was proper documentation that initial penalty calculations included both gravity and economic benefit components for those formal enforcement cases reviewed.
	Explanation	During the enforcement file review conducted on September 28-29, 2010, initial penalty calculations for four (4) formal enforcement actions were reviewed. The CDPHE is appropriately utilizing their 2008 CDPHE Hazardous Waste Penalty Policy, their 2004 CDPHE Expedited Settlement Agreement Policy (USEPAR8 approved in January 2005) and related national enforcement policies to appropriately formulate initial penalty calculations, to include gravity and economic benefit calculations. Final penalties reflect amounts within the expected range and serve as a deterrent to other facilities in the Colorado regulated community.
	Metric(s) and Quantitative Value(s)	11A- % of penalty calculations reviewed that consider and include where appropriate gravity and economic benefit: 100% (4 of 4)
	State Response	
	Recommendation(s)	

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

Resource Conservation and Recovery Act Program

12-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Adequate documentation was in the formal enforcement action files reviewed to distinguish between initial and final penalties assessed. Adequate documentation was also present which showed final penalties collected.
	Explanation	<p>CDPHE issued all of their formal enforcement actions with penalties and exceeded the National Goal and National Average for formal enforcement actions with penalties by 59.7% and 19.4% respectively. All formal enforcement actions (9 of 9) were issued with penalties (12A), however, final penalties were collected on all (8 of 8) but one (12B). Clean Parts, issued a unilateral order, and was referred to collections for failure to pay the \$43,501 imposed penalty, by the stipulated timeframe. Excluding Clean Parts, all of the other formal enforcement actions reviewed had documentation which provided the rationale between the initial and final penalties (12A) and adherence to their 2008 CDPHE Hazardous Waste Penalty Policy and 2004 CDPHE Expedited Settlement Agreement Policy respectively. Additional documentation indicated final penalties had been collected via SEPs and cash components (12B).</p>
	Metric(s) and Quantitative Value(s)	<p>12A - No penalties taken by state in fiscal year: 100% (9 of 9) / \$157,539 and 100% (3 of 3)</p> <p>12B - % of final formal enforcement actions that carry any penalty in last FY: 100% (8 of 8) and 100% (3 of 3)</p>
	State Response	
	Recommendation(s)	

V. ELEMENT 13 SUBMISSION

There are no Element 13 submissions from Colorado.

APPENDIX A: STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of Colorado's compliance and enforcement programs conducted in November 2004, Region 8 and Colorado 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	Media	E#	Element	Finding	Explanation	State Comments	Completion Verification
Completed	9/29/2005 10:00:00 PM	RCRA	E1	Insp Universe	LQG inspection rate, while greater than the national average, is below the standard of 100% every 5 years.	Improve LQG inspection rate.	LQG inspection rate, while greater than the national average, is below the standard of 100% every 5 years.	Subsequent review.
Completed	9/29/2004 10:00:00 PM	RCRA	E3	Violations ID'ed Timely	Minor deficiency re: inspection report timeliness.	Improve inspection report timeliness.	Minor deficiency re: inspection report timeliness.	Subsequent review.
Completed	9/29/2005 10:00:00 PM	RCRA	E4	SNC Accuracy	Low SNC identification rate.	Improve SNC identification rate.	Low SNC identification rate.	Subsequent review.
Completed	9/29/2005 10:00:00 PM	CAA	E2	Violations ID'ed Appropriately	Some inspection reports were not complete.	Improve inspection report completeness (i.e. include previous enforcement actions, any compliance assistance given, basic elements).	Some inspection reports were not complete.	Subsequent review.
Completed	9/29/2004 10:00:00 PM	CAA	E3	Violations ID'ed Timely	Some inspection reports not timely.	Improve inspection report timeliness.	Some inspection reports not timely.	Subsequent review.
Completed	9/29/2004 10:00:00 PM	CAA	E6	Timely & Appropriate Actions	Timeline for reaching resolution with HPVs is too long.	Improve timeliness of enforcement actions.	Timeline for reaching resolution with HPVs is too long.	Subsequent review.
Completed	9/29/2004 10:00:00 PM	CAA	E7	Penalty Calculations	Economic benefit calculation not documented for all penalties.	Improve documentation of economic benefit in penalty calculations.	Economic benefit calculation not documented for all penalties.	Subsequent review.
Completed	9/29/2004 10:00:00 PM	CAA	E11	Data Accurate	Some items from inspection files were not in data base.	Improve data accuracy.	Some items from inspection files were not in data base.	Subsequent review.
Completed	9/30/2005 10:00:00 PM	CWA	E1	Insp Universe	The State did not complete all of its wet weather inspection commitments.	Increase wet weather inspections/commitments.	The State did not complete all of its wet weather inspection commitments.	PPA review and subsequent program review.

Status	Due Date	Media	E#	Element	Finding	Explanation	State Comments	Completion Verification
Long Term Resolution	4/30/2010	CWA	E1	Insp Universe	Inspection reports are not always timely.	Improve inspection report timeliness. Updates: 1/25/08 - Due date changed from 9/30/04 to 9/30/08 to align with similar recommendation from 06 SRF review. 2/2/2010 - Due date changed from 4/30/2009 to 4/30/2010 per email from Aaron Urdiales. Will review status for FY09 EOY report.	Inspection reports are not always timely.	
Completed	9/29/2004 10:00:00 PM	CWA	E6	Timely & Appropriate Actions	Enforcement actions to address SNCs were not timely.	Improve enforcement action timeliness.	Enforcement actions to address SNCs were not timely.	Subsequent review
Completed	9/29/2004 10:00:00 PM	CWA	E7	Penalty Calculations	Economic benefit not calculated in all cases.	Include economic benefit in all cases.	Economic benefit not calculated in all cases.	
Completed	9/28/2006 10:00:00 PM	CWA	E10	Data Timely	Not all enforcement actions were entered into PCS.	Enter enforcement actions into PCS in a timely manner.	Not all enforcement actions were entered into PCS.	Subsequent review.
Working	4/30/2010	CWA	E13	Other	Not all WEDNB data elements are entered into PCS.	Improve entry of WEDNB data elements into PCS. Update: Changed due date from 4/30/2009 to 4/30/2010 per 2/2/2010 email from Aaron Urdiales. Will re-evaluate for FY09 EOY report.	Not all WEDNB data elements are entered into PCS.	
Completed	12/31/2007 10:00:00 PM	CWA	E2	Violations ID'ed Appropriately	Stormwater inspection documentation (for inspections done by others) needs improvement.	CDPHE will document (in the FY08 Inspection Plan) its procedures for reviewing all inspection reports submitted by local agencies or other CDPHE programs, whose storm water inspections count towards the State's storm water inspection commitments. The review procedures will include accurate inspection documentation as well as notification to the facility on inspection findings.	Stormwater inspection documentation (for inspections done by others) needs improvement.	
Working	4/30/2010	CWA	E3	Violations ID'ed Timely	Some inspection reports not timely.	CDPHE has implemented additional means to track completion of inspection reports. For FY08, CDPHE will work to ensure that inspection reports are completed within 30 days after the inspection. EPA will spot check progress made in FY08.	Some inspection reports not timely.	

Status	Due Date	Media	E#	Element	Finding	Explanation	State Comments	Completion Verification
Completed	9/30/2008	CWA	E7	Penalty Calculations	Penalties reduced for repeat violators.	Colorado should not reduce the penalty for repeat violators. Due to the fact that the State Review Framework review period may be up to three years prior to formal review of enforcement actions, EPA is asking all states to share information on all actions on a real-time basis. EPA and the State will continue to hold quarterly conference calls or meetings, coinciding with the RNC runs, to discuss penalty calculations and monitor progress.	Penalties reduced for repeat violators.	EPA evaluated the FY08 penalty action against a repeat violator (CDOT #SC-081023-1) and determined that the penalty was appropriate (per 1/15/09 e-mail from Darcy O'Connor).
Completed	9/30/2008	CWA	E9	Grant Commitments	Not all PPA products were timely.	Colorado should track submission of all products or reports committed to in the PPA on time. EPA and CDPHE will continue to hold quarterly conference calls or meetings, coinciding with the RNC runs, to discuss PPA progress.	Not all PPA products were timely.	Per 1/14/09 e-mail from Darcy O'Connor, PPA deliverables have been discussed at quarterly meetings and provided within an appropriate timeline by CDPHE.
Working	4/30/2010	CWA	E10	Data Timely	Data entry not timely.	CDPHE should work to improve the timeliness of data entry. EPA will monitor progress towards improving the timeliness of data entry and will hold quarterly conference calls with CDPHE to discuss progress. Update: Quarterly Conference Calls. Changed due date from 4/30/2009 to 4/30/2010 per 2/2/2010 email from Aaron Urdiales. Will re-evaluate for FY09 EOY report.	Data entry not timely.	
Completed	9/30/2008	CWA	E11	Data Accurate	Not many enforcement actions are linked to violations in PCS.	CDPHE and EPA will monitor progress towards improving the number of enforcement actions linked to violations and will hold quarterly conference calls to discuss progress.	Not many enforcement actions are linked to violations in PCS.	Per 1/15/09 e-mail from Kyle Olson, significant improvement has been observed in number of actions linked to violations.

Status	Due Date	Media	E#	Element	Finding	Explanation	State Comments	Completion Verification
Completed	9/30/2008	CWA	E12	Data Complete	Status in PCS of six major facilities is incorrectly coded.	The State will initiate action to change the status in PCS of six major facilities which are currently coded as minors. In order to change a minor facility to a major facility in PCS, the State needs to complete an NPDES Permit Ranking Work Sheet (MRAT) and submit it to EPA Region 8. The Regional office will submit the MRAT sheet to EPA Headquarters and request the change. Only EPA Headquarters can make the change in PCS. CDPHE should enter inspection information into PCS for individual minor permits.	Status in PCS of six major facilities is incorrectly coded.	Per 1/15/09 e-mail from Kyle Olson, has confirmed that status has been updated for six facilities.
Completed	4/30/2009	CAA	E3	Violations ID'ed Timely	13 of 20 CMRs reviewed were completed in a timely manner.	Hire and train additional staff in order to improve CMR timeliness.	13 of 20 CMRs reviewed were completed in a timely manner.	Per conversation with Cindy Beeler. Last end of year report indicated 8 of 8 CMRs were completed in a timely manner.
Working	4/30/2010	CAA	E6	Timely & Appropriate Actions	16 of 30 enforcement actions reviewed were timely.	Hire and train additional staff to improve enforcement action timeliness.	16 of 30 enforcement actions reviewed were timely.	
Working	4/30/2010	CAA	E10	Data Timely	HPV status data entry was sometimes not timely.	Improve timeliness of HPV status data entry.	HPV status data entry was sometimes not timely.	
Completed	9/30/2008 10:00:00 PM	CAA	E11	Data Accurate	Pass/Fail results missing in AFS for 55.5% of reported stack tests.	Reduce missing stack test pass/fail results.	Pass/Fail results missing in AFS for 55.5% of reported stack tests.	State notified EPA that backlog had been cleared and new staff hired. Confirmed improvement by reviewing data metric result to date for FY07. Colorado result is 2.2%; significantly lower than national average of 18.9%.

