

State Review Framework

Louisiana Round 2 Report
for Federal Fiscal Year 2010

September/2012

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Louisiana Department of Environmental Quality Enforcement Program Review
State Review Framework
Fiscal Year 2010

(September 2012)

I. EXECUTIVE SUMMARY

Significant Findings and Recommendations

The State Review Framework review of the Louisiana Department of Environmental Quality (LDEQ) identified many areas where LDEQ is meeting program goals. In addition, LDEQ is aggressively pursuing improvement in areas that did not meet program goals. The review also provides the following recommendations:

CAA

- monitor improvements in the reliability of data uploads from the State's TEMPO data system into the national database
- ensure accuracy of data associated with Clean Air Act High Priority Violations (HPVs).

RCRA

- ensure the timely entry of significant non-compliance data for the hazardous waste enforcement program

Summary of Programs Reviewed

I. CAA Program

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

- LDEQ definition for HPV discovery and day zero do not match EPA's HPV Policy leading to data inaccuracies in the national database (Air Facilities System, AFS).
- There were data timeliness issues associated with uploads into AFS, from the State's TEMPO database.

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

- Recent AFS uploads show LDEQ has made good progress toward data completeness in AFS.
- LDEQ met its enforcement/compliance related commitments.
- LDEQ completed the universe of planned inspections.
- Generally, LDEQ compliance monitoring reports are thorough and timely;

- no chronic problems, but some attention needed to insure high quality.
- Compliance determinations are accurate, however not always timely reported in AFS.
- LDEQ accurately identifies HPVs, however, they are not always identified in AFS in a timely fashion.
- Enforcement actions included required corrective action and compliance time frames.
- HPVs are addressed in an appropriate manner, however, the addressing actions do not always meet EPA's HPV Policy timeliness criteria.
- Penalty calculations document gravity and economic benefit considerations.
- Penalty collection was documented in a settlement agreement tracking system.

II. CWA/NPDES Program

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

- Data were complete in the national database (Inspection Compliance Information System, ICIS)
- Data in ICIS were generally accurate with some areas needing attention
- Data in ICIS were timely
- LDEQ met its compliance and enforcement related commitments
- LDEQ inspection coverage was consistent with the approved compliance monitoring plan
- LDEQ narrative inspection reports were thorough and complete
- Compliance determinations were accurate and violations timely identified in ICIS
- Instances of significant non-compliance were accurately and timely identified in ICIS
- Enforcement actions required corrective action and included compliance time frames
- Enforcement actions were appropriate, but in some instance they exceeded EPA policy timeframes
- Penalty documentation reflected consistency with national penalty policy goals
- Penalty collection was tracked

III. RCRA Program

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

- Instances of significant non-compliance were properly identified, but were not timely reported in the national database RCRAInfo.

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

- Data were complete in RCRAInfo
- RCRAInfo data were accurate
- RCRAInfo data were timely
- Compliance and enforcement commitments were met
- Inspection coverage was consistent with LDEQ's approved compliance monitoring plan
- Inspection reports were thorough and timely
- Compliance determinations were accurate and violations were timely reported in RCRAInfo
- Enforcement actions included compliance requirements and timeframes
- Enforcement actions met EPA Enforcement Response Policy timeframes and appropriateness criteria
- Penalty documentation included consideration of the gravity of violations and economic benefit
- Penalty collection was tracked

II. BACKGROUND INFORMATION ON STATE PROGRAM AND REVIEW PROCESS

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

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

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

A. GENERAL PROGRAM OVERVIEW

- **Agency Structure:** LDEQ is the cabinet level agency responsible for administering Louisiana’s environmental programs under various statutes including the Clean Air Act, Clean Water Act and the Resource Conservation and Recovery Act. LDEQ’s compliance monitoring and enforcement programs are centralized under the Office of Environmental Compliance. **Compliance/Enforcement Program Structure:** The Office of Environmental Compliance is organized into 4 Divisions: Inspection, Enforcement, Assessment and Underground Storage Tanks and Remediation. The Inspection Division carries out compliance monitoring activities for the Department. Inspectors are based out of 6 Regional Offices. In addition to inspections the Regional Offices also carry out some limited enforcement functions, but all formal enforcement is conducted by the Enforcement Division at the Headquarters office in Baton Rouge.
- **Roles and responsibilities:** Among the programs LDEQ administers, the Department has assumed the NPDES program and is authorized to administer the RCRA hazardous waste and CAA stationary source programs.
- **Local Agencies included/excluded from review:** None
- **Resources:** Please see Appendix I – LDEQ Five Year Strategic Plan
- **Staffing/Training:** Please see Appendix I
- **Data reporting systems/architecture:**
 - LDEQ enters data directly into a State database, TEMPO, and uploads data into the EPA national data bases. The new enhanced upload from Tempo to AFS should be in the near future. LDEQ is currently cleaning up the older data in

Tempo in preparation of the upload which will send more complete information than previous uploads to AFS.

B. MAJOR STATE PRIORITIES AND ACOMPLISHMENTS

- **Priorities:** Please see Appendix I
- **Accomplishments:**
 - RCRA - LDEQ achieved a 100% timely RCRA Enforcement for FY 2011 (as documented by the Hazardous Waste Program End-of-Year EOY Report). Fifteen (15) RCRA Significant Noncomplier (SNC) facilities were returned to compliance in FY 2011. Due to an increased emphasis on timely follow-up inspections and the timely review of violator-submitted responses to formal enforcement actions, LDEQ decreased the number of Louisiana-designated RCRA Watchlist Facilities from fourteen (14) beginning in July 2010 to five (5) in January 2012.
- **Best Practices:** None identified
- **Element 13:** None identified

C. PROCESS FOR SRF REVIEW

- **Review Period:** October 1, 2009 - September 30, 2010
- **Key Dates:**
 - Preliminary meeting: August 25, 2010
 - Kick-off letter and data transmittal: January 20, 2011
 - Data corrections received: March 11, 2011
 - Preliminary data analysis and file selection list provided: April 28, 2011
 - File reviews conducted: May-June 2011
 - Draft report provided: December 21, 2011
- **Communication with the State:**

The second round SRF began with a policy level meeting for Region 6 State Directors on August 25, 2010. An on-site review of Clean Air Act compliance and enforcement files was conducted in May 2011. File reviews for the Clean Water Act and Resource Conservation and Recovery Act were conducted remotely using LDEQ's Electronic Document Management System. Throughout the SRF review process LDEQ and the Region have communicated by e-mail and phone as needed. The goal was for the LDEQ and EPA review teams to be equally informed throughout the review.
- **List state and regional lead contacts for review.**
 - LDEQ:
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III. STATUS OF OUTSTANDING RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of LDEQ's compliance and enforcement programs, LDEQ and Region 6 identified a number of actions to be taken to address issues found during the review. LDEQ completed some of those actions. The table below shows the actions that have not been completed at the time of the current SRF review. (Appendix A contains a comprehensive list of completed actions for reference).

Status	Due Date	Media	Element	Title	Finding
Not completed in round 1, identified in round 2		CAA	Data Accuracy	Address data mapping issues	In 2005 LDEQ was incorrectly reporting the date received as the date reviewed and was not reporting the actual review date. LDEQ staff stated that 100% of the ACCs received were reviewed. The date received and the date reviewed are both in the State's TEMPO system, however, these dates are not showing up in AFS. LDEQ attributes this to a data mapping problem.
Not completed in round 1, identified in round 2.		CAA	Data Accuracy	Update CMS frequencies	Facilities with unknown compliance status need to have CMS frequencies updated.
Not completed in round 1, identified in round 2.		CAA	Data Accuracy		More HPVs than non-compliant sources - combination of Region 6 and LDEQ HPV data entries

IV. FINDINGS

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

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, process, or policies that have the potential to be replicated by other States and that can be highlighted as a practice for other states to emulate. No further action is required by either EPA or the State.
Meets SRF Program Requirements	This indicates that no issues were identified under this Element.
Areas for State* Attention *Or, EPA Region’s attention where program is directly implemented.	This describes activities, processes, or policies that the SRF data metrics and/or the file reviews show are being implemented with minor deficiencies that the State needs to pay attention to strengthen its performance, but are not significant enough to require the region to identify and track state actions to correct. This can describe a situation where a State is implementing either EPA or State policy in a manner that requires self-correction to resolve concerns identified during the review. These are single or infrequent instances that do not constitute a pattern of deficiencies or a significant problem. These are minor issues that the State should self-correct without additional EPA oversight. However, the State is expected to improve and maintain a high level of performance.
Areas for State * Improvement – Recommendations Required *Or, EPA Region’s attention where program is directly implemented.	This describes activities, processes, or policies that the metrics and/or the file reviews show are being implemented by the state that have significant problems that need to be addressed and that require follow-up EPA oversight. This can describe a situation where a state is implementing either EPA or State policy in a manner requiring EPA attention. For example, these would be areas where the metrics indicate that the State is not meeting its commitments, there is a pattern of incorrect implementation in updating compliance data in the data systems, there are incomplete or incorrect inspection reports, and/or there is ineffective enforcement response. These would be significant issues and not merely random occurrences. Recommendations are required for these problems that will have well defined timelines and milestones for completion. Recommendations will be monitored in the SRF Tracker.

Clean Air Act

Element 1 Degree to which the Minimum Data Requirements are Complete		
1.1	Is this finding a(n) (select one):	Good Practice Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention Area for State Improvement – Recommendations Required
	Finding	Recent AFS uploads show LDEQ has made good progress toward data completeness in AFS.
	Explanation. (If Area for State Attention, describe why action not required, if Area for Improvement, provide recommendation narrative.)	The preliminary data analysis (appendix D) shows numerous element 1 data metric changes. Since the previous SRF review, LDEQ has been working on improvements to uploads from TEMPO into AFS. This work continued into FY11. The June 2011 update using the universal interface showed no errors with the upload (i.e., all the data in TEMPO made it into AFS). Prior to this SRF review, HPV discovery dates were not being entered into AFS (metric 1h1). Data for violating pollutants (1h2) and violation type codes (1h3) were being entered manually. LDEQ is now entering HPV discovery dates, pollutants and violation codes into a new version of TEMPO which uploads into AFS. Related training for staff was also provided. The February and June 2011 uploads show the good progress LDEQ has made. This along with continued enhancements to TEMPO should help provide complete data in AFS on a sustained basis.
	Metric(s) and Quantitative Value	Data Metric 1h1: HPV Day Zero Pathway Discovery date: Percent DZs with discovery Value: 0 See appendix D for complete list of data metrics
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

Element 2 Degree to which Minimum Data Requirements are Accurate		
2.1	Is this finding a(n) (select one):	Good Practice Meets SRF Program Requirements Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	LDEQ definition for HPV discovery and day zero do not match EPA's HPV Policy leading to data inaccuracies.
	Explanation. (If Area for State Attention, describe why action not required, if Area for Improvement, provide recommendation narrative.)	LDEQ reported corrections to data related to stack tests – without pass/fail results (2b1) and number of failures (2b2). These data were corrected in the February and June uploads discussed in finding 1.1 above. 29 files were reviewed - 16 inspections, 13 enforcement actions (1 enforcement action addressed 4 facilities). 15 of 16 inspection files had accurate data in AFS. AFS was missing applicable subparts for 1 inspection file reviewed. LDEQ reported this issue was resolved in AFS in September, 2011. Two facilities with enforcement actions were missing NESHAPs subparts in AFS. One synthetic minor has a major status in AFS and this issue was resolved in September, 2011. For the 12 HPV enforcement files reviewed, violation discovery dates and day zeros were not consistent with the HPV Policy. LDEQ policy, based upon State rules (La RS 2025.C(3) and 2050.1), has been not to identify a violation in AFS until an enforcement action alleging the violation was issued. The day zero LDEQ enters into AFS is the issuance date. Therefore, in terms of EPA's HPV Policy, Day Zeros in AFS have been inaccurate. LDEQ is now entering HPV discovery dates, however, using EPA's definition of discovery, the discovery dates for

	the facilities reviewed were not accurate. LDEQ corrected data metric 1k to show 48 majors missing CMS codes in AFS. LDEQ completed entering CMS codes for those facilities by September, 2011.
Metric(s) and Quantitative Value	File Metric 2c: % of files reviewed where MDR data are accurately reflected in AFS. Value: 52%
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	LDEQ should enter the applicable subparts for the facilities identified in the file review. Facility status should be corrected in AFS for the synthetic minor facility identified above. In addition, LDEQ should enter missing CMS codes for majors. These data correction should be completed by the next AFS upload. LDEQ should enter accurate HPV day zeros and discovery dates consistent with EPA's HPV Policy.

Element 3 Degree to which Minimum Data Requirements are Timely

3.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p><input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required</p>
	Finding	There were timeliness issues associated with uploads for TEMPO
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	The data metrics reflect that relatively low percentages of MDRs are entered into AFS in a timely fashion. Most of this is attributable to difficulties in getting data uploaded from TEMPO into AFS. In some instances (e.g., HPV discovery date) data was not being entered. Generally, MDRs being entered manually are timely. LDEQ believes that recent success with the universal interface reflects sustainable improvement to data uploads into AFS which should improve timeliness. The Region's air enforcement staff and their LDEQ counterparts will monitor the effects of these improvements on timeliness over FY12 and determine additional measures as the need arises.
	Metric(s) and Quantitative Value	<p>Data Metric 3a: Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY) Value: 16.7%</p> <p>Data Metric 3b1: Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY) Value: 21.2% (corrected to 2.9%)</p> <p>Data Metric 3b2: Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY) Value: 51.9% (corrected to 23.3%)</p> <p>Data Metric 5a: CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle) Value: 63.2%</p>
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	The Region's air enforcement staff will monitor the improvements to monthly uploads from TEMPO to get a better sense of sustainability and determine the need for any additional measures by September 30, 2012. Monthly data calls, attended by appropriate air enforcement Staff and Management from EPA region 6 and LDEQ, provide the forum for this.