Status	Due Date	Media	E#	Element	Finding	Explanation	State Comments	Completion Verification
Working	4/30/2009	CAA	E12	Data Complete	Some discrepancies between AFS and the Data Metric Report have been identified with the SM-80 universe.	Improve accuracy of AFS with regard to the SM-80 universe.	Some discrepancies between AFS and the Data Metric Report have been identified with the SM-80 universe.	
Completed	11/14/2007 10:00:00 PM	RCRA	E1	Insp Universe	Rolling triennial shortfall inspecting entire LDF GME/OAM universe.	CDPHE will annually update their TSD Inspections Requirements and Information matrix and amplifying information and their TSD/LDF Inspection Schedule to ensure LDF GME/OAM inspection coverage within the requisite rolling triennial period.	Rolling triennial shortfall inspecting entire LDF GME/OAM universe.	
Completed	11/14/2007 10:00:00 PM	RCRA	E1	Insp Universe	"Pure" Transporters having never been inspected shortfall.	CDPHE will develop a method/protocol to ensure "pure" Transporters which have never been inspected are annually inspected and/or their regulatory status is reviewed. CDPHE will annually review the RCRAInfo RCRA Facilities Never Inspected report to ensure no newly identified "pure" Transporters are inadvertently missed or overlooked.	"Pure" Transporters having never been inspected shortfall.	
Completed	11/14/2007 10:00:00 PM	RCRA	E1	Insp Universe	LQG universe not inspected within every rolling five (5) years.	CDPHE will annually ensure the accuracy of their active LQG universe in RCRAInfo, using internal sources such as the BRS and Generator and Commission Fees database to ensure achievement of inspecting 100% of their active LQGs over every rolling five (5) years at the prescribed 20% minimum annual rate.	LQG universe not inspected within every rolling five (5) years.	
Completed	1/30/2008 10:00:00 PM	RCRA	E4	SNC Accuracy	SNC accurate identification and timely reporting shortfall.	CDPHE/USEPA will jointly work on developing a standard operational procedure/protocol to ensure CDPHE SNC accurate identification and timely reporting. SNC accurate identification determinations will emphasize addressing "chronic or recalcitrant violators" and those facilities which "deviate substantially ... from RCRA" (equivalent state hazardous waste program) "statutory or regulatory requirements".	SNC accurate identification and timely reporting shortfall.	Per 2/29/08 e-mail from Randy Lamdin, CDPHE has initiated a SNC routing form which will help ensure timely and accurate SNC reporting.

Status	Due Date	Media	E#	Element	Finding	Explanation	State Comments	Completion Verification
Completed	4/30/2009	RCRA	E9	Grant Commitments	Informal enforcement actions rate that facilities return to compliance shortfall.	CDPHE needs more informal enforcement action "attention to detail" to ensure that CDPHE RCRAInfo data entry employees are afforded the necessary returned to compliance documentation/information to facilitate timely and appropriate data entry.	Informal enforcement actions rate that facilities return to compliance shortfall.	Per 11/2/09 email message from Randy Lamdin with confirmation from CDPHE. There are 2 old corrective action orders that have not and should not be closed out.
Completed	1/30/2008 10:00:00 PM	RCRA	E10	Data Timely	CDPHE needs to improve upon timely SNC identification and timeliness in SNC data entry.	SNC identification and SNC data entry should be accomplished within the month following each federal fiscal quarter.	CDPHE needs to improve upon timely SNC identification and timeliness in SNC data entry.	Per 2/29/08 e-mail from Randy Lamdin, CDPHE has initiated a SNC routing form which will help ensure timely and accurate SNC reporting.
Completed	9/30/2009	RCRA	E11	Data Accurate	CDPHE needs to improve upon informal and formal enforcement action return to compliance dates accuracy.	CDPHE needs to ensure that informal and formal enforcement action return to compliance dates for each count are entered into RCRAInfo.	CDPHE needs to improve upon informal and formal enforcement action return to compliance dates accuracy.	Per 11/2/09 email message from Randy Lamdin. CDPHE implemented a new SNC form and did SNC cleanup.

APPENDIX B: OFFICIAL DATA PULL

**CAA Data for Colorado
OTIS State Review Framework Results
Review Period Ending FY2010**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			230	NA	NA	NA
A01A1C	Title V Universe: AFS Operating Majors (Current)	Data Quality	Combined			286	NA	NA	NA
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			225	NA	NA	NA
A01A2C	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	Combined			280	NA	NA	NA
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			972	NA	NA	NA
A01B1C	Source Count: Synthetic Minors (Current)	Data Quality	Combined			973	NA	NA	NA
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			15	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
A01B2C	Source Count: NESHAP Minors (Current)	Data Quality	Combined			15	NA	NA	NA
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			2,741	NA	NA	NA
A01B3C	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	Combined			2,741	NA	NA	NA
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			490	NA	NA	NA
A01C1C	CAA Subprogram Designations: NSPS (Current)	Data Quality	Combined			502	NA	NA	NA
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			29	NA	NA	NA
A01C2C	CAA Subprogram Designations: NESHAP (Current)	Data Quality	Combined			29	NA	NA	NA
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			184	NA	NA	NA
A01C3C	CAA Subprogram Designations: MACT (Current)	Data Quality	Combined			202	NA	NA	NA
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	87.7%	52.1%	414	794	380
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	48.5%	16.0%	4	25	21
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	94.4%	71.9%	387	538	151

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
A01C6C	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	Combined	100%	92.5%	71.3%	397	557	160
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			306	NA	NA	NA
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			329	NA	NA	NA
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			19	NA	NA	NA
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			157	NA	NA	NA
A01E0C	Historical Non-Compliance Counts (1 FY)	Data Quality	Combined			176	NA	NA	NA
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			0	NA	NA	NA
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			0	NA	NA	NA
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			16	NA	NA	NA
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			16	NA	NA	NA
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	59.7%	81.2%	13	16	3
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	91.3%	100.0%	16	16	0
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	91.2%	87.5%	14	16	2
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			154	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			148	NA	NA	NA
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$2,069,405	NA	NA	NA
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		0	NA	NA	NA
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	45.5%	55.1%	27	49	22
A02A0C	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	Combined	<= 50%	44.9%	48.2%	27	56	29
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	0	390	390
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			23	NA	NA	NA
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	34.7%	6.2%	1	16	15
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	59.0%	51.9%	312	601	289
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	70.3%	76.0%	117	154	37
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	89.2%	98.2%	213	217	4

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
A05A1C	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	Combined	100%	89.4%	95.1%	255	268	13
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	84.4%	91.3%	211	231	20
A05A2C	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	Combined	100%	84.6%	88.5%	254	287	33
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	92.0%	77.4%	106	137	31
A05B1C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	Combined	20% - 100%	92.4%	77.4%	106	137	31
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	92.4%	75.2%	112	149	37
A05B2C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	Combined		92.7%	75.2%	112	149	37
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.2%	73.2%	745	1,018	273
A05C0C	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	Combined		79.5%	73.2%	747	1,020	273
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		28.8%	17.0%	2,650	15,630	12,980
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			11	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
A05E0C	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	Combined			17	NA	NA	NA
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			7	NA	NA	NA
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.3%	98.7%	147	149	2
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%	19.4%	72	372	300
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	44.0%	7.7%	1	13	12
A07C2E	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0 / 0	0 / 0	0	0	0
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	6.4%	6.5%	15	230	215
A08A0E	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	EPA		0.5%	0.0%	0	230	230
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.4%	0.0%	0	972	972
A08B0E	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0.0%	0.0%	0	972	972
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	67.8%	61.1%	22	36	14

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	49.8%	0 / 0	0	0	0
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	40.5%	43.5%	10	23	13
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		36.4%	80.4%	41	51	10
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			154	NA	NA	NA
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	89.0%	69.6%	16	23	7

CWA Data for Colorado
OTIS State Review Framework Results
Review Period Ending FY2010

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			113	NA	NA	NA
P01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	NA	NA	NA
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			521	NA	NA	NA
P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			1,303	NA	NA	NA
P01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	0 / 0	95.60%	108	113	5
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	92.60%	98.90%	1,220	1,234	14
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=; 95%	96.00%	100.00%	114	114	0
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			4.80%	1	21	20
P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			90.60%	211	233	22
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			84.10%	2,272	2,702	430
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			91.80%	213	232	19

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			45.90%	239	521	282
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	0	0	0
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			130	NA	NA	NA
P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01E3E	Informal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			5	NA	NA	NA
P01F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			5	NA	NA	NA
P01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			40	NA	NA	NA
P01F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			50	NA	NA	NA
P01F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			26	NA	NA	NA
P01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$1,278,230	NA	NA	NA
P01G2E	Penalties: total penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA	NA
P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$0	NA	NA	NA
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$3,678,343	NA	NA	NA
P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$0	NA	NA	NA
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$1,278,230	NA	NA	NA
P01G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA
P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		100.00%	5	5	0
P02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	>=; 80%		0 / 0	0	0	0
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	60.70%	42.50%	48	113	65

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
P05A0E	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100%	5.10%	7.10%	8	113	105
P05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	63.50%	47.80%	54	113	59
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			13.00%	50	385	335
P05B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA			0.00%	0	385	385
P05B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			13.00%	50	385	335
P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			6.60%	84	1,280	1,196
P05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA			0.00%	0	1,280	1,280
P05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			6.60%	84	1,280	1,196
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.00%	0	159	159
P05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			0.00%	0	159	159
P05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			0.00%	0	159	159
P07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			0	NA	NA	NA
P07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	NA	NA	NA
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		22.60%	31.60%	12	38	26
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		21.90%	50.00%	88	176	88
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		52.80%	39.80%	45	113	68

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
P08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			21	NA	NA	NA
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		24.60%	18.60%	21	113	92
P10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.30%	7.10%	8	113	105

RCRA Data for Colorado
OTIS State Review Framework Results
Review Period Ending FY2010

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			9	NA	NA	NA
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			113	NA	NA	NA
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			594	NA	NA	NA
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			3,446	NA	NA	NA
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			107	NA	NA	NA
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			572	NA	NA	NA
R01B1E	Compliance monitoring: number of inspections (1 FY)	Data Quality	EPA			8	NA	NA	NA
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			397	NA	NA	NA
R01B2E	Compliance monitoring: sites inspected (1 FY)	Data Quality	EPA			8	NA	NA	NA
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			110	NA	NA	NA
R01C1E	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA			1	NA	NA	NA
R01C2S	Number of sites with violations determined during the FY	Data Quality	State			85	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
R01C2E	Number of sites with violations determined during the FY	Data Quality	EPA			0	NA	NA	NA
R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State			88	NA	NA	NA
R01D1E	Informal actions: number of sites (1 FY)	Data Quality	EPA			0	NA	NA	NA
R01D2S	Informal actions: number of actions (1 FY)	Data Quality	State			88	NA	NA	NA
R01D2E	Informal actions: number of actions (1 FY)	Data Quality	EPA			0	NA	NA	NA
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			8	NA	NA	NA
R01E1E	SNC: number of sites with new SNC (1 FY)	Data Quality	EPA			0	NA	NA	NA
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State			19	NA	NA	NA
R01E2E	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA			0	NA	NA	NA
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			9	NA	NA	NA
R01F1E	Formal action: number of sites (1 FY)	Data Quality	EPA			0	NA	NA	NA
R01F2S	Formal action: number taken (1 FY)	Data Quality	State			9	NA	NA	NA
R01F2E	Formal action: number taken (1 FY)	Data Quality	EPA			0	NA	NA	NA
R01G0S	Total amount of final penalties (1 FY)	Data Quality	State			\$157,539	NA	NA	NA
R01G0E	Total amount of final penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	NA	NA	NA
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	NA	NA	NA
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			2	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
R02B0E	Number of sites in violation for greater than 240 days	Data Quality	EPA			0	NA	NA	NA
R03A0S	Percent SNCs entered; 60 days after designation (1 FY)	Review Indicator	State			0 / 0	0	0	0
R03A0E	Percent SNCs entered; 60 days after designation (1 FY)	Review Indicator	EPA			0 / 0	0	0	0
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.40%	100.00%	9	9	0
R05A0C	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100%	92.70%	100.00%	9	9	0
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.10%	42.10%	45	107	62
R05B0C	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	25.80%	42.10%	45	107	62
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	61.70%	95.30%	102	107	5
R05C0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	66.50%	95.30%	102	107	5
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			41.80%	248	594	346
R05D0C	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined			41.90%	249	594	345
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only	State			744	NA	NA	NA
R05E1C	Inspections at active CESQGs (5 FYs)	Informational Only	Combined			755	NA	NA	NA
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			86	NA	NA	NA
R05E2C	Inspections at active transporters (5 FYs)	Informational Only	Combined			94	NA	NA	NA
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			77	NA	NA	NA
R05E3C	Inspections at non-notifiers (5 FYs)	Informational Only	Combined			77	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			295	NA	NA	NA
R05E4C	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	Combined			295	NA	NA	NA
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			21.40%	85	397	312
R07C0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA			0.00%	0	8	8
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	2.60%	2.00%	8	397	389
R08A0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 National Avg	2.80%	2.00%	8	398	390
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	83.20%	100.00%	8	8	0
R08B0E	Percent of SNC determinations made within 150 days (1 FY)	Goal	EPA	100%	71.20%	0 / 0	0	0	0
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	62.30%	55.60%	5	9	4
R08C0E	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	EPA	1/2 National Avg	71.90%	0 / 0	0	0	0
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	46.50%	87.50%	7	8	1
R10A0C	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	Combined	80%	42.30%	87.50%	7	8	1
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			9	NA	NA	NA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric Prod	Count Prod	Universe Prod	Not Counted Prod
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$157,539	NA	NA	NA
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	80.60%	100.00%	8	8	0
R12B0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 National Avg	78.70%	100.00%	8	8	0

APPENDIX C: PDA TRANSMITTAL LETTER

Appendices C, D and E provide the results of the Preliminary Data Analysis (PDA). The Preliminary Data Analysis forms the initial structure for the SRF report, and helps ensure that the data metrics are adequately analyzed prior to the on-site review. This is a critical component of the SRF process because it allows the reviewers to be prepared and knowledgeable about potential problem areas before 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.

Region 8 reviewers transmitted the results of the Preliminary Data Analysis to the State via email. The email did not include any discussion of the analysis itself. Explanations concerning the PDA initial findings and identification of any areas that the data review suggests needed further examination and discussion were addressed through discussions with the State staff during phone calls.

CAA

From: Albion Carlson/R8/USEPA/US
 To: "SHANNON L McMillan" <SLMCMILL@SMTPGATE.DPHE.STATE.CO.US>
 Date: 03/23/2011 04:45 PM
 Subject: Fw: Draft PDAs for Colorado SRF

Shannon,

Here is the PDA as we discussed earlier today. Thanks,
 Albion

----- Forwarded by Albion Carlson/R8/USEPA/US on 03/23/2011 04:43 PM -----

Draft PDAs for Colorado SRF

Olive Hofstader to Randy Lamdin, Albion Carlson

Cc Kelcey Land, Aaron Urdiales, Cynthia Reynolds, Jocelyn Hoffman, Corbin Darling, Kimberly Burch

Randy and Albion,

Attached are the draft PDAs for RCRA and CAA. Please send these to your state counterparts to review and complete the state columns (K-N). When you get these back from the State, you can complete your evaluation and initial findings. If the State indicates a significant discrepancy in any of the data, please me or Jocey Hoffman immediately to discuss the discrepancy.

Please remember, the PDA will be part of the final report and reviewed by OECA, the State and made available to the public. You have five terms to use in the Evaluation column: appears acceptable, minor issue, inconclusive, potential concern, or potential concern/supplemental file review. When the Evaluation indicates "inconclusive" or "potential concern", the "Initial Findings" column must be filled out. You can include language in the "Initial Findings" column for appears acceptable or minor issue, if you feel the need to explain your findings.



CAA draft PDA.xlsx



RCRA draft PDA.xlsx

Please keep me in the loop as you move forward with the SRF process. Let me know if you have any questions, or need any assistance. Thanks!

Olive Hofstader
SRF Coordinator and Compliance Assistance Outreach Manager
U.S. EPA, Region 8, ENF-PJ
1595 Wynkoop Street
Denver, Colorado 80202-1129
1-800-227-8917, ext. 6467
or, 303-312-6467 phone

Help EPA fight pollution by reporting environmental violations on EPA's website at <http://www.epa.gov/compliance/complaints/index.html>

CWA

Colorado NPDES PDA

Darcy Oconnor to: scott.klarich 05/09/2011 05:12 PM

Cc: Natasha Davis

From: Darcy Oconnor/R8/USEPA/US

To: scott.klarich@state.co.us

Cc: Natasha Davis/R8/USEPA/US@EPA

Scott,

Good to see you today! As we discussed, I'm attaching a copy of the Excel spreadsheet with the NPDES Preliminary Data Analysis (PDA) for Colorado. Please review this data and determine if there are errors/corrections that need to be made to the data. It is the review of this data that assists us in determining the type of files we will review. I'd like Natasha to follow up with you on the status of your review/updates on Thursday May 19th. I would hope that we could have the final information by early the week of May 23rd so that we can review and have a list of files that we'd like to review to you by some time the week of May 30th. I'm out of the office from 5/12 - 5/19 so if you have questions please contact Natasha during that time. Natasha is out 5/23 - 5/30, so feel free to contact me during that time frame. Thanks for your help!

D

CWA draft PDA CO FY10.xlsx

RCRA

From: "Neumiller, Mira" <Mira.Neumiller@dphe.state.co.us>
To: Randy Lamdin/R8/USEPA/US@EPA, "Stewart, Kathryn" <Kathryn.Stewart@dphe.state.co.us>, "hofstader.olive@epamial.epa.gov" <hofstader.olive@epamial.epa.gov>
Cc: Aaron Urdiales/R8/USEPA/US@EPA, "Schieffelin, Joe" <Joe.Schieffelin@dphe.state.co.us>
Date: 12/02/2011 09:08 AM
Subject: Update to Draft PDA #3a

Randy,

Attached is an amendment to our draft PDA for item #3a.

I could not find the 7/26 version so I hope this will do. If not please send me the appropriate version.

Thank you so much for a very constructive review process.

Happy Holidays!

Mira



RCRA PDA 8-2-11revised 122011.xlsx

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 or areas of exemplary performance are identified. (The full PDA worksheet in Appendix E contains every metric: positive, neutral, or negative.) Initial Findings indicate the observed results. Initial Findings are preliminary observations. They are used as a basis for further investigation that takes place during the file review and thorough 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.

Clean Air Act

OTIS State Review Framework Results, CAA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universe	Not Counted						Initial Findings
1B3	Source Count: Active Minor facilities or otherwise FedRep, not including NESHA P Part 61 (Current)	Informational Only	State			2,741	NA	NA	NA						Large discrepancy but data is informational only.
1C4	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	87.70%	52.10%	414	794	380						Minimum data requirements not meeting National goal or National average.

OTIS State Review Framework Results, CAA Data for Colorado (Review Period: FY10)															
1C5	CAA Subpart Designations: Percent NESHA P facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	48.50%	16.00%	4	25	21						Minimum data requirements not meeting National goal or National average.
1C6	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	94.40%	71.90%	387	538	151						Minimum data requirements not meeting National goal or National average.
3A	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	34.70%	6.20%	1	16	15						State's percentage for timeliness goal is low.

OTIS State Review Framework Results, CAA Data for Colorado (Review Period: FY10)															
5B1	CAA Synthetic Minor Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	92.00%	77.40%	106	137	31						CACTIS database batch uploaded monthly to AFS. CACTIS database recognizes actual emissions increases above SM80 threshold in real time. Result is SM80 designation is not constant for OTIS yearly snapshot approach.
10A	Percent HPVs not meeting timelines goals (2 FY)	Review Indicator	State		36.40%	80.40%	41	51	10						A high percentage of the State's cases aren't meeting the timeliness goals.

Clean Water Act

No metrics were identified as potential concerns or inconclusive in the Clean Water Act PDA.

RCRA

No metrics were identified as potential concerns or inconclusive in the RCRA PDA.

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

Clean Air Act

OTIS State Review Framework Results, CAA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
1. Data completeness. degree to which the minimum data requirements are complete.															
1A1	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			230	NA	NA	NA						
1A1	Title V Universe: AFS Operating Majors (Current)	Data Quality	Combined			286	NA	NA	NA						
1A2	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			225	NA	NA	NA						
1A2	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	Combined			280	NA	NA	NA						
1B1	Source Count: Synthetic Minors (Current)	Data Quality	State			972	NA	NA	NA						
1B1	Source Count: Synthetic Minors (Current)	Data Quality	Combined			973	NA	NA	NA						
1B2	Source Count: NESHAP Minors (Current)	Data Quality	State			15	NA	NA	NA						
1B2	Source Count: NESHAP Minors (Current)	Data Quality	Combined			15	NA	NA	NA						
1B3	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			2,741	NA	NA	NA	Yes	10,628	CACTIS	Not all are federally reportable.	Inclusive	
1B3	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	Combined			2,741	NA	NA	NA						
1C1	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			490	NA	NA	NA						

OTIS State Review Framework Results, CAA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
1C1	CAA Subprogram Designations: NSPS (Current)	Data Quality	Combined			502	NA	NA	NA						
1C2	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			29	NA	NA	NA						
1C2	CAA Subprogram Designations: NESHAP (Current)	Data Quality	Combined			29	NA	NA	NA						
1C3	CAA Subprogram Designations: MACT (Current)	Data Quality	State			184	NA	NA	NA						
1C3	CAA Subprogram Designations: MACT (Current)	Data Quality	Combined			202	NA	NA	NA						
1C4	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	87.7%	52.1%	414	794	380	Yes	70.3%, 798, 1134, 336	CACTIS	Problem was discovered in our database that was not allowing all air program information to be properly transm	Inclusive	

OTIS State Review Framework Results, CAA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
													itted to AFS. This has been corrected.		
1C5	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	48.5%	16.0 %	4	25	21	No				Inconclusive	
1C6	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	94.4%	71.9 %	387	538	151	Yes	80.3 %, 447, 557, 110	CACTIS	Problem was discovered in our database that was not allowing all air program information to be properly transmitted to AFS. This	Inconclusive	