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

4.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	LDEQ met its enforcement/compliance related commitments
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	<p>Under the FY10 PPG, LDEQ provided a compliance monitoring plan projecting inspection coverage – 50% of the majors, 20% of the SM-80s, but LDEQ also noted potential difficulties in meeting these coverage goals due to budget and resource reductions. The Region approved LDEQ’s FY10 CMS plan.</p> <p>In FY10, LDEQ conducted FCEs at 237 majors and 16 SM-80s – approximately 47% majors and 18% SM-80s coverage. The FY10 PPG also included a provision for entering MDRs into AFS, tracking AFS data improvement recommendations from the previous SRF review. During FY10, data improvements were ongoing and LDEQ completed enhancements to TEMPO to map the date reviewed for compliance certifications from TEMPO to AFS. LDEQ’s shortfalls in major and SM80 inspection coverage were attributed to the loss of some inspector positions and budget reductions. The caveat of a resource related shortfall was included with LDEQ’s approved compliance monitoring plan for FY10.</p>
	Metric(s) and Quantitative Value	File metric 4.a: projected inspection levels and data improvements Value: 100%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

5.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	LDEQ completed the universe of planned inspections
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	<p>LDEQ’s FY10 inspection coverage is discussed in finding 4.1 above. LDEQ’s FY10 compliance monitoring plan projected FCEs at 50% of the major sources and 20% of the SM-80s, noting that the loss of some inspector positions and budget reductions might impact inspection numbers. In FY10 LDEQ conducted FCEs at 47% of the majors and 18% of the SM-80s.</p> <p>Data metric 5a indicates that 63.2% of majors had an FCE over the 2 yr CMS cycle. The metric showed 167 not inspected within the 2 year CMS cycle. Most did get inspected in FY 2010, however, more than 2 years had elapsed since the previous inspection (therefore not inspected in the 2 year CMS cycle). LDEQ attributed this timeliness issue to the need to make staffing adjustments to compensate for the loss of positions, and budget reductions. AFS currently shows 98% FCE majors coverage meeting their CMS frequencies and 96% SM80s inspected per CMS plan frequency.</p> <p>The data shows 48 facilities with unknown compliance status. AFS automatically assigns the unknown compliance status to facilities which are not inspected within its designated CMS cycle. This also is a data timeliness-upload issue. Of those facilities with unknown compliance status in the original data set, AFS shows 2 with unknown compliance status.</p>

	Inspection coverage is also discussed in finding 4.1, where the approved compliance monitoring plan for FY10 included a caveat for marginal shortfalls due to resources. Current inspection coverage levels show that LDEQ has been able to compensate for the shortfall through some shifts in staffing. Beyond this, additional attention is not needed at this time.
Metric(s) and Quantitative Value	Data Metric 5a1: CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle) Value: 63.2% Data Metric 5b1: CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle) Value: 84.3% Data Metric 5e: Number of Sources with Unknown Compliance Status (Current) Value: 48
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

6.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p><input checked="" type="checkbox"/> Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	Generally, LDEQ compliance monitoring reports are thorough and timely; additional attention to inspection report thoroughness is needed to insure completeness of inspection reports.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	Sixteen FCEs were reviewed. Of those, 14 fully documented the FCE using the criteria spelled out in EPA's CMS Policy. (88% of the reports reviewed documented complete FCEs). One report did not specify PCE or FCE, however, as an FCE, it did not document the visible emission observation. One report was missing attachments. Of the 16 FCE reports reviewed, 9 provided complete documentation. (56% of the reports themselves were complete). One report indicated NSPS and NESHAPs were not applicable, but the permit included both. One report did not include a full description of compliance monitoring activities. One report did not identify all applicable requirements or include enforcement history. One report did not specify FCE or PCE, identify all applicable requirements or include enforcement history. Two reports were missing attachments. One report was missing enforcement history. These deficiencies indicate the need for additional attention in meeting departmental procedures for including all of the necessary components of the FCE report.
	Metric(s) and Quantitative Value	File Metric 6b: % of FCEs that meet the definition of an FCE per the CMS policy. Value: 88% File Metric 6c: % of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility. Value: 56%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

7.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p><input checked="" type="checkbox"/> Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	Compliance determinations are accurate, however not always timely reported in AFS.
	Explanation. (If Area for State Attention, describe why action not required, if Area for Improvement, provide recommendation narrative.)	<p>The review indicates that LDEQ makes accurate compliance determinations. Our review identified that compliance determinations made from the reports were accurate based on the file review. No violations were observed or identified in the 16 FCE reports selected for review.</p> <p>The data (7c2) reflects a low percentage of stack test failures with non-compliance status. According to LDEQ this is due to a combination of factors – data timeliness issues associated with uploads and LDEQ policy regarding reporting violations in AFS (discussed below and in finding 2.1). In the future, delays due to uploads should be minimal, however, LDEQ policy will continue to impact the timeliness of reporting violations in AFS. It continues to be LDEQ’s policy to report all violations in AFS, but not to identify violations in AFS until the Secretary of the DEQ concurs on the violation. This does not preclude timely non-compliance reporting in AFS, but often results in non-compliance status not being entered into AFS within 60 days of discovery as required under EPA policy.</p>
	Metric(s) and Quantitative Value	<p>File Metric 7a: % of CMRs or facility files reviewed that led to accurate compliance determinations. Value: 100%</p> <p>File Metric 7b: % of non-HPVs reviewed where the compliance determination was timely reported to AFS. Value: NA</p> <p>Data Metric 7c2: Percent facilities that have had a failed stack test and have noncompliance status (1 FY) Value: 0 (corrected to 15.4%)</p>
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

8.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p><input checked="" type="checkbox"/> Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	LDEQ accurately identifies HPVs, however, they are not always identified in AFS in a timely fashion.
	Explanation. (If Area for State Attention, describe why action not required, if Area for Improvement, provide recommendation)	<p>Data metric 8a indicates an HPV identification rate comparable with the rest of the country. Metric 8c, however, indicates a relatively low percentage of formal actions with prior HPV designations.</p> <p>Twelve of the 13 enforcement actions reviewed were HPV actions. One non-HPV action was reviewed addressing a violation (construction without a permit) that the Region believes should have been classified as an HPV. At the time the violation occurred, a major source determination was not made. The determination wasn’t made until the title V permit was issued in 2009, so all subsequent actions will take into account the major source status.</p>

narrative.	In the previous SRF review, the Region reported that LDEQ did not designate day zero consistent with the HPV Policy. As a policy matter, LDEQ does not identify HPVs in AFS until they are identified as HPVs by the Secretary of DEQ as violations. The accuracies of HPV day zero and discovery dates in AFS are addressed in finding 2.1 above. For the 12 HPV actions reviewed, none met the EPA HPV Policy criteria for timely data entry. The Region believes that the low percentage of formal actions with prior HPV designations, together with delays in HPV data entry due to the Day Zero issue, makes HPV identification an area for continued State attention.
Metric(s) and Quantitative Value	Data Metric 8a: High Priority Violation Discovery Rate - Per Major Source (1 FY) Value: 4.6% Data Metric 8c: Percent Formal Actions With Prior HPV - Majors (1 FY) Value: 42.9% (corrected to 33.3%) Data Metric 8e: Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY) Value: 0 (corrected to 14.3%) File Metric 8f: % of violations in files reviewed that were accurately determined to be HPV. Value: 92%
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

9.1	Is this finding a(n) (select one):	<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	Enforcement actions included required corrective action and compliance time frames	
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	All FY10 formal actions reviewed were penalty actions. Each of these penalty actions was preceded (prior to the FY10 review period) by either a formal action (compliance order and notice of proposed penalty, CONOPP) or informal action (notice of proposed penalty, NOPP). Nine of the penalty actions reviewed were preceded by CONOPPs which qualified as addressing actions under the HPV Policy specifying required corrective actions and time frames. Four of the penalty actions were preceded by NOPPs which are not considered addressing actions and did not specify required corrective actions because the violations had already been corrected.	
Metric(s) and Quantitative Value	File 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. Value: 100%	
State Response		
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this		

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

10.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p><input checked="" type="checkbox"/> Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	HPVs are addressed in an appropriate manner, however, the addressing actions do not always meet the HPV Policy timeliness criteria.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>The 13 formal actions reviewed were penalty actions and as discussed in finding 9.1, these penalty actions were preceded by either CONOPPs or NOPPs. CONOPPs require corrective actions to comply within specified time frames and meet the criteria under the HPV Policy for addressing actions. NOPPs are issued where no corrective action is needed (compliance achieved) and do not meet the HPV Policy criteria for addressing actions. Twelve of the formal (penalty) actions addressed HPVs. Four penalty actions were preceded by timely CONOPPs (timely using EPA’s HPV Policy definition of day zero). Eight of the HPVs were not addressed within 270 days of (EPA’s) day zero. These 8 facilities received NOPPs, and consistent with State policy, penalty actions were required to be issued prior to finalizing the enforcement action. All 12 HPV enforcement actions reviewed met the HPV Policy criteria for appropriate addressing actions.</p> <p>LDEQ attributes delays in issuing the addressing penalty actions to the settlement process, where negotiations are often protracted and where multiple violations spanning months or years are often wrapped into single actions. Nonetheless, LDEQ will examine current practices to ensure that HPV Policy timeframes are met when possible.</p> <p>Timeliness of HPV addressing actions will continue to be a standing agenda item for the monthly HPV calls, as well as quarterly Enforcement manager’s meetings.</p>
	Metric(s) and Quantitative Value	<p>Data Metric 10a: Percent HPVs not meeting timeliness goals (2 FY) Value: 28.6%</p> <p>File Metric 10b: % of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days). Value: 31%</p> <p>File Metric 10c: % of enforcement responses for HPVs appropriately addressed. Value: 100%</p>
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

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11.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	Penalty actions reviewed were final actions with no initial penalty calculations. Penalty calculations document gravity and economic benefit considerations
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	All 13 penalty actions considered and included a gravity component and an economic benefit component where appropriate. The State penalty rule requires consideration of 9 penalty factors including gravity and monetary benefit. Penalty amounts appeared to be consistent with EPA national policy.
	Metric(s) and Quantitative Value	File Metric 11a: % of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit. Value: 100%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

12.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	Most of the final penalty actions reviewed were not preceded by proposed penalties. Penalty collection was documented in a settlement agreement tracking system.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>The data metric 12b shows a low percentage of the enforcement actions at HPV facilities contain penalties. According to LDEQ, most HPVs will receive a penalty action, however, LDEQ’s enforcement rules require that LDEQ provide notice and offer an opportunity to confer before a penalty action can be issued. That is why these notices are either formal addressing actions (Consolidated Compliance Order and Notice of Proposed Penalty - CONOPP) or informal enforcement actions (Notice of Proposed Penalty - NOPP). The CONOPP, which is appealable, or the NOPP would lead to a Penalty Assessment which can be appealed.</p> <p>At any point in the enforcement process, however, the violating facility can submit a settlement proposal. This could culminate in a Settlement Agreement. According to LDEQ’s SOP for Settlement Agreements, the settlement proposal must include a cash penalty consistent with the State’s penalty rule.</p> <p>Two of the 13 penalty actions reviewed were Penalty Assessments and were not final penalty actions during the review period. Eleven of the 13 penalty actions reviewed were Settlement Agreements – final penalty actions. Ten of the 11 reflected no initial penalty figures proposed. The files do not document initial penalty proposals from the facilities. They do, however, document the agreed-to penalty figures. One of the Settlement Agreements reviewed was preceded by a Penalty Assessment (issued prior to the review period) with a different penalty figure. The file documented the rationale for the difference.</p> <p>LDEQ uses a settlement agreement tracking system database to monitor the settlement agreement process including</p>

	the payment of penalties. All penalties reviewed indicated penalty payment in the tracking system. Two of the 11 final penalty files reviewed (from the Electronic Document Management System) also contained documentation of penalty collection.
Metric(s) and Quantitative Value	Data Metric 12b: Percent Actions at HPVs With Penalty (1 FY) Value: 30.6% (corrected to 28.2%) File Metric 12c: % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty. Value: 100% File Metric 12d: % of files that document collection of penalty. Value: 100%
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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Note: LDEQ and Region 6 determined to conduct this SRF review using FY10 data. The data portion of the review is therefore based upon FY10 data. The Region, however, inadvertently selected NPDES files with the OTIS file selection tool based upon FY09 activities. Therefore, the inspection reports and enforcement actions reviewed were generated during FY09 instead of FY10. This, however, should not undermine an objective and useful review of LDEQ's LPDES enforcement program.

Element 1 Degree to which the Minimum Data Requirements are Complete		
1.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p><input checked="" type="checkbox"/> Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	LDEQ maintains a complete set of required data. EPA's review of the data provided at the time of the Framework Review were reflected accurately in the database, however, LDEQ identified discrepancies (in terms of accuracy) in the original data set used in this review and provided corrected data (see appendix E). Some OTIS data (e.g., data metrics 1b, 1c) were not available at the time the data were provided to LDEQ to verify.