OTIS State Review Framework Results, CAA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
													has been corrected.		
1C6	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	Combined	100%	92.5%	71.3 %	397	557	160						
1D1	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			306	NA	NA	NA						
1D2	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			329	NA	NA	NA						
1D3	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			19	NA	NA	NA						
1E0	Historical Non-Compliance Counts (1 FY)	Data Quality	State			157	NA	NA	NA						
1E0	Historical Non-Compliance Counts (1 FY)	Data Quality	Combined			176	NA	NA	NA						
1F1	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			0	NA	NA	NA						
1F2	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			0	NA	NA	NA						
1G1	HPV: Number of New Pathways (1 FY)	Data Quality	State			16	NA	NA	NA						
1G2	HPV: Number of New Sources (1 FY)	Data Quality	State			16	NA	NA	NA						
1H1	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	59.7%	81.2 %	13	16	3						
1H2	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	91.3%	100.0 %	16	16	0						

OTIS State Review Framework Results, CAA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
1H3	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	91.2%	87.5 %	14	16	2						
1I1	Formal Action: Number Issued (1 FY)	Data Quality	State			154	NA	NA	NA						
1I2	Formal Action: Number of Sources (1 FY)	Data Quality	State			148	NA	NA	NA						
1J	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$2,069,405	NA	NA	NA						
1K	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		0	NA	NA	NA						
2. Data accuracy. degree to which the minimum data requirements are accurate.															
2A	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	45.5%	55.1 %	27	49	22						
2A	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	Combined	<= 50%	44.9%	48.2 %	27	56	29						
2B1	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	0	390	390						
2B2	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			23	NA	NA	NA						
3. Timeliness of data entry. degree to which the minimum data requirements are complete.															
3A	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	34.7%	6.2%	1	16	15	No				Inconclusive	
3B1	Percent Compliance Monitoring related MDR	Goal	State	100%	59.0%	51.9 %	312	601	289						

OTIS State Review Framework Results, CAA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
	actions reported <= 60 Days After Designation, Timely Entry (1 FY)														
3B2	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	70.3%	76.0 %	117	154	37						
5. Inspection coverage. degree to which state completed the universe of planned inspections/compliance evaluations.															
5A1	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	89.2%	98.2 %	213	217	4						
5A1	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	Combined	100%	89.4%	95.1 %	255	268	13						
5A2	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	84.4%	91.3 %	211	231	20						
5A2	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	Combined	100%	84.6%	88.5 %	254	287	33						
5B1	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	92.0%	77.4 %	106	137	31	Yes	81.8 %, 131, 160, 29	CATIS	Some CMS flags were not properly designated in	Potential Concern	

OTIS State Review Framework Results, CAA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
													AFS and they have been fixed.		
5B1	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	Combined	20% - 100%	92.4%	77.4 %	106	137	31						
5B2	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	92.4%	75.2 %	112	149	37						
5B2	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	Combined		92.7%	75.2 %	112	149	37						
5C	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.2%	73.2 %	745	1,018	273						
5C	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	Combined		79.5%	73.2 %	747	1,020	273						
5D	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		28.8%	17.0 %	2,650	15,630	12,980						
5E	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			11	NA	NA	NA						
5E	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	Combined			17	NA	NA	NA						
5F	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			7	NA	NA	NA						
5G	Review of Self-	Goal	State	100%	94.3%	98.7	147	149	2						

OTIS State Review Framework Results, CAA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
	Certifications Completed (1 FY)					%									
7. Identification of alleged violations. degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information.															
7C1	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	22.3%	19.4%	72	372	300						
7C2	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	44.0%	7.7%	1	13	12						
7C2	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0 / 0	0 / 0	0	0	0						
8. Identification of SNC and HPV. degree to which the state accurately identifies significant noncompliance & high priority violations and enters information into the national system in a timely manner.															
8A	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	6.4%	6.5%	15	230	215						
8A	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	EPA		0.5%	0.0%	0	230	230						
8B	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.4%	0.0%	0	972	972						
8B	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0.0%	0.0%	0	972	972						
8C	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	67.8%	61.1%	22	36	14						

OTIS State Review Framework Results, CAA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
8D	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	49.8%	0 / 0	0	0	0						
8E	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	40.5%	43.5%	10	23	13						
10. Timely and appropriate action. degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.															
10A	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		36.4%	80.4%	41	51	10	No				Inconclusive	
12. Final penalty assessment and collection. degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.															
12A	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			154	NA	NA	NA						
12B	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	89.0%	69.6%	16	23	7						

Clean Water Act

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)															
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
1. Data completeness. degree to which the minimum data requirements are complete.															
1A1	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			113	N/A	N/A	N/A	No					
1A2	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	N/A	N/A	N/A	No					
1A3	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			521	N/A	N/A	N/A	Yes	332	SPIGOT	521 includes 141 EPA issued biosolids general permits which have been counted as individual permits, 24 other EPA issued permits, 4 unpermitted facilities, and 124 general permitted facilities which have been entered into ICIS after taking enforcement.	Minor Issue	ICIS has not been coded correctly to associate hundreds of permits with various general permits. The issue has been raised to EPA Headquarters who is working with Region 8 to design a batch change for these permits.
1A4	Active facility	Data Quality	Combined			1,303	N/A	N/A	N/A	Yes	1127	SP	1303 may also include 66 CAFOs and 5242 GPCFs	Minor Issue	This is combined data that may include 170 EPA facilities under

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Datasource	Discrepancy Explanation	Evaluation	Initial Findings
	universe: NPDES non-major general permits (Current)	Y	ined									GOT			a general permit as well as State CAFO and stormwater facilities under general permits.
1B1	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	0/0	95.6%	108	113	5	No					
1B2	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	92.6%	98.9%	1,220	1,234	14	No					
1B3	Major individual permits: DMR entry rate	Goal	Combined	>=; 95%	96.0%	100.0%	114	114	0	No					

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)															
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
	based on DMRs expected (Permits/Permits) (1 Qtr)														
1B4	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			4.8 %	1	21	20	No					
1C1	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			90.6%	21	23	22	No					
1C2	Non-major individual permits: DMR entry rate based on	Informational Only	Combined			84.1%	2,272	2,702	430	No					

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)															
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Datasource	Discrepancy Explanation	Evaluation	Initial Findings
	DMRs expected (Forms/Forms) (1 Qtr)														
1C3	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			91.8%	213	232	19	No					
1D1	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			45.9%	239	521	282	No					
1D2	Violations at non-majors: noncompliance rate in the annual	Informational Only	Combined			0/0	0	0	0	No					

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)															
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
	noncompliance report (ANCR)(1 CY)														
1D3	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			130	NA	NA	NA	No					
1E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	No					
1E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EP A			0	NA	NA	NA	No					
1E2S	Informal actions: number of actions at major facilities	Data Quality	State			0	NA	NA	NA	No					

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
	(1 FY)														
1E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EP A			0	N A	N A	N A	No					
1E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			0	N A	N A	N A	No					
1E3E	Informal actions: number of mom-major facilities (1 FY)	Data Quality	EP A			0	N A	N A	N A	No					
1E4S	Informal actions: number of actions at non-major facilities	Data Quality	State			0	N A	N A	N A	No					

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)															
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
	(1 FY)														
1E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EP A			0	N A	N A	N A	No					
1F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			5	N A	N A	N A	No					
1F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EP A			0	N A	N A	N A	No					
1F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			5	N A	N A	N A	No					

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)															
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
1F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EP A			0	N A	N A	N A						
1F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			40	N A	N A	N A	Yes	41	SPIGOT	COR03C730, Plains Exploration & Production, SC-100514-1 was missing from the PDA	Minor Issue	Minor facility formal enforcement actions are not required to be entered into ICIS. One non-major penalty enforcement action has not been entered into ICIS.
1F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EP A			0	N A	N A	N A	No					
1F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			50	N A	N A	N A	No					

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Date at a Source	Discrepancy Explanation	Evaluation	Initial Findings
1F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EP A			0	N A	N A	N A	No					
1G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			26	N A	N A	N A	Yes	26	SPIGOT	The number of penalty actions was correct, but the drill down list was incorrect. COR03A812 SECURITY COMMONS TOWNHOMES ACO was not a penalty action. COR03C370, Plains Exploration & Production, SP-100920-2 was not present on the PDA.	Minor Issue	Minor facility formal enforcement actions are not required to be entered into ICIS. The number of penalty actions issued in 2010 is correct. The information in ICIS is incorrect. One non-major penalty enforcement action has not been entered into ICIS. One non-major enforcement action appeared incorrectly as a penalty action when it was not.
1G1E	Penalties: total number of penalties (1 FY)	Data Quality	EP A			0	N A	N A	N A	No					
1G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$1,278,230	N A	N A	N A	Yes	\$1,292,630	SPIGOT	COR03C370, Plains Exploration & Production, SP-100920-2 penalty issued for \$14,400 was not present on the PDA.	Minor Issue	Minor facility formal enforcement actions are not required to be entered into ICIS. One non-major penalty enforcement action has not been entered into ICIS.

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)															
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
1G2E	Penalties: total penalties (1 FY)	Data Quality	EP A			\$0	NA	NA	NA	No					
1G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA	NA	No					
1G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EP A			\$0	NA	NA	NA	No					
1G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$3,678,343	NA	NA	NA	No					

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
1G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EP A			\$0	N A	N A	N A	No					
1G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$1,2730	N A	N A	N A	No					
1G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EP A			\$0	N A	N A	N A	No					
2. Data accuracy. degree to which the minimum data requirements are accurate.															
2AS	Actions linked to	Data Quality	State	>=; 80		100.0	5	5	0	No					

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
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	violations: major facilities (1 FY)	y		%		%									
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2AE	Actions linked to violations: major facilities (1 FY)	Data Quality	EP A	>=; 80 %		0 / 0	0	0	0	0	No				
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5. Inspection coverage. degree to which state completed the universe of planned inspections/compliance evaluations.

5AS	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	60.7%	42.5%	48	113	65	Yes	51	SPIGOT	Three facilities were inspected twice during FFY10	Minor Issue	ICIS does not account for additional inspections at one facility in a given fiscal year.
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5AE	Inspection coverage: NPDES majors (1 FY)	Goal	EP A	100%	5.1%	7.1%	8	113	105	No					
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5AC	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	63.5%	47.8%	54	113	59	No					
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OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
	FY)														
5B1 S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			13.0%	50	385	335	No					
5B1 E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EP A			0.0%	0	385	385	No					
5B1 C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			13.0%	50	385	335	No					

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)															
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
5B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			6.6 %	84	1,280	1,196	Yes	88	SPIGOT	4 facilities are not associated with a general permit. However, these inspections were not present on the list of 50 for metric 5B1C.	Minor Issue	It appears that 4 inspections at non major facilities under a general permit have not been entered into ICIS.
5B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EP A			0.0 %	0	1,280	1,280	No					
5B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			6.6 %	84	1,280	1,196	Yes	88	SPIGOT	4 facilities are not associated with a general permit. However, these inspections were not present on the list of 50 for metric 5B1C.	Minor Issue	It appears that 4 inspections at non major facilities under a general permit have not been entered into ICIS.
5CS	Inspection coverage:	Informational	State			0.0 %	0	159	159	No					

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
	NPDES other (not 5a or 5b) (1 FY)	Only													
5CE	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EP A			0.0 %	0	159	159	No					
5C C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			0.0 %	0	159	159	No					
7. Identification of alleged violations, degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information.															
7A1	Single-event violations at majors (1 FY)	Review Indicator	Combined			0		N A	N A	N A	No				
7A2	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0		N A	N A	N A	No				

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
	FY)														
7B	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		22.6%	31.6%	12	38	26	No					
7C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		21.9%	50.0%	88	176	88	No					
7D	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		52.8%	39.8%	45	113	68	No					

8. Identification of SNC and HPV. degree to which the state accurately identifies significant noncompliance & high priority violations and enters information into the national system in a timely manner.