<p>Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.</p>	<p>Upon notification of these discrepancies, LDEQ responded promptly to correct these errors. These have since been populated. OTIS data is derived from the data inputted into ICIS-NPDES by the LDEQ staff, therefore, all data entry should be entered in a timely manner to eliminate any future occurrences and ensure correct and accurate status is available during the review period.</p> <p>LDEQ should conduct regular QC of the data to ensure OTIS data is current at all times.</p>
<p>Metric(s) and Quantitative Value</p>	<p>See Appendix E</p>
<p>State Response</p>	<p>LDEQ maintains complete MDRs, however, they identified discrepancies affecting accuracy in the original data set used in this review and provided corrected data (see finding 2.1). Some OTIS data (e.g., data metrics 1b, 1c) were not available (due to EPAs inadvertent selection of FY09 NPDES files) at the time the data were provided to LDEQ to verify. These have since been populated.</p>
<p>Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)</p>	

Element 2 Degree to which Minimum Data Requirements are Accurate

<p>2.1</p>	<p>Is this finding a(n) (select one):</p>	<p>Good Practice Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention Area for State Improvement – Recommendations Required</p>
<p>Finding</p>		<p>Generally, data is accurate, however, there were some discrepancies in universe and activity counts needing attention.</p>
<p>Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.</p>		<p>LDEQ reviewed the original data set and identified some discrepancies in universe and activity counts. The universe counts are somewhat dynamic (e.g., facilities change status) and marginal changes are expected. LDEQ, however, identified a fairly significant discrepancy in the non-majors (individual permit) universe (metric 1a3) 1180 verses 2020 in OTIS.</p> <p>Regional staff reviewed the list of 99 inspected major facilities and verified whether the data has been entered in the ICIS-NPDES database. The State observed that for those data metrics designated as information only, the data may be misleading since those are not required data elements and may not be consistently reported. The numbers of informal enforcement actions (metric 1e) are low in OTIS according to LDEQ because informal enforcement actions such as phone calls, electronic correspondence and meetings are not included in the count. LDEQ also observed that the formal enforcement counts (metric 1f) are low because amended orders are not included in the count.</p> <p>A total of forty (40) facilities, (i.e., majors, 92-500s minors and significant minors and storm water facilities) were selected and reviewed from the universe for FY'09. The review reflects that generally the data in the national data system, ICIS-NPDES, were accurate and complete for all forty facilities. The data entered reflects the current permit requirements for the Permittees' address, limit sets, DMR data with actual violations and compliance monitoring for the appropriate facilities as required by the State guidance. Some penalty data in ICIS needs to be updated (see finding 12.1).</p>

	<p>Region and LDEQ will continue to monitor progress on MDRS through Annual Data Metrics analysis and discussions quarterly.</p>
<p>Metric(s) and Quantitative Value</p>	<p>Data Metric 1a3: Active facility universe: NPDES non-major individual permits (Current) Value: 2020 (corrected 1180) Data Metric 1e2: Informal actions: number of actions at major facilities (1 FY) Value: 37 (corrected 190) Data Metric 1f1: Formal actions: number of major facilities (1 FY) Value: 31 (corrected 37) Data Metric 2a: Actions linked to violations: major facilities (1 FY) Value: 100% File Metric 2b: % of files reviewed where data is accurately reflected in the national data system. Value: 100%</p>
<p>State Response</p>	<p>According to LDEQ the OTIS counts for unresolved compliance and permit schedule violations (metrics 7b and 7c) are high because some overdue schedules are the result of appealed enforcement actions that cannot be achieved or addressed until the appeal process is final or because compliance was achieved late. As detailed in our response provided to Region 6 on March 11, 2011, of the 44 identified overdue schedules only 15 were found to be overdue and unaddressed. However, LDEQ has instituted a review process by which the 15 identified overdue compliance schedule violations will be reviewed and addressed in a timely manner. The Region and LDEQ will monitor these and update ICIS as they are resolved.</p> <p>Metric 1a3: This is the only area in which data in ICIS is inaccurate. There are ~1000 general permits in ICIS from shortly after migration from PCS to ICIS-NPDES that were created as individual permits rather than general permit covered facilities. The primary reason for the inaccuracy is a lack of training on how to enter general permit covered facilities into ICIS. However, it should also be noted that LDEQ was not notified about the data verification process for this data for the problem to be identified and corrected. Furthermore, all counts of individual and general permits provided by EPA Region 6 in the Region 6 Monthly NPDES Activity Report have been accurate each month indicating that the permits coded in ICIS were being correctly identified by EPA Region 6. LDEQ requests that EPA Region 6 include information explaining that notification of the data verification process was not provided to LDEQ as it was to other states to allow for the data discrepancy to be identified and corrected prior to the SRF data becoming frozen.</p> <p>According to LDEQ, approximately 1000 of these are covered by a general permit, but were created as individual permits rather than general permit covered facilities. The primary reason for the inaccuracy is a lack of training on how to enter general permit covered facilities into ICIS. The data has been corrected and staff has been trained. LDEQ also commented that they did not receive notice of the data verification process in time to correct the data before it was frozen.</p> <p>Data Metrics provided for information only: This is also not a data inaccuracy on the part of the state and should be removed. Data that we are not required to maintain is not part of the State Review Framework titled “Element 2 Degree to which Minimum Data Requirements are Accurate”</p> <p>Metrics 1e and 1f: As discussed in the conference call with Region 6 prior to the release of this draft report, this issue is not related to data inaccuracy on the part of the state and should be removed. It is an inaccuracy in the data metrics query.</p>
<p>Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)</p>	

Element 3 Degree to which Minimum Data Requirements are Timely

3.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	LDEQ enters data in a timely fashion
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	<p>The file reviews conducted by EPA indicates that LDEQ entered data in a timely fashion for all DMR data and the QC of this data is very precise and accurate, however there are instances of delinquent compliance schedule achieved date and causing the facility to show noncompliance.</p> <p>In providing corrected data, LDEQ has indicated that there were some delays in entering achieved dates related to the unresolved compliance and permit schedule violations occasionally because enforcement actions issued and appealed by the Permittee can't be entered until the appeal process has been finalized, thus providing an inaccurate status for that facility.</p> <p>Due to LDEQ's enforcement actions appeal process, EPA would recommend that the State provide a list of facilities with appeals for the time period for all future Annual DMAs and Framework Reviews to the EPA Water Enforcement State Coordinator for consideration in rating this Metric.</p>
	Metric(s) and Quantitative Value	<p>Data Metric 3.A Timeliness of data entry, degree to which the minimum data requirements are accurate.</p> <p>Value: Of 473 formal enforcement actions only 6 were entered late resulting in a 98.7% timely, 100% timeliness for DMR data entry and a 99.4% timeliness rate at the outfall level for DMR.</p>
	State Response	<p>LDEQ has never indicated that there were delays in entering enforcement actions in ICIS-NPDES. I recommend that this be removed and the finding be changed to "Good Practice".</p> <p>The frozen SRF data for Metric B this period indicates we had a 100% timeliness for DMR data entry for major permits and a 99.4% timeliness rate at the outfall level for DMRs.</p> <p>The timeliness of data entry in ICIS-NPDES can be verified programmatically for formal enforcement actions. Of the 473 formal enforcement actions entered for FY 2010, only 6 were entered late (98.7% timely)</p>
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

4.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	LDEQ was able to fully meet their commitment for this Metric, in spite of the unforeseen situation with the BP oil spill and the necessary shifting of resources to address the spill.

<p>Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.</p>	<p>Under the Performance Partnership Grant, LDEQ provided a compliance monitoring plan for FY10. It projected Compliance Evaluation Inspections (CEIs) at 50% of the major permittees and CEIs at 20% of the significant minors universe. The Region approved LDEQ's compliance monitoring plan. LDEQ reported inspecting 99 out of a universe of 237 majors (42%) and 280 out of a universe of 1180 (24%) non-majors. LDEQ attributed changes in inspection levels to unforeseen resource shifts to accommodate the BP spill response. EPA believes that LDEQ would have met the 50% major requirement had they not had to address the BP Oil Spill and therefore we have identified this Element as Meets SRF Program Requirements. Even with the unforeseen BP spill, LDEQ's staff was productive in completing a large portion of the majors, 92-500s and significant minor (TESI Consent Decree minor) facilities inspections. The 8% majors deficiency was due to force majeure rather than program or process deficiencies while also exceeding the non-majors requirements.</p> <p>The State's PPG commitments require identification of violations and initiation of enforcement actions for all majors, 92-500 minors (ie, TESI Consent Decree minor facilities) and significant minors for effluent limits , inspections deficiencies, discharge monitoring reports (DMRs) and compliance schedules. The PPG commitments also require timely data entry into the national database. They also require submission of the annual reports on noncompliance of non major facilities, and timely and appropriate actions for facilities displayed on the Quarterly Noncompliant Report (QNCR) and Watch List. LDEQ met these commitments and met the inspection coverage commitments given the need to move resources to respond to the oil spill.</p>
<p>Metric(s) and Quantitative Value</p>	<p>Data Metric 4b Other Commitments. Delineate the commitments for the FY under review and describe what was accomplished, i.e., PPAs PPGs, grant agreements, MOAs and other relevant agreements. Value: 100% under PPGs and grant agreements for entering and tracking of data.</p>
<p>State Response</p>	<p>LDEQ attributed changes in inspection levels to unforeseen resource shifts to accommodate the BP spill response.</p>
<p>Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)</p>	

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

<p>5.1</p>	<p>Is this finding a(n) (select one):</p>	<p>Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required</p>
<p>Finding</p>		<p>LDEQ was not able to fully meet their commitment for this Metric for major permittees due to the exigency of circumstances as a result of the BP oil spill.</p>
<p>Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.</p>		<p>As discussed in finding 4.1 above, LDEQ projected inspecting 50% of the major permittees in FY10. The State reported 99 out of 237 majors were inspected in FY10 approximately 42% of the majors universe. LDEQ also reported conducting 280 CEIs at non-majors, approximately 24% of the universe. The shortfall in majors inspections was due to the unforeseen need to shift resources to address the BP oil spill. The Region supported LDEQ's decision to shift resources to respond to the oil spill, therefore, the shortfall in planned inspections is not an area for State attention.</p>
<p>Metric(s) and Quantitative Value</p>		<p>Data Metric 5a: Inspection coverage NPDES majors (1 FY) Value: Goal 50%/yr, LDEQ 39.8% (corrected 41.7%)</p>
<p>State Response</p>		<p>According to LDEQ, the data counts in OTIS for major and non-major inspections (metrics 5a and 5b) are low</p>

	<p>(e.g., OTIS shows 86 majors inspected, LDEQ reports 99 inspected). LDEQ believes the discrepancy in the number of major inspections may be a result of the process used in the query pull provided by EPA HQs. The query pull may only take into consideration active facilities and omits facilities that have been administratively continued, terminated and/or downgraded within the fiscal year. This discrepancy could be due to process errors by EPA (frozen universe may have been different than the pulled universe), that LDEQ codes in ICIS administratively continued facilities differently resulting in the data pull not being accurate.</p> <p>Metrics 5a and 5b: As discussed in the conference call with Region 6 prior to the release of this draft report, this issue is not related to data inaccuracy on the part of the state and should be removed. It is an inaccuracy in the data metrics query. It is important to note that the queries used by EPA for SRF Round 3 have been modified to address this issue.</p>
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

6.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p><input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required</p>
	Finding	Inspections are documented in EDMS, however, the Field Interview Form by itself does not document a thorough CEI.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>A total of thirty (30) inspection files were reviewed. One storm water inspection was not within the evaluation period, but was reviewed to determine the facility’s historical compliance status. Of the 30 files reviewed, 20 contained sufficient documentation and observations as to the thoroughness of compliance determinations. The other 10 were documented with Field Interview Forms (FIF). The FIF focuses on issues identified during the inspection and does not include the full narrative inspection report or the NPDES compliance evaluation inspection (CEI) checklist. It is impossible to determine from the FIF by itself if a complete CEI was conducted. A review of the State’s database indicates that data is being coded as CEI inspections in ICIS-NPDES from FIFs. This practice was observed during the previous SRF review and the Region recommended that the NPDES checklist accompany the FIF form in LDEQ’s Electronic Document Management System (EDMS) since the FIF alone does not always capture all the requirements to document a full CEI. Some inspections were located in the State’s EDMS but were missing from the OTIS database and vice versa. According to LDEQ, in FY 2010, they revised their procedures to ensure that the full narrative inspection report is forwarded to EDMS once it receives enforcement review. In the past narratives were held until the enforcement action was issued.</p> <p>LDEQ provided additional information regarding the 10 inspections mentioned above that only had FIFs in EDMS. Full narratives have since been placed in EDMS for 7 of the 10. Two of the 10 were not CEIs and the designation in ICIS has been corrected. One of the 10 is still under enforcement review (the full narrative will go to EDMS once the enforcement review is completed).</p> <p>To determine timeliness, inspections were reviewed from the date of the inspection until the date the Reviewer signed and dated the inspection. The time lapse ranged from zero to 183days to completion. Of the inspections with complete documentation in EDMS (20), eleven inspections were completed within the thirty day timeframe. The other inspections were ultimately completed as well.</p>
	Metric(s) and Quantitative Value	<p>File metric 6b: % of inspection reports reviewed that are complete. Value: (20/30) 67%</p> <p>File metric 6c: % of inspection reports reviewed that provide sufficient documentation to lead to an accurate</p>

	compliance determination. Value: (20/30) 67% File metric 6d: % of inspection reports reviewed that are timely. Value: (11/20) 55%
State Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	LDEQ should discontinue entering FIFs as a CEI immediately. If the state conducts a CEI due to the FIF, they should enter the CEI date only and refer to the FIF as an attachment. If LDEQ determines no CEI is warranted at the time the FIF should be entered as an informational document only. LDEQ and EPA will work together to determine the best method for entering the FIF into ICIS-NPDES for future data entry.