OTIS State Review Framework Results, CWA Data for Colorado (Review Period: FY10)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universes	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
8A1	Major facilities in SNC (1 FY)	Review Indicator	Combined			21	NA	NA	NA	No					
8A2	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		24.6%	18.6%	21	113	92	No					
10. Timely and appropriate action. degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.															
10A	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.3%	7.1%	8	113	105	No					

RCRA

**OTIS State Review Framework Results,
RCRA Data for Colorado (Review Period: FY10)**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Colorado Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
1. Data completeness. degree to which the minimum data requirements are complete.															
1A1	Number of operating TSDFs in RCRAInfo	Data Quality	State			9	NA	NA	NA	NO				Appears Acceptable	
1A2	Number of active LQGs in RCRAInfo	Data Quality	State			113	NA	NA	NA	NO				Appears Acceptable	
1A3	Number of active SQGs in RCRAInfo	Data Quality	State			594	NA	NA	NA	NO				Appears Acceptable	
1A4	Number of all other active sites in RCRAInfo	Data Quality	State			3,446	NA	NA	NA	NO				Appears Acceptable	
1A5	Number of LQGs per latest official biennial report	Data Quality	State			107	NA	NA	NA	NO				Appears Acceptable	

**OTIS State Review Framework Results,
RCRA Data for Colorado (Review Period: FY10)**

1B1	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			572	NA	NA	NA	NO			However, FCI includes 151 EFR which are not on-site inspections.	Appears Acceptable
1B1	Compliance monitoring: number of inspections (1 FY)	Data Quality	EPA			8	NA	NA	NA	NO				Appears Acceptable
1B2	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			397	NA	NA	NA	NO			However, FCI includes 151 EFR which are not on-site inspections. (see also 7C/8A)	Appears Acceptable
1B2	Compliance monitoring: sites inspected (1 FY)	Data Quality	EPA			8	NA	NA	NA	NO				Appears Acceptable
1C1	Number of sites with violations determined at any time (1 FY)	Data Quality	State			110	NA	NA	NA	NO				Appears Acceptable

**OTIS State Review Framework Results,
RCRA Data for Colorado (Review Period: FY10)**

1C1	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA			1	NA	NA	NA	NO				Appears Acceptable	
1C2	Number of sites with violations determined during the FY	Data Quality	State			85	NA	NA	NA	NO				Appears Acceptable	
1C2	Number of sites with violations determined during the FY	Data Quality	EPA			0	NA	NA	NA	NO				Appears Acceptable	
1D1	Informal actions: number of sites (1 FY)	Data Quality	State			88	NA	NA	NA	NO				Appears Acceptable	
1D1	Informal actions: number of sites (1 FY)	Data Quality	EPA			0	NA	NA	NA	NO				Appears Acceptable	

**OTIS State Review Framework Results,
RCRA Data for Colorado (Review Period: FY10)**

1D2	Informal actions: number of actions (1 FY)	Data Quality	State			88	NA	NA	NA	NO				Appears Acceptable	
1D2	Informal actions: number of actions (1 FY)	Data Quality	EPA			0	NA	NA	NA	NO				Appears Acceptable	
1E1	SNC: number of sites with new SNC (1 FY)	Data Quality	State			8	NA	NA	NA	NO				Appears Acceptable	
1E1	SNC: number of sites with new SNC (1 FY)	Data Quality	EPA			0	NA	NA	NA	NO				Appears Acceptable	
1E2	SNC: Number of sites in SNC (1 FY)	Data Quality	State			19	NA	NA	NA	NO				Appears Acceptable	
1E2	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA			0	NA	NA	NA	NO				Appears Acceptable	
1F1	Formal action: number of sites (1 FY)	Data Quality	State			9	NA	NA	NA	NO				Appears Acceptable	

**OTIS State Review Framework Results,
RCRA Data for Colorado (Review Period: FY10)**

1F1	Formal action: number of sites (1 FY)	Data Quality	EPA			0	NA	NA	NA	NO				Appears Acceptable	
1F2	Formal action: number taken (1 FY)	Data Quality	State			9	NA	NA	NA	NO				Appears Acceptable	
1F2	Formal action: number taken (1 FY)	Data Quality	EPA			0	NA	NA	NA	NO				Appears Acceptable	
1G	Total amount of final penalties (1 FY)	Data Quality	State			\$157,539	NA	NA	NA	NO				Appears Acceptable	
1G	Total amount of final penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA	NO				Appears Acceptable	

2. Data accuracy. degree to which the minimum data requirements are accurate.

**OTIS State Review Framework Results,
RCRA Data for Colorado (Review Period: FY10)**



2A1	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	NO				Appears Acceptable	
2A2	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	NO				Appears Acceptable	
2B	Number of sites in violation for greater than 240 days	Data Quality	State			2	NA	NA	NA	NO			CA component of an order should be excluded.	Appears Acceptable	
2B	Number of sites in violation for greater than 240 days	Data Quality	EPA			0	NA	NA	NA	NO				Appears Acceptable	

3. Timeliness of data entry. degree to which the minimum data requirements are complete.

**OTIS State Review Framework Results,
RCRA Data for Colorado (Review Period: FY10)**

3A	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			35.70 %	5	14	9	NO				Appears Acceptable	
3A	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	EPA			0 / 0	0	0	0	NO				Appears Acceptable	
5. Inspection coverage. degree to which state completed the universe of planned inspections/compliance evaluations.															
5A	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.40 %	100.00 %	9	9	0	NO				Appears Acceptable	
5A	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100%	92.70 %	100.00 %	9	9	0	NO				Appears Acceptable	
5B	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.10 %	42.10 %	45	107	62	NO				Appears Acceptable	
5B	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	25.80 %	42.10 %	45	107	62	NO				Appears Acceptable	

**OTIS State Review Framework Results,
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5C	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	61.70 %	95.30 %	102	107	5	YES	Universe should be 104	RCRA Info	Delete three (3) IDs from universe. COR000202 226 is out of business, COR108485 186 is a bad ID# and CO1680090 031 is a SQG, not on LQG universe 1A2.	Minor issue	Inspection/evaluation coverage less than goal of 100%, but universe changes likely account for difference. The state is 33.6% above the national average (if universe is 104, then 98.8% vice 95.3% and 37.1% above the national average).
5C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	66.50 %	95.30 %	102	107	5	YES	Universe should be 104	RCRA Info	Delete three (3) IDs from universe. COR000202 226 is out of business, COR108485 186 is a bad ID# and CO1680090 031 is a SQG, not on LQG universe 1A2.	Minor issue	Inspection/evaluation coverage less than goal of 100%, but universe changes likely account for difference. The state is 28.8% above the national average (if universe is 104, then 98.8% vice 95.3% and 32.3% above the national average).

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5D	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			41.80 %	248	594	346	NO				Appears Acceptable
5D	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined			41.90 %	249	594	345	NO				Appears Acceptable
5E1	Inspections at active CESQGs (5 FYs)	Informational Only	State			744	NA	NA	NA	NO				Appears Acceptable
5E1	Inspections at active CESQGs (5 FYs)	Informational Only	Combined			755	NA	NA	NA	NO				Appears Acceptable
5E2	Inspections at active transporters (5 FYs)	Informational Only	State			86	NA	NA	NA	NO				Appears Acceptable
5E2	Inspections at active transporters (5 FYs)	Informational Only	Combined			94	NA	NA	NA	NO				Appears Acceptable
5E3	Inspections at non-notifiers (5 FYs)	Informational Only	State			77	NA	NA	NA	NO				Appears Acceptable
5E3	Inspections at non-notifiers (5 FYs)	Informational Only	Combined			77	NA	NA	NA	NO				Appears Acceptable

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5E4	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			295	NA	NA	NA	NO				Appears Acceptable	
5E4	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	Combined			295	NA	NA	NA	NO				Appears Acceptable	

7. Identification of alleged violations. degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information.

7C	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			21.40 %	85	397	312	NO			Percentage would be higher without EFR counted in universe (see also 1B2).	Appears Acceptable	
7C	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA			0.00%	0	8	8	NO				Appears Acceptable	

8. Identification of SNC and HPV. degree to which the state accurately identifies significant noncompliance & high priority violations and enters information into the national system in a timely manner.

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8A	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	2.60%	2.00%	8	397	389	NO			Percentage would be higher without EFR counted in universe. (Must have 6 Formal Actions to meet this criteria - see also 1B2.)	Appears Acceptable
8A	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 National Avg	2.80%	2.00%	8	398	390	NO				Appears Acceptable
8B	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	83.20%	100.00%	8	8	0	NO				Appears Acceptable
8B	Percent of SNC determinations made within 150 days (1 FY)	Goal	EPA	100%	71.20%	0 / 0	0	0	0	NO				Appears Acceptable

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8C	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	62.30 %	55.60 %	5	9	4	NO					Appears Acceptable	
8C	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	EPA	1/2 National Avg	71.90 %	0 / 0	0	0	0	NO					Appears Acceptable	

10. Timely and appropriate action. degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.

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10A	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	46.50 %	87.50 %	7	8	1	YES	Universe should be 7	RCRAInfo	Delete Plating Specialties - COR000013805, as it's a CA only order. Exclude CA only orders (see RCRAInfo USITS #50501 response). Difficult criteria to meet due to low # of actions; translator state in which SNCs must be manually entered.	Appears Acceptable	The state exceeds the national average and national goal. CA order(s) is/are problematic to this metric evaluation (if universe is 7, then 100.0% vice 87.5% and 53.5% above the national average).
10A	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	Combined	80%	42.30 %	87.50 %	7	8	1	NO				Appears Acceptable	
10B	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			9	NA	NA	NA	NO				Appears Acceptable	

12. Final penalty assessment and collection. degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the

**OTIS State Review Framework Results,
RCRA Data for Colorado (Review Period: FY10)**

final penalty was collected.														
12A	No activity indicator - penalties (1 FY)	Review Indicator	State			\$157,539	NA	NA	NA	NO				Appears Acceptable
12B	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	80.60 %	100.00 %	8	8	0	NO				Appears Acceptable
12B	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 National Avg	78.70 %	100.00 %	8	8	0	NO				Appears Acceptable

APPENDIX F: FILE SELECTION

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

A. File Selection Process

CAA File Selection

According to the file selection tool, activities occurred during FY10 at 1101 facilities. The OTIS SRF file selection tool and file selection protocol were used to select 25 files for review. These include a representative number of major, synthetic minor, and other facilities both with and without violations. No supplemental files were needed.