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

7.1	Is this finding a(n) (select one):	<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 are accurate and timely.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>A total of 30 files were reviewed for inspection reports and/or administrative file reviews. The compliance determination for each facility reviewed appeared to be accurate and referred for further action in accordance with the State’s guidance. Single event violations are entered into ICIS.</p> <p>In data corrections, LDEQ noted that the OTIS counts for unresolved compliance and permit schedule violations (metrics 7b and 7c) were inaccurately high. Some overdue schedules are the result of appealed enforcement actions that cannot be achieved or addressed until the appeal process is final or compliance was achieved late. As detailed in our response provided to Region 6 on March 11, 2011, of the 44 identified overdue schedules only 15 were found to be overdue and unaddressed. However, LDEQ has instituted a review process by which the 15 identified overdue compliance schedule violations will be reviewed and addressed in a timely manner. The Region and LDEQ will monitor these and update ICIS as they are resolved.</p>
	Metric(s) and Quantitative Value	<p>Data Metric 7b: Facilities with unresolved compliance schedule violations (at end of FY) Value: 42.3% (corrected 14.4%)</p> <p>Data Metric 7c: Facilities with unresolved permit schedule violations (at end of FY) Value: 50.6% (corrected 24.1%)</p> <p>File metric 7e: % of inspection reports or facility files reviewed that led to accurate compliance determinations. Value: 100%</p>
	State Response	<p>As one of few states that enter single event violations and link them to enforcement actions, it is recommended that this finding be considered a “Good Practice”</p> <p>Metrics 7b and 7c: As indicated above, LDEQ has never made any comments indicating that the discrepancy in the numbers is related to delays in entering enforcement actions. There are various reasons why the count in OTIS is incorrect. For example, some overdue schedules are the result of appealed enforcement actions that cannot be achieved or addressed until the appeal process is final or compliance was achieved late. As detailed in our response provided to Region 6 on March 11, 2011, of the 44 identified overdue schedules only 15 were found to be overdue and unaddressed. However, LDEQ has instituted a review process by which the 15 identified overdue compliance schedule violations will be reviewed and addressed in a timely manner for future SRF activities.</p>

	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	
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Element 8 Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.

8.1	Is this finding a(n) (select one):	Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
	Finding	SNC is accurately and timely reported into ICIS
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	LDEQ corrected the SNC rate (metric 8a) and noted those majors for which the Region retains the enforcement lead and also noted fluctuations in the majors universe. LDEQ’s PPG specifies SNC data entry requirements for majors, 92-500 and significant minors. Of the 40 facilities reviewed, 27 of the facilities are subject to SNC data entry requirements per the PPG. LDEQ met these requirements. Violations cited in inspections were accurately identified and referred for enforcement action as required. LDEQ enters SEVs for inspections only when an enforcement action is issued at which time the flags are raised and the action linked to the inspection. Single event violations are also entered for discretionary deficiencies, such as failure to reapply for a permit, discharge without a permit, late submittals, etc. In practice, LDEQ has consistently provided timely reporting of deficiencies from the time they become aware of them. They also link the enforcement action to the violation in the ICIS database.
	Metric(s) and Quantitative Value	Data metric 8a: SNC rate: percent majors in SNC (1 FY) Value: 30.5% (corrected 24.2%) File metric 8b: % of single event violation(s) that are accurately identified as SNC or Non-SNC. Value: 100% File metric 8c: % of single event violation(s) identified as SNC that are reported timely. Value: 100%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

9.1	Is this finding a(n) (select one):	Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
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Finding	LDEQ enforcement actions include requirements for corrective action and specify compliance time frames
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	<p>For a given violation, LDEQ handles the penalty and corrective action/compliance schedule components under separate actions. Among the 40 facility files reviewed, 10 non-penalty actions were reviewed – 6 formal and 4 informal.</p> <p>Five of the actions (all formal) addressed SNC and all 5 included required corrective actions and specified compliance time frames.</p> <p>Five of the actions (1 formal, 4 informal) addressed non-SNC violations or invited attention to recent inspection findings. The formal action, addressing non-SNC, included required corrective action and specified compliance timeframes. Two of the informal actions (i.e., no specific violations cited) referenced inspections and encouraged attention to the concerns identified in the inspections. The other 2 informal actions cited effluent violations and required compliance. Both were followed by formal enforcement actions 39 and 54 days later respectively (which included corrective measures and specified compliance time frames).</p> <p>In addition, 3 actions were reviewed addressing non-SNC violations in the storm water program. All three included required corrective actions and time frames.</p>
Metric(s) and Quantitative Value	<p>File Metric 9b: % of enforcement responses that have returned or will return a source in SNC to compliance. Value: 100%</p> <p>File Metric 9c: % of enforcement responses that have returned or will returned a source with non-SNC violations to compliance. Value: 100%</p>
State Response	<p>The detail provided in this section is misleading. Statements indicating that informal actions did not include required corrective actions and specified compliance timeframes indicates that the inclusion of those elements was expected. In summary, the review findings indicate that we took appropriate action where expected for all 40 files reviewed.</p> <p>LDEQ recommends the language be revised and that the finding be marked as “Good Practice” due to our Enforcement response value of 100%. There is no room for improvement.</p>
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

10.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p><input checked="" type="checkbox"/> Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
Finding	Actions reviewed were appropriate, but a few did not have timely enforcement action taken.	
Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	<p>LDEQ corrected the OTIS data on timely enforcement (metric 10a), stating that ICIS shows 0 out of 211 majors without timely action.</p> <p>The Region reviewed 10 non-storm water enforcement actions of which 5 were formal actions addressing SNC. Three of these met the timeliness criteria (i.e., issued within 60 days of the first QNCR for which SNC was determined). Two actions were not timely. Timeliness of enforcement actions addressing SNC is an area for State attention.</p> <p>All 5SNC enforcement actions reviewed were appropriate (i.e., consistent with Enforcement Management System guidelines).</p> <p>Five enforcement actions were reviewed that addressed non-SNC. Four of these met the timeliness criteria. One action was not timely. All five of the non-SNC actions were appropriate in terms of the Enforcement Management</p>	

	<p>System guidelines. Three storm water enforcement actions addressing non-SNC violations were also reviewed. All 3 satisfactorily addressed non-SNCs and were appropriate and timely.</p> <p>It is recommended that the state develop a written Enforcement Management System (EMS) to guide and facilitate timely and appropriate enforcement response and the escalation of enforcement action. A draft of the EMS document should be submitted with the FY13 Work Plan for EPA review and approval to be incorporated into the FY 14 Work Plan and PPG commitments.</p> <p>The EPA EMS requirement for action within 60 days for SNC violations is set to prevent the facilities from appearing on the Watch List.</p> <p>EPA recommends that LDEQ revisit their PPG agreement and consider incorporating the change from 150 days to 60 days for the FY13 Work Plan and PPG commitments.</p>
Metric(s) and Quantitative Value	<p>Data metric 10a: Major facilities without timely action (1 FY) Value: Goal < 2%, LDEQ 16.4% (corrected 0)</p> <p>File Metric 10b: % of enforcement responses reviewed that address SNC that are taken in a timely manner. Value: 60%</p> <p>File Metric 10c: % of enforcement responses reviewed that address SNC that are appropriate to the violations. Value: 100%</p> <p>File Metric 10d: % of enforcement responses reviewed that appropriately address non-SNC violations. Value: 100%</p> <p>File Metric 10e: % enforcement responses for non-SNC violations where a response was taken in a timely manner. Value: 80%</p>
State Response	<p>The explanation indicates that an Enforcement Management System was used to determine timeliness. LDEQ does not have an Enforcement Management System and instead follows requirements set forth in the Performance Partnership Grant. Furthermore, the 1989 EMS and the May 29, 2008, memo <i>Clarification of NPDES EMS Guidance on Timely and Appropriate Response to Significant Noncompliance</i> define timely and appropriate enforcement response for SNCs. These documents state that timely action is where a formal enforcement action is taken within 60 days of the SNC violation appearing on a 2nd quarterly non-compliance report (QNCR). The requirement for action within 90 days from SNC determination is inconsistent with both the EMS and the LDEQ PPG agreement.</p> <p>As discussed in the conference call where EPA Region 6 indicated that their review criteria used was incorrect, our commitments for timeliness for formal enforcement is to address SNC violations within 150 days from the violation detection date.</p> <p>We have no commitments related to non-SNC violations.</p>
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

11.1 Is this finding a(n) (select one):	<p>Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p>Area for State Attention</p>
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		Area for State Improvement – Recommendations Required
	Finding	Penalty documentation includes gravity and monetary benefit components.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	Thirteen penalty actions were reviewed. All included penalty documentation. One of the penalty files was an Expedited Penalty. The Expedited Penalty has fixed penalty amounts for specified minor to moderate violations. Aside from the Expedited Penalty, all of the remaining penalty files each included a Gravity component. All of the files included a Monetary Benefit component. While the Monetary Benefit is intended to eliminate the economic incentive for non-compliance, none of the penalty calculations included documentation describing the method by which delayed or avoided costs were recovered. Overall LDEQ's penalty rule results in adequate penalties.
	Metric(s) and Quantitative Value	File metric 11a: % of penalty calculations that consider and include where appropriate gravity and economic benefit. Value: 100%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

		Good Practice Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention Area for State Improvement – Recommendations Required
12.1	Is this finding a(n) (select one):	
	Finding	The penalty files reviewed did not include initial penalty proposals. LDEQ tracks penalty collection in ICIS.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	None of the 13 penalty files reviewed had different initial and final penalty figures. LDEQ issued 13 penalty actions (10 non-stormwater and 3 stormwater). The files reviewed documented final penalty figures as there were no initial penalties issued. One of the storm water penalty files documented that the Respondent provided the necessary information alluding to the penalty amount, otherwise LDEQ uses ICIS-NPDES to document penalty collection. A review of ICIS-NPDES confirmed that all 13 penalties have been entered and 9 of the 13 as collected. One penalty figure was entered under 2 different general permit numbers. Another penalty figure was entered under an individual permit. These were all ultimately combined into a single settlement figure under a different general permit number and updated in ICIS.
	Metric(s) and Quantitative Value	File Metric 12a: % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty. Value: NA File Metric 12b: % of enforcement actions with penalties that document collection of penalty. Value:69 %
	State Response	The information included in the explanation as well as the comment is inaccurate and misleading. First, the OTIS data is incorrect and incorrectly identifies penalty assessed values as penalties paid. The data in ICIS accurately reflects the penalty amounts assessed by the state and in a different field indicates the penalty amount collected. Next, the file review explanation inaccurately indicates that there were no initial penalties issued. Our regulations require that a notice of potential penalty be issued prior to all penalties. In every case there is a Notice of Potential Penalty or Consolidated Compliance Order and Notice of Potential Penalty issued and entered into ICIS. Finally,

	<p>the penalty figures entered in ICIS are correct and there is no difference between the original data pull and the current values. There were two penalties issued on the same day that apply to multiple facilities. WE-P-09-0162 issued to Utility Data Services and MM-P-09-0037 issued to Louisiana Land and Water. The penalties were to two different owners of the facilities for violations that occurred during different timeframes. This information is documented appropriately in both ICIS and EDMS.</p> <p>Please update the comment to reflect that the penalty information is documented properly and the details of the stormwater penalty example included in the explanation.</p> <p>ICIS is updated to show the amount collected as soon as we receive notice from staff that the payment was received. It is even updated with the running total received for payment plans.</p>
<p>Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)</p>	

RCRA

Element 1 Degree to which the Minimum Data Requirements are Complete

1.1	<p>Is this finding a(n) (select one):</p>	<p>Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required</p>
	<p>Finding</p>	<p>Minimum Data Requirements were generally complete.</p>
	<p>Explanation. (If Area for State Attention, describe why action not required, if Area for Improvement, provide recommendation narrative.)</p>	<p>In general LDEQ maintains a complete set of minimum data requirements. There are, however, discrepancies in counts that affect overall data quality (addressed in findings 2.1 and 3.1). LDEQ examined the official data set used for the RCRA review, identified discrepancies and provided corrected data. several of the discrepancies are attributed to universe counts. In some instances there were delays in entering data affecting counts. See Appendix B for the corrected data set.</p> <p>A total of 50 inspection files (40 inspections conducted in Fiscal Year 2010 and 10 inspections conducted prior to FY2010, but were reviewed as a result of an FY2010 enforcement action) and 39 enforcement files were reviewed. Minimum data elements were complete for all files reviewed.</p>
	<p>Metric(s) and Quantitative Value</p>	<p>Data metrics 1.a – 1.g Value: complete</p>
	<p>State Response</p>	
	<p>Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)</p>	

Element 2 Degree to which Minimum Data Requirements are Accurate

2.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p><input checked="" type="checkbox"/> Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	Many Minimum Data Requirements were accurate, however, some inaccuracies were identified in FY10 data.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>LDEQ and the Region identified some data discrepancies in the review of the original data. These affect data accuracy.</p> <p>Inspection counts in RCRAInfo (metric 1b) were lower than actual counts. LDEQ attributes this to internal coordination leading up to data entry and conducted training to correct the problem. Numbers for informal and formal enforcement in RCRAInfo (metrics 1d and 1f) were also lower than actual counts. Inaccuracies in inspection and enforcement counts are largely attributed to timeliness of data entry and are discussed in finding 3.1 below.</p> <p>Data metric 2B indicated 27 secondary violators (SVs), in violation for greater than 240 days. According to LDEQ, there were 29 SVs, in violation for greater than 240 days. All 29 were due to late data entry into RCRAInfo. Process improvements and training have been implemented to correct this and all 29 SVs in question have been updated in RCRAInfo and now reflect a return to compliance date.</p> <p>Of the 38 files that were reviewed reflecting FY2010 inspection or enforcement activity – all minimum data requirements were complete and accurately reflected in RCRAInfo.</p>
	Metric(s) and Quantitative Value	<p>Data Metric 2b: Number of sites in violation for greater than 240 days</p> <p>Value: 27</p> <p>File Review Metric 2c: % files reviewed where mandatory data are accurately reflected in the national data system.</p> <p>Value: 100%</p>
	State Response	<p>LDEQ performed a thorough assessment of the 29 secondary violators in violation for greater than 240 days as noted in EPA’s preliminary data. LDEQ discovered that the vast majority (@25) of these secondary violators were issued informal enforcement actions by the LDEQ geographic regions. In addition, most of these facilities had actually been returned to compliance in a timely manner. However, LDEQ’s Enforcement Division was not notified of the facilities return to compliance in a timely manner. LDEQ performed a thorough assessment of FY2011 RCRA informal actions while verifying the validity of SRF Round 2 data. During this assessment, LDEQ determined that many informal enforcement actions were not entered into RCRAInfo prior to the data being frozen as necessary to allow EPA to prepare its preliminary SRF data reports. LDEQ has since implemented 3 corrective actions to ensure that formal actions are entered into RCRAInfo in an accurate and a timely manner:</p> <ol style="list-style-type: none"> 1. RCRA Enforcement DCL is to review every enforcement action with RCRA violations prior to and after signature in order to ensure timely entry of required RCRAInfo data and to determine whether the facility meets the criteria of a SNC as specified in EPA’s Enforcement Response Policy (ERP). 2. LDEQ’s RCRA Enforcement section pulls reports on a quarterly basis from our Universal Enforcement Tracker in order to identify facilities/cases (including multimedia cases with a RCRA component) that have been referred to LDEQ’s Enforcement Division. This report is used to identify RCRA actions issued by LDEQ’s Enforcement Division but where a copy was not provided to staff responsible for entering the appropriate details into RCRAInfo. 3. On approximately a quarterly basis, LDEQ is utilizing data and reports from RCRAInfo, EDMS, and TEMPO to reconcile informal enforcement data.
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round	

1 that address this issue.)	
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Element 3 Degree to which Minimum Data Requirements are Timely

3.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p><input checked="" type="checkbox"/> Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
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Finding	Most minimum data requirements were timely. However, SNC and some inspection data have not been timely, and as such, areas for State attention
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Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>While many RCRA minimum data requirements are entered timely, LDEQ is aware of some issues with timely data entry. For example due to changes in staff at the LDEQ, and resources being re-directed (e.g., for oil spill response), some FY10 inspections were not entered consistently and timely into RCRAInfo. LDEQ changed the process for data entry and providing training to the staff to ensure inspection data is entered consistently and timely.</p> <p>LDEQ corrected RCRAInfo increasing the count for sites receiving formal enforcement actions (metric 1f1). These were late data entries due to staff turnover, new staff being trained and catching up on data entry backlog.</p> <p>LDEQ provided data corrections for sites in violation and new SNC designations (metrics 1c2, 1e1). These data were not always timely entered into RCRAInfo. According to LDEQ, in some instances the SNC was identified during the enforcement process, but not entered until the enforcement action was issued. In other instances, however, the SNC was not identified during the enforcement process, but after the fact. According to LDEQ, they have revised their practice and will enter an SNC when there is sufficient evidence for substantial violations even if a formal enforcement action has not yet been finalized. This in conjunction with the changes to data entry procedures and staff training discussed above should improve the timeliness of SNC identification in RCRAInfo. In addition, on a quarterly basis LDEQ will use data and reports from TEMPO, RCRAInfo and the Electronic Document Management System to reconcile data on formal enforcement.</p> <p>Region6 will monitor State progress via midyear and end-of-year reporting and during monthly scheduled conference calls between respective enforcement Staff and managers.</p>
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Metric(s) and Quantitative Value	<p>Data Metric 1b: Compliance monitoring: number of inspections (1 FY) Value: 712 (corrected 760)</p> <p>Data Metric 1c2: Number of sites with violations determined during the FY Value: 65 (corrected to 85)</p> <p>Data Metric 1e1: Number of sites with new SNC (1 FY) Value: 3 (corrected 13)</p> <p>Data Metric 1f1: Formal action: number of sites (1 FY) Value: 39 (corrected 46)</p>
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State Response	<p>LDEQ performed a thorough assessment of RCRA informal/formal actions in March 2011 while verifying the validity of SRF Round 2 data. During this assessment, LDEQ determined that many formal enforcement actions were not entered into RCRAInfo prior to the data being frozen as necessary to allow EPA to prepare its preliminary SRF data reports.</p> <p>LDEQ has since implemented 3 corrective actions to ensure that informal/formal actions are entered into RCRAInfo in an accurate and a timely manner:</p> <ul style="list-style-type: none"> • RCRA Enforcement DCL is to review every enforcement action with RCRA violations prior to and after signature in order to ensure timely entry of required RCRAInfo data and to determine whether the facility meets the criteria of a SNC as specified in EPA’s ERP.
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	<ul style="list-style-type: none"> LDEQ's RCRA Enforcement section pulls reports on a quarterly basis from our Universal Enforcement Tracker in order to identify facilities/cases (including multimedia cases with a RCRA component) that have been referred to LDEQ's Enforcement Division. This report is used to identify RCRA actions issued by LDEQ's Enforcement Division but where a copy was not provided to staff responsible for entering the appropriate details into RCRAInfo. On approximately a quarterly basis, LDEQ is utilizing data and reports from RCRAInfo, EDMS, and TEMPO to reconcile informal/formal enforcement data.
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

4.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	LDEQ met their enforcement /compliance commitments.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	LDEQ provided a compliance monitoring plan under the FY10 PPG. The plan called for 182 hazardous waste inspections including: 2 Federal TSDF's; 36 Commercial TSDF's; 80 large quantity generators (LQGs), 40 small quantity generators (SQGs) and 24 Other facilities (typically transporters and facilities not listed in any universe category). The Region approved these projections based on the consistency with RCRA program goals (100% operating TSDs every 2 years and 20% LQGs every year). According to RCRAInfo, during the 2010 Fiscal Year, the State conducted 760 total inspections at 724 sites (these inspections include all evaluation types), which included 45 inspections at 32 Treatment, Storage and Land Disposal (TSD) facilities (including 2 federal facilities). 18 of the 45 TSDF inspections were at "operating TSDFs" which represents 78% inspection coverage of the 24 operating TSDFs for FY10 (based on information from RCRAInfo for FY10). LDEQ conducted 82 inspections at 81 LQGs, 72 of those inspections were Compliance Evaluation Inspections (CEIs) which represents a 20% inspection coverage of the 353 facilities in the LQG universe (based on the latest official biennial report), which meets the 20% annual commitment. The remainder of the inspections were conducted at Small Quantity Generators, Conditionally Exempt Small Quantity Generators, Transporters, etc.
	Metric(s) and Quantitative Value	File Metric 4a: Planned inspections completed Value: 100%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

5.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	LDEQ completed the universe of planned inspections, meeting national program goals.
	Explanation. (If Area for State Attention, describe why action not required, if Area for Improvement, provide recommendation narrative.)	<p>As stated in finding 4-1 above, LDEQ met its inspection commitments. Bi-annual TSD coverage and 20% annual LQG coverage are consistent with national program goals.</p> <p>Metric 5a indicates that although LDEQ TSD coverage exceeded the national average, it did not meet 100% coverage of the TSD universe for the 2 year period FY09 –FY10. However, a review of RCRAInfo for the period of FY09 –FY10 reveals EPA also conducted TSD inspections in Louisiana and with these inspections being counted, it brings the 2 year TSD universe coverage in Louisiana up to 100%.</p> <p>Metric 5c indicates that although LDEQ LQG coverage exceeded the national average, it did not meet 100% coverage of the LQG universe for the 5 year period FY06-10. According to LDEQ, the LQG universe changes from year to year as well as many times during the year due to the fact that the LDEQ removes a facility from the hazardous waste generators universe following a generator declaring that the facility no longer generates as an LQG or no longer engages in any hazardous waste activities. It is LDEQ’s goal to inspect the LQG universe every 5 years. LDEQ believes the 5 year coverage level in metric 5c reflects universe dynamics and occasional redirection of resources (e.g., BP spill).</p>
	Metric(s) and Quantitative Value	<p>Data Metric 5a: Inspection coverage for operating TSDs (2 FYs) Value: Goal 100%; LDEQ 95.7%</p> <p>Data Metric 5b: Inspection coverage for LQGs (1 FY) Value: Goal 20%; LDEQ 28%</p> <p>Data Metric 5c: Inspection coverage for LQGs (5 FYs) Value: Goal 100%; LDEQ 71.1%</p>
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

6.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	Inspection reports are timely and thorough.
	Explanation. (If Area for State Attention, describe why action not required, if Area for Improvement, provide recommendation)	All 40 (FY10) and 10 (pre-FY10) inspection reports reviewed were very well written including narratives that accurately described the facility, procedures, violations observed, etc. The inspection files also contained photos, inspector handwritten notes, copies of pertinent facility records, drawings and schematics (when applicable). All inspection reports and files reviewed were complete and provided excellent documentation to determine the compliance of the facility being inspected. All inspection reports reviewed were completed within 60 days from the date of inspection, with the majority being completed in less than 30 days.

	narrative.	
	Metric(s) and Quantitative Value	File Metric 6b: % of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility. Value: 100% File Metric 6c: % Inspection reports completed within a determined time frame. Value: 100%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

7.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p><input checked="" type="checkbox"/> Area for State Attention</p> <p>Area for State Improvement – Recommendations Required</p>
	Finding	Compliance determinations are accurate, however, they are not always reported into RCRAInfo in a timely manner.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>Of the 50 inspection reports and associated documentation reviewed, 31 identified violations. All compliance determinations were consistent with State and EPA Enforcement Response Policy and Guidance.</p> <p>LDEQ corrected violation identification rate data indicating a higher percentage of violations identified at facilities with FY10 inspections (metric 7c). LDEQ has a process to make accurate violation determinations and report violations into RCRAInfo in a timely manner (within 150 days). According to LDEQ, however, there was a data entry backlog created from staff turnover and getting new staff trained. A review of FY10 RCRAInfo data, as of August 2011, shows 108 facilities that received an inspection in FY10, have received a determination of violations. However, 35 facilities with inspections had not received a determination, but through training and process change, LDEQ has corrected this problem for future years. This is an area for State attention and LDEQ has responded to resolve this issue.</p> <p>Region6 will monitor State progress via midyear and end-of-year reporting and during monthly scheduled conference calls between respective enforcement Staff and managers.</p>
	Metric(s) and Quantitative Value	File Metric 7a: % of inspection reports reviewed that led to accurate compliance determinations. Value: 100% File Metric 7b: % of violation determinations in the files reviewed that are reported timely to the national database (within 150 days). Value: 100% Data Metric 7c: Violation identification rate at sites with inspections (1 FY) Value: 9.6% (corrected 12.5%)
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted	

actions from Round 1 that address this issue.)	
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Element 8 Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.