CWA File Selection

Major and minor individually permitted facility inspection and enforcement data needed to conduct the CO SRF is contained in ICIS. The OTIS SRF file selection tool was used to select major and minor facility inspections and enforcement files for review, whereas stormwater, CAFO, MS4, and other general permitted facility inspections and enforcement was selected using state provided data.

Universe:

113 majors (4 inspections reviewed, 3 formal enforcement actions)

332 individual minor permits (6 inspections reviewed, 2 formal enforcement actions)

4080 general permits (includes 4014 stormwater permits and 66 CAFO permits) (11 inspections reviewed)

RCRA File Selection

According to the file selection tool, activities occurred during FY10 at 402 facilities. Based on this and the file selection protocol, 20 files were selected for review. These include a representative number of TSD, LQG, SQG and CESQG facilities both with and without violations. No supplemental files were selected or necessary to review.

B. File Selection Table

CAA File Selection

	Program ID	f_city	F_state	f_zip	FCE	PCE	Violatio n	Stack Test Failur e	Title V Deviatio n	HP V	Informal Action	Formal Action	Penalty	Universe	Select
1	804500365	PARACHUTE 3.4 MI. NW OF	CO	81635	1	0	0	0	0	1	0	0	0	MAJR	accepted representative
2	804500897	PARACHUTE 4.3 MI. S OF	CO	81635	1	0	4	0	0	1	0	0	0	MAJR	accepted representative
3	810100048	PUEBLO	CO	81006	6	0	4	0	6	1	0	1	9,000	MAJR	accepted representative
4	812300277	KEENESBURG 5.2 MI. N OF	CO	80643	1	0	8	0	2	1	0	2	0	MAJR	accepted representative
5	804501046	PARACHUTE 2.5 MI. S OF	CO	81635	1	0	3	0	0	1	0	0	0	MAJR	accepted representative
6	801400619	BROOMFIELD	CO	80020	1	0	0	0	0	0	0	0	0	OMIN	accepted representative
7	810300291	MEEKER 21.2 MI. W OF	CO	81650	1	0	4	5	0	1	0	1	57,675	MAJR	accepted_representative
8	804501656	PARACHUTE 14.4 MI. NW OF	CO	81630	1	0	0	1	0	1	0	0	0	MAJR	accepted_representative
9	804500667	SILT, 7.1 MI S OF	CO	81652	0	0	0	1	0	1	0	0	0	FRMI	accepted_representative
10	877703057	DEBEQUE AREA	CO	81630	1	0	0	0	0	0	0	0	0	OMIN	accepted_representative

11	810300159	MEEKER 21.3 MI. SW OF	CO	81650	0	0	0	0	0	0	0	1	70,000	FRMI	accepted_representative
12	810100252	PUEBLO 4.5 MI. S OF	CO	81022	1	0	0	0	0	1	0	1	22,400	MAJR	accepted_representative
13	812304562	EVANS	CO	80645	1	0	0	0	0	0	0	0	0	SM80	accepted_representative
14	804300001	FLORENCE	CO	81240	0	0	4	0	0	1	0	1	34,793	MAJR	accepted_representative
15	809900006	LAMAR	CO	81052	0	2	0	0	0	1	0	1	22,750	MAJR	accepted_representative
16	805900006	GOLDEN	CO	80401	2	0	1	0	0	1	0	2	107,975	MAJR	accepted_representative
17	812300055	GREELEY	CO	80631	1	0	0	0	0	0	0	0	0	SM	accepted_representative
18	805100054	MARBLE, 16.1 MI NW OF	CO	81434	0	0	0	6	0	0	0	1	3,675	SM80	accepted_representative
19	807100102	COKEDALE, 15.8 MI SW OF	CO	81091	1	0	0	0	0	0	0	0	0	SM80	accepted_representative
20	800100003	COMMERCE CITY	CO	80022	2	0	3	0	2	1	0	1	115,200	MAJR	accepted_representative
21	807700277	GRAND JUNCTION	CO	81505	1	0	0	0	0	0	0	0	0	SM80	accepted_representative
22	804100042	COLORADO SPRINGS	CO	80907	1	0	0	0	0	0	0	0	0	SM	accepted_representative
23	810700057	STEAMBOAT SPRINGS 8.1 MI. W OF	CO	80487	0	0	0	0	0	1	0	0	0	MAJR	accepted_representative

24	810300128	MEEKER 16.7 MI. SW OF	CO	81650	0	0	9	0	2	1	0	1	124,200	MAJR	accepted_representative
25	812501976	YUMA, 8.3 MI N OF	CO	80759	1	0	0	0	0	0	0	0	0	SM80	accepted_representative

CWA File Selection

f_name	Program ID	f_street	f_city	State Region	f_state	f_zip	Permit Component	Inspection	Violation	Single Event Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
ASPEN CONSOLIDATED SAN DISTRCT	CO0026387	400 SERVICE CENTER DRIVE	ASPEN		CO	81611	BIO POT	0	2	0	2	0	1	44716	Major	accepted_representative
ESTATES AT RALSTON RIDGE	COR03B020	W 73 AVE AND ELDRI DGE ST	ARVADA		CO	80007	SWC	0	4	0	0	0	1	29735	Minor	accepted_representative
FORT MORGAN FACTORY	CO0041351	18317 HIGHWAY 144	FORT MORGAN		CO	80701		1	21	0	0	0	1	0	Major	accepted_representative

LONE PINE FIELD	COG600464	10 MILES WEST OF TOWN	WALDEN	JC	CO	80480		1	6	0	1	0	1	0	Minor	accepted_representative
ROCKY FORD WWTF	CO0023850	NE OF TOWN ON ROAD 20.5	ROCKY FORD	DK	CO	81067	BIO POT	1	14	0	3	0	1	0	Major	accepted_representative
WEST ELK MINE	CO0038776	HWY 133, E OF TOWN	SOMERSET		CO	81434		1	0	0	0	0	2	16805	Minor	accepted_representative
VALMONT STATION	CO0001112	1800 N 63RD STREET	BOULDER		CO	80301		1	0	0	0	0	0	0	Major	
GREAT WESTERN DAIRY	COA931084	39390 WELD COUNTY RD 39	AULT		CO	80610		1					1		CAFO	
ERIE MS4	COR090021	VARIOUS LOCATIONS	ERIE		CO	80301		1							MS4	
COORS BREWING COMPANY	CO0001163	12TH AND FORD STS	GOLDEN		CO	80401		1	11	0	0	0	0	0	Major	

NORTH LA JUNTA SANITATION DIST	CO003 9519	FRUIT AVENUE	LA JUNTA	DK	CO	81050		1	38	0	4	0	0	0	Minor	
FOOTHILLS WTP	COG64 1084	6730 NORTH RAMPART RANGE ROAD	LITTLETON	DP	CO	80125		1	4	0	0	0	0	0	Minor	
ELLCOTT SPRINGS WWTF	CO004 7252	SE 1/4 S12, T15S, R63W	EL PASO COUNTY		CO			1	6	0	0	0	0	0	Minor	
Apishapa Ranch	Unpermitted	29940 CR 4	Fowler		CO	81039		1							CAFO	
Faulkner - Gaelton Dairy	Unpermitted	37430 Weld County Road 51	Eaton		CO	80615		1					1		CAFO	
Colorado Petroleum Products Company	COR01 0684	4080 Globeville Road	Denver		CO	80216							1	23591		

Connell Resource s Inc, Camilletti Pit	COR34 1463	SH 40 and CR 51 A (SE Corner)	Steam boat Springs		CO			1								
Snowcap Coal Co, Roadside N & S Mines	COR04 0175 CO002 7146	I70 Exit 46	Palisade		CO			1								
Sonoran Custom Homes	COR03 B020	West 73rd Ave & Eldridge St	Arvada		CO							1	29735			
CSI Construction	COR03F 199		Colorado Springs		CO			1								
White Construction Group	COG07 3451	4750 W Byron St	Denver		CO			1								

RCRA File Selection

f_name	Program ID	f_street	f_city	f_zip	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
BASF CORPORATION	COR000010108	10601 FULTON ST	BRIGHTON	80601	2	4	0	0	0	0	LQG	accepted_representative
BORG WARNER CLEANERS	COR000218263	1849 PETERSON RD	COLORADO SPRINGS	80915	1	0	0	0	0	0	CES	accepted_representative
CHATA BIOSYSTEMS A DIVISION OF BOVAL CO LP	COR000213249	2649 E MULBERRY #8	FORT COLLINS	80524	2	2	0	0	0	0	SQG	accepted_representative
CLEAN PARTS INC	COR000201707	6021 E 50TH AVE	COMMERC E CITY	80022	1	0	0	0	1	43501	CES	accepted_representative
DAVIS WIRE PUEBLO CORP	COR000008706	2100 S FREEWAY BLDG 14	PUEBLO	81006	2	1	0	0	0	0	LQG	accepted_representative
DENVER METAL FINISHING	COD007058035	3100 E 43RD AVE	DENVER	80216	1	0	0	0	0	0	LQG	accepted_representative

f_name	Program ID	f_street	f_city	f_zip	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
G & K SERVICES INC	COR000011056	5100 RACE CT	DENVER	80216	2	3	0	0	0	0	LQG	accepted_representative
INDUSTRIAL CONTAINER SERVICES CO LLC	COD983789066	570 BASELINE RD	BRIGHTON	80601	1	0	0	0	0	0	CES	accepted_representative
MEMORIAL HEALTH SYSTEM CENTRAL CAMPUS	COD075761783	1400 E BOULDER	COLORADO SPGS	80909	1	0	0	0	0	0	LQG	accepted_representative
METRO TRUCKING	COD044721405	7627 DAHLIA	COMMERC E CITY	80037	1	1	0	0	0	0	OTH	accepted_representative
NEW MISSION LLC	COD981541436	3217 S ACADEMY BLVD	COLORADO SPRINGS	80916	2	1	0	0	0	0	OTH	accepted_representative
PRESBYTERIAN ST LUKES MEDICAL CENTER	COD981542277	1719 E 19TH AVE	DENVER	80218	1	0	0	0	1	26250	SQG	accepted_representative
QUALITY LININGS COMPANY INC	COD031951130	8250 E 40TH AVE	DENVER	80207	1	0	0	0	0	0	SQG	accepted_representative
RANGE FUELS K2A PILOT PLANT FACILITY	COR000218644	6535 N WASHINGTON ST UNIT B	DENVER	80229	0	0	0	0	1	7500	OTH	accepted_representative

f_name	Program ID	f_street	f_city	f_zip	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
RELIANCE PRECAST	COR000213728	4558 WELD CNTY RD 12	DACONO	80514	3	1	0	0	0	0	CES	accepted_representative
STRAIGHT FLIGHT INC	COR000221937	13251 E CONTROL TOWER RD	ENGLEWOOD	80112	1	4	1	0	1	9856	SQG	accepted_representative
TOWN CENTER MARTINIZING/ONE HOUR MARTINIZING	COR000007328	9249 S BROADWAY #500	HIGHLAND S RANCH	80126	1	0	0	0	0	0	CES	accepted_representative
UNIVERSITY OF COLORADO - BOULDER	COD007431505	1000 REGENT DR	BOULDER	80309	2	1	0	0	0	0	TSD(TSF)	accepted_representative
YOUR VALET CLEANERS	COD981547508	15084 E MISSISSIPPI AVE	AURORA	80012	1	0	0	0	0	0	OTH	accepted_representative
One Stop Autobody	COR000220228	4100 Morrison Road	Denver	80219	1	2	0	0	0	0	CES	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 or areas of exemplary performance are identified.