8.1	Is this finding a(n) (select one):	<p>Good Practice</p> <p>Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p><input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required</p>
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Finding	LDEQ makes accurate SNC determinations, but few were timely entered into RCRAInfo
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Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>The data metrics indicate relatively low SNC identification rate and no SNCs entered into RCRAInfo within 150 days. LDEQ provided corrected data showing 13, rather than 3, SNCs identified in FY10. All files reviewed with identified violations were accurately determined to be SNC's or SV's, based on the EPA Enforcement Response Policy for RCRA.</p> <p>LDEQ's data corrections indicate that at least 4 of the 13 SNCs identified in FY10 were determined within 150 days because a formal enforcement action was issued within 150 days of Day Zero. As noted in the previous SRF review, it was LDEQ policy to enter SNCs into the national database only after a formal action had been issued. This made it appear (based on data pulled from the national database) that the determination of SNCs were not made within 150 days. LDEQ believes that virtually all SNC determinations were made within 150 days. As noted in finding 7.1 above, LDEQ is changing its practice and will not wait on enforcement issuance to enter SNCs into RCRAInfo. This should improve the timeliness of SNC identification in RCRAInfo.</p>
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Metric(s) and Quantitative Value	<p>Data Metric 8a: SNC identification rate at sites with inspections (1 FY) Value: 0.4% (corrected 1.7%)</p> <p>Data Metric 8b: Percent of SNC determinations made within 150 days (1 FY) Value: Goal 100%; LDEQ 0 (corrected 33.3%)</p> <p>Data Metric 8c: % of formal actions taken that received a prior SNC listing (1 FY). Value: 40.5%</p> <p>File Metric 8d: % of violations in files reviewed that were accurately determined to be SNC. Value: 100%</p>
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State Response	<p>LDEQ Response:</p> <p>LDEQ performed a thorough assessment of RCRA informal actions in March 2011 while verifying the validity of SRF Round 2 data. During this assessment, LDEQ determined that many SNCs were entered into RCRAInfo well after the "Day Zero":</p> <ol style="list-style-type: none"> 1. due to LDEQ policy to wait until signature of an enforcement action by LDEQ's Asst. Secretary of the Compliance Division; and 2. any facilities that met the SNC criteria in EPA's RCRA Environmental Response Policy (ERP) were not identified during the enforcement process (many of these additional SNCs were based upon an extensive file review by LDEQ staff). <p>LDEQ has since implemented 3 corrective actions to better identify RCRA SNC facilities and to report those SNCs to RCRAInfo in a more timely fashion:</p> <ol style="list-style-type: none"> 1. RCRA Enforcement DCL is to review every enforcement action with RCRA violations prior to and after signature in order to ensure timely entry of required RCRAInfo data and to determine whether the facility meets the criteria of a SNC as specified in EPA's ERP. 2. Pulling "SNCs without Subsequent Enforcement" report from RCRAInfo on approximately a quarterly basis to ensure SNCs are linked to associated enforcement actions. 3. On approximately a quarterly basis, LDEQ utilizes data and reports from RCRAInfo, EDMS, and TEMPO to identify secondary violator's that have not returned RCRA violations to compliance in a timely manner.
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	Evidence that these corrective actions are having the desired result: LDEQ identified 13 SNCs in FY 2011 according to the Hazardous Waste Program End-of-Year EOY Report. During the FY 2011 RCRA Data Verification process, LDEQ only made a small upward revision in the FY 2011 SNC count from 13 to 18, due largely to reclassification of secondary violators to SNCs for failing to return to compliance in a timely manner. In comparison, according to the RCRA SRF Round 2 Preliminary Data, LDEQ identified only 3 SNCs during FY 2010 (RCRA Metric R01E1S). That count was ultimately revised to 12 SNCs in "LDEQ Comments to the RCRA SRF Preliminary Data."
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	LDEQ is changing practice with regard to entering SNCs into RCRAInfo and will not wait until the enforcement action is issued. This change in practice should improve timeliness of entering SNCs. By September 30, 2012, the Region and LDEQ will determine if additional action is needed to ensure timely identification of SNC in RCRAInfo. Region6 will monitor State progress via midyear and end-of-year reporting and during monthly scheduled conference calls between respective enforcement Staff and managers. In addition, Annual Data Metrics review by the Region and State will help ensure improvement and sustainability for this metric.

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

9.1	Is this finding a(n) (select one):	<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	Enforcement actions included required corrective actions and compliance time frames
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	39 enforcement files (to include FY09, FY10 and FY11 in some cases) were reviewed with a mix of both informal and formal enforcement (16 of those addressed SNC violations). All 16 SNC enforcement actions reviewed included some type of corrective or complying action that have or will return the facility to compliance within a prescribed timeframe. All 23 SV enforcement actions reviewed included some type of complying action that has returned the facility to compliance within a specified timeframe.
	Metric(s) and Quantitative Value	File Metric 9b: % of enforcement responses that have returned or will return a source in SNC to compliance. Value: 100% File Metric 9c: % of enforcement responses that have or will return Secondary Violators (SVs) to compliance. Value: 100%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

10.1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements
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		Area for State Attention Area for State Improvement – Recommendations Required
	Finding	Enforcement actions are timely and appropriate
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	The original data pull showed 1 of 3 SNCs addressed in a timely fashion. LDEQ provided corrected data with 13 SNCs identified in FY10. LDEQ addressed 11 of the 13 by formal enforcement actions within the 360 day Enforcement Response Policy (RCRA ERP) requirement. Only 9 of the identified SNCs (addressed in 6 enforcement actions) were reviewed, because that was the known universe at the time of the review. All 9 were determined to be timely and appropriate. The other 4 were identified after the file review was completed and data was corrected. Of the 24 FY10 enforcement files reviewed, 18 addressed SV's. All were appropriate and taken in a timely manner meeting the requirements of the RCRA ERP.
	Metric(s) and Quantitative Value	Data Metric 10a: Percent of SNCs with formal action/referral taken within 360 days (1 FY) Value: Goal 80%; LDEQ 33.3% (corrected 91.6%) File Metric: 10c - % of enforcement responses reviewed that are taken in a timely manner Value: 100% File Metric: 10d - % of enforcement responses reviewed that are appropriate to the violations Value: 100%
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

11.1	Is this finding a(n) (select one):	<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	Penalty documentation includes consideration of gravity and economic benefit
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.)	Six penalty action enforcement files were reviewed. All 6 penalty actions contained pertinent information in the file that documents the violations being pursued and includes rationale and calculations used for both gravity and economic benefit, and are consistent with national policy. The state has a penalty policy that has specific ranges for economic benefit and gravity and is meeting the requirements under State law in that it's penalties fall within an appropriate range of dollar value based on the state penalty policy.
	Metric(s) and Quantitative Value	File Metric 11a: % of penalty calculations reviewed that consider and include where appropriate gravity and economic benefit. Value = 100%
	State Response	

	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)
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Element 12 Degree to which differences between the initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.

12.1	Is this finding a(n) (select one):	<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	LDEQ issues final penalty actions (no proposed penalty figures issued). Penalty collection is tracked.
	Explanation. (If Area for State Attention,, describe why action not required, if Area for Improvement,, provide recommendation narrative.	<p>All of the penalty actions reviewed reflected final penalty amounts with no documented proposed penalties. According to LDEQ, they do not issue an initial penalty. Rather, they issue a final penalty that the Respondent can appeal. This may result in LDEQ amending the issued penalty, however, none of the enforcement actions reviewed resulted in adjusted penalties.</p> <p>LDEQ uses a Settlement Agreement tracker. Formal penalties and payments are tracked in this manner. LDEQ's Financial Services Division also maintains a database that documents the receipt of penalty payments and settlements.</p> <p>Five out of the 6 penalty actions reviewed had documentation in the settlement tracking system showing that the penalties were collected. A hearing was requested for the 6th penalty action (not concluded), and it was not reflected in the penalty tracking system as being collected due to ongoing litigation.</p>
	Metric(s) and Quantitative Value	<p>File Metric 12a: % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty. Value: NA – LDEQ does not issue initial penalties</p> <p>File Metric 12b: % of files that document collection of penalty Value: 83%</p>
	State Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

APPENDIX A: STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

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

Status	Media	Element	Title	Finding
Not Completed in Round 1 - Identified in Round 2	CAA	Data Accuracy	Regarding Title V ACCs, LDEQ committed to report the date due and date received using the correct code. It also committed to work towards being able to report the date reviewed from its state system (i.e., resolve the data mapping issue). LDEQ received grant funding to improve data flow from TEMPO to AFS. LDEQ will continue to manually update AFS until the TEMPO AFS data flow issues are resolved.	In 2005 LDEQ was incorrectly reporting the date received as the date reviewed and was not reporting the actual review date. LDEQ staff stated that 100% of the ACCs received were reviewed. The date received and the date reviewed are both in the State's TEMPO data base.
Not Completed in Round 1 - Identified in Round 2	CAA	Data Accuracy	CMS frequencies will be updated per the approved compliance monitoring strategy. LDEQ received grant funding to improve data flow from TEMPO to AFS. LDEQ will continue to manually update AFS until the TEMPO AFS data flow issues are resolved.	Facilities with unknown compliance status need to have CMS frequencies updated.
Completed	CAA	Data Accuracy HPV Identification	LDEQ requested training and assistance from Region 6 on the HPV policy in late 2006. EPA coordinated HPV training on January 23, and March 15, 2007 which was offered via video conference and WebEx web cast to all Region 6 state agencies.	Of the files reviewed, two HPVs out of the 18 actions (11%) were not entered into AFS. For one of the 2, LDEQ designated the violation as an HPV, but it was not identified as such in AFS. In the other instance, LDEQ did not designate the violation as an HPV.
Completed	CAA	Data Timeliness	Region 6 recommends that LDEQ identify Day Zero consistent with EPA's HPV Policy.	High HPV identification rate, but HPV data entry not always timely.
Not Completed in Round 1 - Identified in Round 2	CAA	Data Accuracy	LDEQ and Region 6 are examining the current list of facilities associated with metric 11.A to determine what data corrections are needed. LDEQ received grant funding to improve data flow from TEMPO to AFS. LDEQ will continue to manually update AFS until the TEMPO AFS data flow issues are resolved.	Data metric 11.A - more HPVs than non-compliant sources - combination of Region 6 and LDEQ HPV data entries

Status	Media	Element	Title	Finding
Completed	RCRA	Insp Universe	LDEQ submitted its Compliance Monitoring Plan to Region 6 for approval as part of the 2008 PPG. The resulting negotiated inspection levels will reflect LDEQ and EPA priorities. The Plan achieves the national goal for TSD coverage. The Region will work with LDEQ on equivalent LQG coverage (combination SQG and other handlers) approaching 20%. Other inspection priorities will be factored into LQG coverage as well.	Negotiated LQG coverage levels deviate from national program goals
Completed	RCRA	SNC Accuracy, Data Accurate	LDEQ reviewed the 2 instances cited (in report); both addressed as SNC, but not designated as such in RCRAInfo. The 2 should have been designated as SNC in RCRAInfo. DEQ made the corrections to RCRAInfo and has made some procedural changes that it believes will ensure timely SNC designations in RCRAInfo.	Instances identified in the file review where LDEQ took appropriate formal action, but did not identify SNCs in RCRAInfo.
Completed	CWA	Insp Universe, Data Accurate	In order to clarify, Region 6 and LDEQ will count facilities inspected when measuring the percentage of the universe covered. LDEQ counts a facility as being inspected once in a fiscal year, for purposes of reporting, regardless of the number of visits during the year to that facility.	From a review of the list of majors and 92-500 minor facilities inspected and discussion between EPA and LDEQ, it was noted that ten facilities had two inspections within the July 2004 through June 2005 timeframe. The discussion to either count number of facilities inspected or number of inspections indicated need for planning and reporting inspections.
Completed	CWA	Violations Identified Appropriately	The Department will forward to EDMS inspection reports/narratives associated with enforcement actions that are currently being issued. As time allows, the documents for previously issued enforcement actions will also be submitted to EDMS. The Region also recommends that LDEQ include the NPDES inspection checklist with the FIF in EDMS.	Based upon the 10 storm water inspection files reviewed, LDEQ field staff use the FIF to report inspection findings for full compliance evaluations as well as partial evaluations (e.g. complaint investigations). It is difficult to determine, however, from the FIF if a complete storm water inspection was conducted.
Completed	CWA	Timely & Appropriate Actions, Data Accuracy	For the 2 facilities discussed above where LDEQ determined the SNC designations needed to be removed, the historical SNC entries have been corrected in PCS.	Data reported in the Framework data metric 6.A from the February 6, 2007, pull indicated that 2.9% of enforcement actions taken against majors were not timely.

Status	Media	Element	Title	Finding
Completed	CWA	Penalty Calculations	Region 6 will schedule for training for LDEQ on the use of the BEN model in FY 2008.	One of the Agreements reviewed cited sludge operation and maintenance violations for which EPA might have included an economic benefit component. The file did not indicate if monetary benefit was considered and the penalty in general was lower than what EPA's penalty policy might have generated.
Completed	CWA	Penalties Collected	LDEQ now places the Settlement Agreements and supporting penalty calculation documentation into EDMS once the final Agreements are issued.	Some Settlement Agreement documentation could not be located in EDMS.
Completed	CWA	Data Accuracy	<p>The Region provided a list of the specific data inaccuracies described above to LDEQ. LDEQ responded with specific corrective actions for each.</p> <p>In the circumstances of the inspections conducted over two or more days, the State should enter all inspections with the first day of the inspection into PCS.</p>	<p>Facility reports for six of the fifteen NPDES facilities reviewed contained incorrect cognizant officials, facility address and/or contact numbers.</p> <p>Three of the fifteen facilities' limit summaries contained incorrect sample types, loading requirements and/or frequency of analysis for requirement parameters.</p>
Completed	CWA	Violations Identified Timely	Because the above referenced Water Pollution Prevention Audit Reports are required in the permit, they should be included as permit requirements in PCS.	LDEQ permits for municipalities have a requirement to generate Municipal Water Pollution Prevention (MWPP) Audit Reports annually and retain copies. PCS does not reflect this permit requirement.

APPENDIX B: OFFICIAL DATA PULL

Clean Air Act

Note: LDEQ worked on improving uploads from the State's database, TEMPO, into AFS. References to the February 20, 2011 upload below are intended to demonstrate progress made on addressing data issues from the last SRF review (e.g., mapping issues).

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality			519	NA	NA	NA				With the Feb. 20, 2011 upload the number has changed to 558.
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality			479	NA	NA	NA				With the Feb. 20, 2011 upload the number has changed to 534.
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality			87	NA	NA	NA				With the Feb. 20, 2011 upload the number has changed to 102.
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality			100	NA	NA	NA				With the Feb. 20, 2011 upload the number has changed to 105.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only			368	NA	NA	NA				With the Feb. 20, 2011 upload the number has changed to 377.
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality			402	NA	NA	NA				With the Feb. 20, 2011 upload the number has changed to 479.
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality			270	NA	NA	NA				With the Feb. 20, 2011 upload the number has changed to 301.
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality			258	NA	NA	NA				With the Feb. 20, 2011 upload the number has changed to 558.
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after	Data Quality	100%	86.3 %	18.1%	44	243	199				With the Feb. 20, 2011 upload the numbers have changed to 87.6%, 84%, 204, 243, and 39.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
	10/1/2005											
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	100%	47.5%	35.0%	21	60	39				With the Feb. 20, 2011 upload the numbers have changed to 45%, 81.7%, 49, 60, and 11.
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	100%	92.8%	27.7%	43	155	112				With the Feb. 20, 2011 upload the numbers have changed to 94.4%, 92.3%, 143, 155, and 112.
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality			254	NA	NA	NA				With the Feb. 20, 2011 upload the number has changed to 264.
A01D2S	Compliance Monitoring: Number of FCEs (1	Data Quality			254	NA	NA	NA				With the Feb. 20, 2011 upload the number has changed to 264.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
	FY)											
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only			1	NA	NA	NA				With the Feb. 20, 2011 upload the number has changed to 9.
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality			111	NA	NA	NA				This stayed the same.
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality			5	NA	NA	NA				With the Feb. 20, 2011 upload the number has increased to 99. We uploaded all non HPV actions.
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality			5	NA	NA	NA				With the Feb. 20, 2011 upload the number has increased to 97.
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality			30	NA	NA	NA				This stayed the same. HPV info was being manually entered in the absence of an upload.
A01G2S	HPV: Number of New	Data Quality			27	NA	NA	NA				This stayed the same.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
	Sources (1 FY)											
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	100%	58.1 %	0.0%	0	30	30				The percentage on this one went up to 58.9% with the Feb. 20, 2011 upload. Prior to the new upload, we have not been linking Discovery dates. We will also be uploading more info that will be linked as Discovery dates.
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	100%	89.5 %	93.3%	28	30	2				With the Feb. 20, 2011 upload the 89.5% increased to 91%.
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type	Data Quality	100%	91.0 %	100.0%	30	30	0				With the Feb. 20, 2011 upload the 91% increased to 91.3%.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
	Code(s)											
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality			47	NA	NA	NA				The number increased to 98. HPVs were being entered manually, but non-HPVs were uploaded Feb. 20, 2011.
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality			39	NA	NA	NA				The number increased to 82.
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality			\$192,284	NA	NA	NA				This stayed the same. Prior to the new upload, we were not aware we should be entering "assessed" penalty amounts. We were entering the payments for penalties on the Z3 screen. We will now be using the Z3 screen for the issued penalty

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
												and assessed amount and using the PD screen for the amount actually paid.
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	0		11	NA	NA	NA				With the Feb. 20, 2011 upload the number has increased to 48.
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	<= 50%	44.6 %	27.6%	21	76	55				With the Feb. 20, 2011 upload the numbers have changed to 45.3%, 28.2%, 22, 78, 56.
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	0%	1.4%	0.0%	0	6	6				With the Feb. 20, 2011 upload the numbers have changed to 1.3%, 49, and 49.
A02B2S	Stack Test Results at Federally-Reportable Sources -	Data Quality			0	NA	NA	NA				With the Feb. 20, 2011 upload the number is now 10.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
	Number of Failures (1 FY)											
A03A0S	Percent HPV's Entered <= 60 Days After Designation , Timely Entry (1 FY)	Goal	100%	36.0 %	16.7%	5	30	25				With the Feb. 20, 2011 upload the 36% is now 35%.
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation , Timely Entry (1 FY)	Goal	100%	63.1 %	21.2%	55	260	205				With the Feb. 20, 2011 upload the numbers have changed to 60.1%, 2.9%, 55, 1866, and 1811.
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation	Goal	100%	74.2 %	51.9%	27	52	25				With the Feb. 20, 2011 upload the numbers have changed to 71.8%, 23.3%, 27, 116, and 89.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
	, Timely Entry (1 FY)											
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	100%	88.6 %	63.2%	287	454	167				With the Feb. 20, 2011 upload the numbers have changed to 88.7%, 63.4%, 288, 454, and 166.
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	100%	85.1 %	79.1%	412	521	109				With the Feb. 20, 2011 upload the numbers have changed to 85.3%, 75.1%, 420, 559, and 139.
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	20% - 100%	91.6 %	84.3%	43	51	8				With the Feb. 20, 2011 upload the numbers have changed to 91.6%, 85.1%, 40, 47, and 7.
A05B2S	CAA Synthetic Minor 80% Sources	Informational Only	100%	92.2 %	57.5%	50	87	37				With the Feb. 20, 2011 upload the numbers have changed to

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
	(SM-80) FCE Coverage (last full 5 FY)											92.2%, 57.7%, 45, 78, and 33.
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only		81.4 %	67.4%	60	89	29				With the Feb. 20, 2011 upload the numbers have changed to 81.2%, 53.9%, 55, 102, and 47.
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only		29.1 %	4.6%	355	7,761	7,406				With the Feb. 20, 2011 upload the numbers have changed to 28.6%, 3.5%, 333, 9457, and 9124.
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator			48	NA	NA	NA				This stayed the same.
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only			0	NA	NA	NA				This stayed the same.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	100%	94.0%	0 / 0	0	0	0				With the Feb. 20, 2011 upload the numbers have changed to 94.4%, 99.6%, 459, 461, and 2.
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	> 1/2 National Avg	22.9%	28.2%	79	280	201				With the Feb. 20, 2011 upload the numbers have changed to 22.6%, 25.1%, 80, 319, and 239.
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	> 1/2 National Avg	46.6%	0 / 0	0	0	0				With the Feb. 20, 2011 upload the numbers have changed to 45.1%, 15.4%, 2, 13, and 11.
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	> 1/2 National Avg	6.3%	4.6%	24	519	495				With the Feb. 20, 2011 upload the numbers have changed to 6.5%, 4.5%, 25, 558, and 533.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	> 1/2 National Avg	0.4%	1.1%	1	87	86				With the Feb. 20, 2011 upload the numbers have changed to .4%, 0.0%, 0, 102, and 102.
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	> 1/2 National Avg	69.8%	42.9%	12	28	16				With the Feb. 20, 2011 upload the numbers have changed to 69.1%, 33.3%, 14, 42, and 28.
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	< 1/2 National Avg	50.5%	0.0%	0	5	5				With the Feb. 20, 2011 upload the numbers have changed to 50.1%, 61.5%, 0, 5, and 5.
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2	Review Indicator	> 1/2 National Avg	40.9%	0.0%	0	2	2				With the Feb. 20, 2011 upload the numbers have changed to 40.7%, 14.3%, 3, 21, and 18.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
	FY)											
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator		36.4 %	28.6%	14	49	35				For this one 36.4% changed to 35.9%. Some HPVs go over the 270 day goal b/c of the settlement process. A lot of the process is out of Enforcement's hands.
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator			40	NA	NA	NA				With the Feb. 20, 2011 upload the number changed to 91.
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	>= 80%	88.3 %	30.6%	11	36	25				With the Feb. 20, 2011 upload the numbers have changed to 88.7%, 28.2%, 11, 39, and 28.

Clean Water Act

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality			220	NA	NA	NA	No		Region 6 Activity Report October, 1 2010	SRF value is incorrect, the actual number is 237 (211 state/25 R6)
P01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality			0	NA	NA	NA				
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality			2,020	NA	NA	NA	No		Region 6 Activity Report October, 1 2010	SRF value is incorrect, the actual number is 1180
P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality			8,241	NA	NA	NA	No		Region 6 Activity Report October, 1 2010	SRF value is incorrect, the actual number is 7629

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P01B1C	Major individual permits: correctly coded limits (Current)	Goal	>=; 95%	0 / 0	0 / 0	0	0	0				
C01B2C	Major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Goal	>=; 95%	0 / 0	0 / 0	0	0	0	No		ICIS-NPDES	Actual numbers: 44 late of 1171 forms = 96.2%
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	>=; 95%	0 / 0	0 / 0	0	0	0	No		ICIS-NPDES	Actual number: 0 late of 220 = 100%
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality			7.4%	5	68	63	No		ICIS-NPDES	Actual Number = 1 of 68 = 1.4%

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only			0 / 0	0	0	0			ICIS-NPDES	State commitment only to code 91
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only			0 / 0	0	0	0				
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only			0 / 0	0	0	0				
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only			21.5%	435	2,020	1,585				

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only			0 / 0	0	0	0				
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only			5	NA	NA	NA				
P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality			29	NA	NA	NA	No		ICIS	Actual Number = 82
P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality			37	NA	NA	NA	No		ICIS	Actual Number = 190
P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality			176	NA	NA	NA	No		ICIS	Actual Number = 222

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality			179	NA	NA	NA	No		ICIS	Actual Number = 231
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality			31	NA	NA	NA	No		ICIS	Actual Number = 37
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality			31	NA	NA	NA	No		ICIS	Actual Number = 40
P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality			322	NA	NA	NA	No		ICIS	Actual Number = 391
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality			147	NA	NA	NA	No		ICIS	Actual Number =152

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality			48	NA	NA	NA				
P01G2S	Penalties: total penalties (1 FY)	Data Quality			\$204,118	NA	NA	NA				
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality			\$24,963	NA	NA	NA				
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only			\$1,758,413	NA	NA	NA				
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality			\$204,118	NA	NA	NA				
P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	>=; 80%		100.0%	32	32	0				

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	100%	54.2%	39.8%	86	216	130	Y	41.70%	TEMPO	Universe = 237 Inspected = 99
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal			23.4%	248	1,060	812	Y	23.70%	TEMPO	Universe = 1,180 Inspected = 280
P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal			2.3%	151	6,497	6,346	Y	2.40%	TEMPO	Universe = 7,629 Inspected = 183
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only			0.2%	5	2,709	2,704	Y		TEMPO	Total Inspections for this category = 356
P07A1C	Single-event violations at majors (1 FY)	Review Indicator			24	NA	NA	NA			ICIS	

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P07A2C	Single-event violations at non-majors (1 FY)	Informational Only			150	NA	NA	NA			ICIS	
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality		27.2%	42.3%	44	104	60			ICIS	Actual Number:15 of 104=14.4%
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality		24.9%	50.6%	40	79	39			ICIS	Actual Number:19 of 79=24.1%
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality		52.6%	62.7%	138	220	82				
P08A1C	Major facilities in SNC (1 FY)	Review Indicator			67	NA	NA	NA			ICIS	Actual Number=73 (22 EPA)
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator		26.9%	30.5%	67	220	153			ICIS	Actual Number=51 of 211=24.2

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
												%
P10A0C	Major facilities without timely action (1 FY)	Goal	< 2%	18.5%	16.4%	36	220	184	No		QNCR/ICIS	Actual Number: 0 of 211=0%

Resource Conservation and Recovery Act

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality			23	NA	NA	NA	Yes	24	State Records and TEMPO database	2 Louisiana TSDFs active in FY2010 were not included in the drill down Shintech Louisiana LLC / LAD081419418 -OP-1 & Explo Systems Inc - Camp Minden Thermal Treatment Unit / LAR 000 072 223-RDD-1.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
												Also, Marine Shale / LAD981057706 was not an active TSDF in FY 2010. Net gain of +1 TSDF
R01A2S	Number of active LQGs in RCRAInfo	Data Quality			881	NA	NA	NA	Yes	685	State Database	EPA's & LDEQ's LQG universe count differ due to the fact that LDEQ removes a facility from the HW generators universe (by deleting the assoc. "state code") following a generator "delist" petition declaring the facility no longer engages in any HW activities.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R01A3S	Number of active SQGs in RCRAInfo	Data Quality			2,373	NA	NA	NA	Yes	2,083	State Database	EPA's & LDEQ's SQG universe count differ due to the fact that LDEQ removes a facility from the HW generators universe (by deleting the assoc. "state code") following a generator "delist" petition declaring the facility no longer engages in any HW activities.
R01A4S	Number of all other active sites in RCRAInfo	Data Quality			10,683	NA	NA	NA	Yes	9519	State Database	EPA's & LDEQ's active RCRA sites count differ due to the fact that LDEQ removes a facility from the RCRA facility universe (by deleting the assoc. "state code") following a "delist" petition declaring the facility no longer engages

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
												in any HW activities.
R01A5S	Number of LQGs per latest official biennial report	Data Quality			353	NA	NA	NA	Yes	NA	NA	NA
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality			712	NA	NA	NA	Yes	789	TEM PO (state database)	HW Incidents and CSE CMELs are not submitted to ED for RCRAInfo entry consistently. Add'l training is necessary.
R01B1E	Compliance monitoring: number of inspections (1 FY)	Data Quality			15	NA	NA	NA	NA (EPA Inspections)	NA	NA	NA

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality			680	NA	NA	NA	No	NA	NA	NA
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality			198	NA	NA	NA	No	NA	NA	NA
R01C2S	Number of sites with violations determined during the FY	Data Quality			65	NA	NA	NA	Yes	85	State Records; State Databases	LDEQ records indicate 65 informal & 20 formal actions cited violations that were determined during FY2010 (using RCRAInfo Determined Dates and Day Zeros).