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

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

Clean Air Act Program

Name of State: Colorado

Review Period: FY2010

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Evaluation	Initial Findings
1	Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	66% (15/22 files had accurate data)	Potential Concern	25 files were randomly selected using the file selection protocol. 7 of the 25 files were found to have discrepancies in the MDR data when compared to AFS. These included: inaccurate SIC codes, missing pollutants, missing Zip codes, missing air program subparts, missing or incomplete addresses, HPV violations discovered, and HPV addressing actions. The State's database has had problems uploading air program subparts correctly into AFS. Another recurring problem is the State's database is structured to allow source designations to switch from synthetic minor to synthetic minor 80% in real time based on actual emissions. The monthly batch uploads change the classification in AFS which often renders the snapshot approach used by OTIS for SRF unworkable.
	Metric 4a	Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan were completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? Yes or no? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning evaluation coverage are to be discussed pursuant to the metrics under Element 5. If a state/local agency had negotiated and received approval for conducting its compliance monitoring program pursuant to an alternative plan, details concerning the alternative plan and the S/L agency's implementation (including evaluation coverage) are to be discussed under this Metric.	Planned Inspections: Major-98.2%, SM80s-102%,Minors-92%	Appears Acceptable	The State met nearly all planned inspection commitments. Planned Inspections: Major-98.2%, SM80s-102%, (81.8/92) Minors-92% (75.2/80)

Name of State: Colorado

Review Period: FY2010

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Evaluation	Initial Findings
	Metric 4b	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%	Appears Acceptable	The State PPA commitments were routinely performed. The State has an EPA approved CMS plan and it is diligently implemented.
4	Metric 6a	# of files reviewed with FCEs.	19	Appears Acceptable	19 of 25 files.
5	Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	100%	Appears Acceptable	
6	Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	100%	Appears Acceptable	CMRs are complete and accurate.
7	Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	100%	Appears Acceptable	
8	Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	40%	Minor Issues/Appears Acceptable	Only 2 of 5 non-HPVs were timely reported to AFS .
9	Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	100%	Appears Acceptable	15/15 HPVs reviewed were accurately determined.
10	Metric 9a	# of formal enforcement responses reviewed.	10	Appears Acceptable	

Name of State: Colorado

Review Period: FY2010

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Evaluation	Initial Findings
11	Metric 9b	% of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame.	100%	Appears Acceptable	9/9 formal enforcement actions had adequate corrective action.
12	Metric 10b	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	17%	Significant Issue	Only 2 of 12 HPVs reviewed had enforcement action taken within 270 days from day zero. This has been an issue with the State in previous reviews.
13	Metric 10c	% of enforcement responses for HPVs appropriately addressed.	100%	Appears Acceptable	9/9 HPVs violation addressed through legally enforceable mechanism.
14	Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	0%	Potential Concern	None of the files included penalty calculations for review. The State only makes penalty calculations available to EPA during settlement. Once settlement is signed and upon receipt of payment the files are purged of penalty calculations excepting for economic benefit documentation which will be purged after the end of year review.
15	Metric 12c	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	0%	Potential Concern	The State files only included one final value for penalties.
16	Metric 12d	% of files that document collection of penalty.	50%	Minor Issues/Appears Acceptable	Only 4/8 of files contain documentation of penalty collected. State is working to purge files of documentation (copies of checks) due to security concerns.

Clean Water Act Program

Name of State: Colorado

Review Period: FY2010

CWA Metric #	CWA File Review Metric Description:	Metric Value	Initial Findings	Evaluation
Metric 2b	% of files reviewed where data is accurately reflected in the national data system.	75%	The SRF plain language guide states that data accuracy less than 95% accuracy is a concern. The one file reviewed of four that are required to be entered into the database had issues with the units and monitoring limits. Colorado's Response to the one permit issue: I've reviewed the entire permit for the issues EPA identified. In regards to ammonia (00610) on outfall 001A, page 3 has the units as ug/l, but page 5 under B.1. has the units as mg/l. As far as I know we have never used ug/l for ammonia---it has always been mg/l. At the time I would have asked whoever the permit writer was and they would have confirmed which one they wanted. This permit was effective 12-1-04, so it is written somewhat differently than current permits. For TSS all the limits (for all outfalls) match the permit as well as the frequency of analysis. The only thing I can see that EPA may have had an issue with is that all the TSS limits are listed under 30 day avg and Daily Max. The limits under daily max are coded as Mx7DAvg which was standard practice at the time since the permits only had 2 columns listed in them back in 2004 (as far as I know). I've reviewed the rest of the limits, etc in the permit and they all match what is in ICIS.	Potential Concern
Metric 4a	% of planned inspections completed. Summarize using the Inspection Commitment Summary Table in the CWA PLG.	89%	Many of the inspection commitments were met, however, stormwater inspection commitments were not met; Colorado conducted 29 industrial stormwater, 109 construction stormwater outside of MS4s and 0 construction stormwater within MS4s, and it committed to 42, 129, and 4, respectively. Major facility inspection commitment was 52 and the state conducted 48 inspections.	Potential Concern
Metric 4b	Other Commitments. Delineate the commitments for the FY under review and describe what was accomplished. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The commitments should be broken out and identified.	100%		Appears Acceptable
Metric 6a	# of inspection reports reviewed.	21		
Metric 6b	% of inspection reports reviewed that are complete.	14%	Three out of 21 inspection reports reviewed were determined to be complete. Many inspection reports were missing the same type of information. Some reports were missing facility contact phone number, type of inspection, or time in and out. Most reports were missing a facility description, process which generate wastewater, areas that were evaluated during the inspection, and supporting documentation.	Significant Issue
Metric 6c	% of inspection reports reviewed that provide sufficient documentation to lead to an	76%	16 out of 21 inspection reports reviewed provided sufficient documentation to lead to a compliance determination. Most reports found no violations or contained permit/regulatory citations. Those reports which did not provide sufficient documentation were those reports where a description of the	Potential Concern

	accurate compliance determination.		areas evaluated during the inspection was not clear. If the report was not complete it was difficult to accurately make a compliance determination.	
Metric 6d	% of inspection reports reviewed that are timely.	61%	13 out of 21 reports reviewed were completed within 45 days following the inspection.	Potential Concern
Metric 7e	% of inspection reports or facility files reviewed that led to accurate compliance determinations.	100%		Appears Acceptable
Metric 8b	% of single event violation(s) that are accurately identified as SNC or Non-SNC.	100%		Appears Acceptable
Metric 8c	% of single event violation(s) identified as SNC that are reported timely.	100%		Appears Acceptable
Metric 9a	# of enforcement files reviewed	5		
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%		Appears Acceptable
Metric 9c	% of enforcement responses that have returned or will returned a source with non-SNC violations to compliance.	100%		Appears Acceptable
Metric 10b	% of enforcement responses reviewed that address SNC that are taken in a taken in a timely manner.	100%		Appears Acceptable
Metric 10c	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	100%		Appears Acceptable
Metric 10d	% of enforcement responses reviewed that appropriately address non-SNC violations.	88%		Appears Acceptable
Metric 10e	% enforcement responses for non-SNC violations where a response was taken in a timely manner.	55%	One out of four formal enforcement actions and four out of five informal enforcement actions were taken in a timely manner. The informal action against CSI Construction, formal actions against West Elk Mine, Lone Pine Field, and Western Sugar were taken outside of the timeframe identified in the EMS.	Significant Issue
Metric 11a	% of penalty calculations that consider and include where appropriate gravity and economic benefit.	100%		Appears Acceptable

Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%		Appears Acceptable
Metric 12b	% of enforcement actions with penalties that document collection of penalty.	100%		Appears Acceptable

RCRA Program

Name of State: Colorado

Review Period: FY10

RCRA Metric #	RCRA File Review Metric Description:	Metric Value	Evaluation	Initial Findings
Metric 2c	% of files reviewed where mandatory data are accurately reflected in the national data system.	100%	Appears Acceptable	
Metric 4a	Planned inspections completed	100%	Appears Acceptable	
Metric 4b	Planned commitments completed	100%	Appears Acceptable	
Metric 6a	# of inspection reports reviewed	23	N/A	
Metric 6b	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility.	100%	Appears Acceptable	
Metric 6c	Inspections reports completed within a determined time frame.	100%	Appears Acceptable	
Metric 7a	% of accurate compliance determinations based on inspection reports.	100%	Appears Acceptable	
Metric 7b	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days).	100%	Appears Acceptable	
Metric 8d	% of violations in files reviewed that were accurately determined to be SNC.	92%	Potential area of concern	SNC evaluation needs to be emphasized, especially for recalcitrant violators and substantial deviators.
Metric 9a	# of enforcement responses reviewed.	13	N/A	
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	Appears Acceptable	
Metric 9c	% of enforcement responses that have returned or will return Secondary Violators (SV's) to compliance.	100%	Appears Acceptable	
Metric 10c	% of enforcement responses reviewed that are taken in a timely manner.	100%	Appears Acceptable	
Metric 10d	% of enforcement Responses reviewed that are appropriate to the violations.	100%	Appears Acceptable	
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	Appears Acceptable	

Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	Appears Acceptable	
Metric 12b	% of files that document collection of penalty.	100%	Appears Acceptable	

APPENDIX H: CORRESPONDENCE

Preliminary Draft Report Correspondence

CAA

From: Albion Carlson/R8/USEPA/US
 To: Shannon.McMillan@dphe.state.co.us
 Cc: Cynthia Reynolds/R8/USEPA/US@EPA, Olive Hofstader/R8/USEPA/US@EPA, Kaye Mathews/R8/USEPA/US@EPA
 Date: 12/14/2011 03:57 PM
 Subject: Colorado FY10 SRF draft report documents

Shannon,

Please find attached the Colorado FY10 SRF draft report documents for your review. Attached are: the Final Colorado PDA, an xcel spreadsheet containing the file review spreadsheets (frmss, frmef, list of files), and the summary findings table. We can discuss these and the State's response at our exit meeting scheduled for next Tuesday on the 20th. Thank You,

Albion



spreadsheet.xls

FINAL PDA for CO SRF 2010.xlsx



file review



CAA findings table template.docx

From: "McMillan, Shannon L." <Shannon.McMillan@dphe.state.co.us>
 To: Albion Carlson/R8/USEPA/US@EPA
 Cc: Cynthia Reynolds/R8/USEPA/US@EPA, "Crouse, Arch N." <Arch.Crouse@dphe.state.co.us>, "Patefield, Scott H." <Scott.Patefield@dphe.state.co.us>, "McMillan, Mark" <Mark.McMillan@dphe.state.co.us>, "Lowe, Megan" <Megan.Lowe@dphe.state.co.us>, "Carr, Paul" <Paul.Carr@dphe.state.co.us>, "King, Kirsten L." <Kirsten.King@dphe.state.co.us>
 Date: 12/19/2011 05:00 PM
 Subject: RE: Colorado FY10 SRF draft report documents

Albion - Thank you for the opportunity to review EPA's draft findings. I've added Colorado's initial comments to the draft "findings table template". I look forward to discussing all of the findings and our questions/comments during our meeting tomorrow.

Thank you,

Shannon L. McMillan
 Field Services Program Manager
 Stationary Sources Program
 Air Pollution Control Division
 Colorado Department of Public Health and Environment
 APCD-SS-B1
 4300 Cherry Creek Drive South
 Denver, CO 80246-1530
 303-692-3259
 303-782-0278 (fax)

shannon.mcmillan@state.co.us

-----Original Message-----

From: Carlson.Albion@epamail.epa.gov [mailto:Carlson.Albion@epamail.epa.gov]
 Sent: Wednesday, December 14, 2011 3:58 PM
 To: McMillan, Shannon L.
 Cc: Reynolds.Cynthia@epamail.epa.gov; Hofstader.Olive@epamail.epa.gov;
 Mathews.Kaye@epamail.epa.gov
 Subject: Colorado FY10 SRF draft report documents

Shannon,

Please find attached the Colorado FY10 SRF draft report documents for your review. Attached are: the Final Colorado PDA, an excel spreadsheet containing the file review spreadsheets (frmss, frmef, list of files), and the summary findings table. We can discuss these and the State's response at our exit meeting scheduled for next Tuesday on the 20th. Thank You,

Albion

(See attached file: FINAL PDA for CO SRF 2010.xlsx)(See attached file: file review spreadsheet.xls)(See attached file: CAA findings table template.docx)



CAA findings table

template_121411_COresponse121911.docx

 - Forwarded by Albion Carlson/R8/USEPA/US on 03/05/2012 02:23 PM -----

From: "McMillan, Shannon L." <Shannon.McMillan@dphe.state.co.us>
 To: Albion Carlson/R8/USEPA/US@EPA
 Cc: Cynthia Reynolds/R8/USEPA/US@EPA, Olive Hofstader/R8/USEPA/US@EPA, Kaye Mathews/R8/USEPA/US@EPA, "Carr, Paul" <Paul.Carr@dphe.state.co.us>, "King, Kirsten L." <Kirsten.King@dphe.state.co.us>, "Patefield, Scott H." <Scott.Patefield@dphe.state.co.us>, "McMillan, Mark" <Mark.McMillan@dphe.state.co.us>, "Lowe, Megan" <Megan.Lowe@dphe.state.co.us>
 Date: 12/22/2011 02:41 PM
 Subject: RE: Revised SRF FY10 Findings Table

Albion –

Please find attached Colorado's comments on the Revised SRF FY10 Findings Table. The Division appreciates the opportunity to review and comment on these findings. Thank you for taking the time to discuss the findings in detail earlier this week.

Please let me know if you have any questions on our comments.

Happy Holidays,

Shannon L. McMillan
 Field Services Program Manager
 Stationary Sources Program
 Air Pollution Control Division
 Colorado Department of Public Health and Environment
 APCD-SS-B1
 4300 Cherry Creek Drive South
 Denver, CO 80246-1530

CO FY2010 SRF FINAL 14Sep2012.doc

303-692-3259
 303-782-0278 (fax)
shannon.mcmillan@state.co.us
<http://www.cdphe.state.co.us/>

From: Albion Carlson [mailto:Carlson.Albion@epamail.epa.gov]
Sent: Thursday, December 22, 2011 11:46 AM
To: McMillan, Shannon L.
Cc: Cynthia Reynolds; Olive Hofstader; Kaye Mathews
Subject: Revised SRF FY10 Findings Table

Shannon,

Attached is the revised SRF FY10 Findings Table. The revisions are those we discussed at the exit meeting on Tuesday and are consistent with the guidance I received in discussions with SRF HQ contacts yesterday. Please respond with the State's revised responses and I will forward it on to Olive and Kaye. Thanks,
 Albion



CAA findings table template_COresponse_122211.docx

From: "McMillan, Shannon L." <Shannon.McMillan@dphe.state.co.us>
 To: Albion Carlson/R8/USEPA/US@EPA
 Cc: "Crouse, Arch N." <Arch.Crouse@dphe.state.co.us>
 Date: 01/18/2012 11:10 AM
 Subject: FY10 SRF - Element 3

Albion – Per your request, I've drafted an explanation as to why CO doesn't have a higher rate of flagging HPV violations in AFS within 60 days. Please let me know if you have any questions.

Colorado continues to work to improve timeliness related to data entry of MDRs, including HPV violations, into AFS. Colorado has a robust database and completes batch uploads to AFS at least once per month. Colorado has a several-step process for flagging violations as HPV. First the inspector completes an HPV determination form (following the policy criteria) and submits the form with their inspection report. The supervisor then reviews this designation and signs off on/adjusts the HPV determination. The inspection report and HPV determination are then referred to the Division's internal legal unit to be put in the enforcement action queue. The queue is prioritized based on HPV deadlines, statute of limitations, and inspection date. The HPV cases have the highest priority. Once the case is initiated by the legal unit, it is sent to our database coordinator, Arch Crouse, for case number assignment, final HPV determination, and entry into our CACTIS database. On the subsequent batch upload to AFS, the HPV violation would be flagged in AFS. This entire process can take several weeks to several months, depending on the complexity of the inspection and violations and the workload of the legal unit. The Division has continued to refine internal processes and has made great improvement in overall HPV timeliness (Element 10). The Division prioritized improvements in overall HPV timeliness ahead of the HPV violation flag in AFS as addressing and resolving the violations is more critical than the timeliness of the HPV flag. The Division regularly meets

with EPA Region 8 and discusses HPV cases and potential HPV cases during these meetings. In addition, the Division provides copies of all enforcement documents to EPA Region 8 in an effort to keep the region up to speed on our cases.

Thank you,

Shannon L. McMillan
 Field Services Program Manager
 Stationary Sources Program
 Air Pollution Control Division
 Colorado Department of Public Health and Environment
 APCD-SS-B1
 4300 Cherry Creek Drive South
 Denver, CO 80246-1530
 303-692-3259
 303-782-0278 (fax)
shannon.mcmillan@state.co.us
<http://www.cdphe.state.co.us/>

CWA

From: Darcy Oconnor/R8/USEPA/US
 To: DAVE Akers <daakers@smtpgate.dphe.state.co.us>, LORI Gerzina <lgerzina@smtpgate.dphe.state.co.us>, "Kieler, Janet S." <Janet.Kieler@dphe.state.co.us>, Jennifer Miller <Jlmiller@smtpgate.dphe.state.co.us>, "Klarich, Scott" <Scott.Klarich@dphe.state.co.us>
 Cc: Natasha Davis/R8/USEPA/US@EPA, Kaye Mathews/R8/USEPA/US@EPA, Colleen Gillespie/R8/USEPA/US@EPA, Al Garcia/R8/USEPA/US@EPA
 Date: 09/14/2011 11:23 AM
 Subject: Preliminary Draft SRF Report

Attached, please find the preliminary draft SRF Report for the NPDES enforcement program. We are also including the spreadsheets completed on the file reviews and reviews of PPA commitments to help you better understand what information we used to complete the report. We have a requirement that this document be reviewed by OECA, and they may identify changes that are needed to meet national consistency. Therefore this is considered a preliminary draft at this point.

For any items identifies as "Area for State Improvement," a recommendation is required. We've inserted some language for this draft, but we really want to approach any recommendations in a collaborative fashion, so we definitely want input and discussion on how to move these issues forward. We've also included some language in the "State Response" section that we received while compiling this report. Please review this and determine if you want this language left in the report, or would like to provide something different. Lori & Scott, I would like to talk with you about Element 10 on timeliness/ appropriateness of non-SNC enforcement. We used the timelines in the EMS, which I know you have concerns with. We are open to other ways to address this in the final report.

We have a deadline of providing a draft to OECA by September 30, 2011. If we could have input from you on this draft by September 26, that will leave us a few days to update the report and meet our deadline. This will not be your final opportunity to review and comment on the report, but we'd like to work through any issues you may have as early as possible in the process. If there are serious concerns with the report, let's set a meeting for sometime late next week to discuss.

Thanks to you and your staff for all your help in completing this review and draft report. Please do not hesitate to contact Natasha (303.312.6225) or me (303.312.6392) with questions.

Thanks!



CO SRF Narrative Prelim Draft 091411.docx

CO SRF Spreadsheet 091411.xlsx

RCRA

From: Randy Lamdin/R8/USEPA/US
To: "Stewart, Kathryn" <Kathryn.Stewart@dphe.state.co.us>, "Neumiller, Mira" <Mira.Neumiller@dphe.state.co.us>
Cc: "Schieffelin, Joe" <Joe.Schieffelin@dphe.state.co.us>, Kris.Figur@state.co.us, "Perila, Randy" <Randy.Perila@dphe.state.co.us>
Date: 12/02/2011 10:07 AM
Subject: Post-12/1/11 Meeting ... Revised SRF RCRA Forms n' PDA (7/26/11)



Kathryn n' Mira,

Post-12/1/11 meeting ... attached is/are the:

- 1) Revised 'SRF RCRA File Review Metric Analysis Form' (note changes reflected in Metric 8d and Metric 10d)
- 2) Entirety of Elements 1-12 (note changes reflected in revised Element 8 and revised Element 10 respectively).

Mira, also attached is the latest version of the PDA (attachment in our 7/26/10 e-mail), so you can 'tweak' the Metric 3A (state columns K-N respectively) and send your revised PDA version back in an e-mail so I can subsequently 'tweak' ours (federal columns O n' P respectively). Post-facto, I think we'll then be done with the PDA (I just got your e-mail with an 8/2/11 PDA version [I don't know where it came from] ... soooo ... if I can trouble you to put the state's K-N into this 7/26/11 version and forward it to me ... I'd appreciate it). Then we collectively know it's the latest PDA 'commented in/upon' version without question.

Randy



SRF.RCRA.FileReviewMetric.Summary.xls

RCRA findings table template.docx



CO PDA 7-

26-11.xlsx

From: Randy Lamdin/R8/USEPA/US

CO FY2010 SRF FINAL 14Sep2012.doc

To: "Schieffelin, Joe" <Joe.Schieffelin@dphe.state.co.us>, "Stewart, Kathryn" <Kathryn.Stewart@dphe.state.co.us>, mira.neumiller@state.co.us
Cc: Aaron Urdiales/R8/USEPA/US@EPA, Olive Hofstader/R8/USEPA/US@EPA, Jocelyn Hoffman/R8/USEPA/US@EPA
Date: 12/02/2011 01:25 PM
Subject: Revised FFY10 CO PDA (3A State/Federal Comments Incorporated)



Joe, Kathryn, Mira, Aaron, Olive, Jocey,

Please see attached, especially added 3A State/Federal comments ... which Mira and I have jointly 'blessed.'

Randy



CO PDA 7-26-11.xlsx