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R01D1S	Informal actions: number of sites (1 FY)	Data Quality			89	NA	NA	NA	Yes	103	State Records; State Databases	5 NOPPs had been entered into RCRAInfo but were not reflected in EPA's preliminary data. A few informal actions were entered or reentered (to correct entry errors) into RCRAInfo subsequent to EPA's preliminary data pull.
R01D2S	Informal actions: number of actions (1 FY)	Data Quality			90	NA	NA	NA	Yes	103	State Records; State Databases	5 NOPPs had been entered into RCRAInfo but were not reflected in EPA's preliminary data. A few formal actions were entered or reentered (to correct entry errors) into RCRAInfo subsequent to EPA's preliminary data pull.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality			3	NA	NA	NA	Yes	12	State Records and RCR AInfo data on 3/2/11	LDEQ's records indicate that 12 new SNCs were identified based upon FY2010 inspections and/or file reviews.
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality			35	NA	NA	NA	YES	57	State Records and RCR AInfo data on 3/2/11	LDEQ's records indicate that there were 57 SNCs that were active at some point in FY2010. Of these 57 SNCs, as of 3/3/11, 17 of those active SNCs have been re-designated as SNN facilities, leaving 40 currently active SNCs.
R01F1S	Formal action: number of sites (1 FY)	Data Quality			39	NA	NA	NA	Yes	46	State Records and RCR AInfo data on 3/2/11	LDEQ'S records and databases indicate that, in FY2010, Formal Actions were issued in association with 46 facilities (26 CONOPPs & 20

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
											1	COs). Discrepancy appears to be due to late entry of a few actions into RCRAInfo.
R01F2S	Formal action: number taken (1 FY)	Data Quality			45	NA	NA	NA	Yes	51	State Records and RCRAInfo data on 3/2/11	LDEQ'S records and databases indicate that 51 Formal Actions were issued in FY2010 (30 CONOPPs & 21 COs). Discrepancy appears to be due to the late entry of a few actions into RCRAInfo. The difference in the total # of "formal action: number taken" and "formal action: number of sites" is due to 6 formal enforcements issued to different entities in connection with the Crop Production Services site (LAR00006829

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
												6).
R01G0S	Total amount of final penalties (1 FY)	Data Quality			\$100,685	NA	NA	NA	Yes	\$146,409	State Records and RCR AInfo data on 3/2/11	LDEQ'S records and databases indicate that \$146,409 of Final Penalties or Settlements (6 -311s, 4 -312s, & 1 - 313) were assessed in FY2010.
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality			1	NA	NA	NA	No	NA	NA	NA

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality			0	NA	NA	NA	No	NA	NA	NA
R02B0S	Number of sites in violation for greater than 240 days	Data Quality			27	NA	NA	NA	No	NA	NA	NA
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator			0 / 0	0	0	0	No	NA	NA	NA
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	100%	86.6%	95.7%	22	23	1	No	NA	NA	NA

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	20%	23.9%	28.0%	99	353	254	No	NA	NA	NA
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	100%	61.6%	71.1%	251	353	102	No	NA	NA	NA
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only			12.6%	299	2373	2074	No	NA	NA	NA
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only			423	NA	NA	NA	No	NA	NA	NA
R05E2S	Inspections at active transporters (5 FYs)	Informational Only			70	NA	NA	NA	No	NA	NA	NA
R05E3S	Inspections at non-notifies (5 FYs)	Informational Only			5	NA	NA	NA	No	NA	NA	NA

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only			77	NA	NA	NA	No	NA	NA	NA
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator			9.6%	65	680	615	Yes	12.5%	State Databases and State Records	LDEQ actually identified violations at 85 facilities that were inspected in FY2010. $85/680 = 0.125$ or 12.5%
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	1/2 National Avg	2.5%	0.4%	3	680	677	Yes	1.70%	State Records and RCR AInfo data on 3/2/11	LDEQ actually identified 12 new SNCs in FY2010. $85/680 = 0.017$ or 1.7%

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	100%	82.4%	0.0%	0	1	1	Yes	33.3%	State Records and RCR AInfo data on 3/2/11	LDEQ actually identified 12 new SNCs in FY2010 and of those 12 SNCs, 4 were issued a formal enforcement action within 150 days of Day Zero. $4/12 = 0.916$ or 91.6%
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	1/2 National Avg	61.0%	40.5%	17	42	25	No	NA	NA	NA
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	80%	40.2%	33.3%	1	3	2	Yes	91.6%	State Records and RCR AInfo data on 3/2/11	LDEQ actually identified 12 new SNCs in FY2010 and of those 12 SNCs, 11 were issued a formal enforcement action within 360 days of Day Zero. $11/12 = 0.916$ or 91.6%

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator			42	NA	NA	NA	No	NA	NA	NA
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator			\$100,685	NA	NA	NA	No	NA	NA	NA
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	1/2 National Avg	80.2%	13.8%	4	29	25	Yes	38%	State Records; State Databases	LDEQ'S records and databases indicate that 11 Final Penalties or Settlements (6 -311s, 4 -312s, & 1 - 313) were assessed totaling \$146,409 in FY2010. 11 / 29 = 0.38 or 38%. Additionally, LDEQ is required by law to provide notice prior to the issuance of penalties. Formal Penalties and Settlement Agreements are

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
												often issued subsequent to issuance of formal enforcement actions.

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 the on-site 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 metric results.

This section, Appendix C, contains the letter transmitting the results of the Preliminary Data Analysis to the state. This letter identifies areas that the data review suggests the need for further examination and discussion during the review process.



LDEQ State Review Framework preliminary data analysis and file review
Mark Potts to: Celena Cage, Chris Piehler
Cc: Toni Allen, Esteban Herrera, Gladys Gooden-Jackson, Nancy Williams, Mona Bates, Thea Lomax, peters.carol, johnsey.paulette, Eva Steele, Guy Tidmore, potts.mark

▼ 4 attachments

 LDEQ SRF CWA Response 03-11-11 (3).xlsx  LDEQ SRF round 2 PDA and file selection CAA, CWA & RCRA.docx  LDEQ srf CAA Response 3.11.11.xls  LDEQ SRF RCRA Response 3.11.11 (k)

Hi Celena and Chris. Thanks to everyone for their assistance thus far in the review.
To sum up where we are:
The Region provided the data metrics out of the OTIS State Review Framework web site to LDEQ. DEQ reviewed and provided corrected data where needed.
Here's the spreadsheets showing the corrected data:

The Region used the corrected data to identify potential areas of concern or questions needing further discussion or research.

This next attachment is a description of the preliminary data analyses for Air, Water and RCRA. It also includes the file selection rationales and the file selection lists for your review pretty close, but we can modify the lists as needed.

The next step in the review process will be the file reviews. We are in contact with your Air, Water, and RCRA staff to set up the file reviews which we hope to complete in May.

If you have any questions please contact me. Thanks.
Mark Potts
214.665.2723

APPENDIX D: PRELIMINARY DATA ANALYSIS CHART

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

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

Clean Air Act

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Initial Findings
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality			519	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 558.	discuss progress on addressing upload issues
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality			479	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 534.	same as 1a4
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality			87	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 102.	same as 1a4

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Initial Findings
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality			100	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 105.	same as 1a4
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality			402	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 479.	same as 1a4
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality			270	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 301.	same as 1a4
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality			258	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 558.	same as 1a4
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	100%	86.3%	18.1%	44	243	199	With the Feb. 20, 2011 upload the numbers have changed to 87.6%, 84%, 204, 243, and 39.	discuss reasons e.g.,universe dynamics
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	100%	47.5%	35.0%	21	60	39	With the Feb. 20, 2011 upload the numbers have changed to 45%, 81.7%, 49, 60, and 11.	same as 1c4
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	100%	92.8%	27.7%	43	155	112	With the Feb. 20, 2011 upload the numbers have changed to 94.4%, 92.3%, 143, 155, and 112.	same as 1c4

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Initial Findings
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality			254	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 264.	same as 1a4
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality			254	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 264.	same as 1a4
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality			111	NA	NA	NA	This stayed the same.	discuss with LDEQ
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality			5	NA	NA	NA	With the Feb. 20, 2011 upload the number has increased to 99. We uploaded all non HPV actions.	confirm MDR entry for fed.report. sources
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality			5	NA	NA	NA	With the Feb. 20, 2011 upload the number has increased to 97.	same as 1f1
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	100%	58.1%	0.0%	0	30	30	The percentage on this one went up to 58.9% with the Feb. 20, 2011 upload. Prior to the new upload, we have not been linking Discovery dates. We will also be uploading more info that will be linked as Discovery dates.	low - discuss with LDEQ

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Initial Findings
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality			47	NA	NA	NA	The number increased to 98. HPVs were being entered manually, but non-HPVs were uploaded Feb. 20, 2011.	same as 1f1
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality			39	NA	NA	NA	The number increased to 82.	same as 1f1
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality			\$192,284	NA	NA	NA	This stayed the same. Prior to the new upload, we were not aware we should be entering "assessed" penalty amounts. We were entering the payments for penalties on the Z3 screen. We will now be using the Z3 screen for the issued penalty and assessed amount and using the PD screen for the amount actually paid.	discuss with LDEQ
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	0		11	NA	NA	NA	With the Feb. 20, 2011 upload the number has increased to 48.	discuss with LDEQ

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Initial Findings
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	0%	1.4%	0.0%	0	6	6	With the Feb. 20, 2011 upload the numbers have changed to 1.3%, 49, and 49.	Discuss stack test numbers
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality			0	NA	NA	NA	With the Feb. 20, 2011 upload the number is now 10.	same as 2b1
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	36.0%	16.7%	5	30	25	With the Feb. 20, 2011 upload the 36% is now 35%.	relatively low -discss with LDEQ
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	63.1%	21.2%	55	260	205	With the Feb. 20, 2011 upload the numbers have changed to 60.1%, 2.9%, 55, 1866, and 1811.	low - discuss with LDEQ
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	74.2%	51.9%	27	52	25	With the Feb. 20, 2011 upload the numbers have changed to 71.8%, 23.3%, 27, 116, and 89.	low - discuss with LDEQ

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Initial Findings
	FY)									
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	100%	88.6%	63.2%	287	454	167	With the Feb. 20, 2011 upload the numbers have changed to 88.7%, 63.4%, 288, 454, and 166.	evaluate in context of PPG
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	100%	85.1%	79.1%	412	521	109	With the Feb. 20, 2011 upload the numbers have changed to 85.3%, 75.1%, 420, 559, and 139.	evaluate in context of PPG
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	20% - 100%	91.6%	84.3%	43	51	8	With the Feb. 20, 2011 upload the numbers have changed to 91.6%, 85.1%, 40, 47, and 7.	evaluate in context of PPG
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	100%	92.2%	57.5%	50	87	37	With the Feb. 20, 2011 upload the numbers have changed to 92.2%, 57.7%, 45, 78, and 33.	evaluate in context of PPG
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator			48	NA	NA	NA	This stayed the same.	discuss with LDEQ

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Initial Findings
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	> 1/2 National Avg	46.6%	0 / 0	0	0	0	With the Feb. 20, 2011 upload the numbers have changed to 45.1%, 15.4%, 2, 13, and 11.	same as 2b1
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	< 1/2 National Avg	50.5%	0.0%	0	5	5	With the Feb. 20, 2011 upload the numbers have changed to 50.1%, 61.5%, 0, 5, and 5.	discuss numbers with LDEQ
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	> 1/2 National Avg	40.9%	0.0%	0	2	2	With the Feb. 20, 2011 upload the numbers have changed to 40.7%, 14.3%, 3, 21, and 18.	low - discuss with LDEQ
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator		36.4%	28.6%	14	49	35	For this one 36.4% changed to 35.9%. Some HPVs go over the 270 day goal b/c of the settlement process. A lot of the process is out of Enforcement's hands.	discuss with LDEQ in context of file review results
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	>= 80%	88.3%	30.6%	11	36	25	With the Feb. 20, 2011 upload the numbers have changed to 88.7%, 28.2%, 11, 39, and 28.	relatively low percent. discuss with LDEQ

Clean Water Act

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			220	NA	NA	NA	No	237	Region 6 Activity Report October, 1 2010	SRF value is incorrect, the actual number is 237 (211 state/25 R6) Retrieval logic invalid and/or major status date in ICIS incorrect	discuss with LDEQ
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			2,020	NA	NA	NA	No	1180	Region 6 Activity Report October, 1 2010	SRF value is incorrect, the actual number is 1180	discuss with LDEQ

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
P01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	0 / 0	0 / 0	0	0	0				Data updated on SRF website with 2/17/11 data; Logic invalid. Incorrectly includes permits that were not majors during FY10 or were reissued after FY2010.	OTIS value as of 3/15/11 - 92.1%
P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			37	NA	NA	NA	No	190	ICIS	Actual Number = 190 Metric logic invalid, does not include phone calls/emails, meetings, under enforcement review	discuss with LDEQ

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			179	NA	NA	NA	No	231	ICIS	Actual Number = 231 Metric logic invalid, does not include phone calls/emails, meetings, under enforcement review	discuss with LDEQ
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			31	NA	NA	NA	No	40	ICIS	Actual Number = 40 Logic invalid, does not include amended orders	discuss with LDEQ
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			147	NA	NA	NA	No	152	ICIS	Actual Number =152 Logic invalid, does not include amended orders and there is a condition involving linked violations	discuss with LDEQ

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
													to the EA that appears to kick some out because there is a max limit on the number of violations that can be linked	
P05A0S	Inspection coverage : NPDES majors (1 FY)	Goal	State	100%	54.2%	39.8%	86	216	130	Y	41.70%	TEMPO	Universe = 237 Inspected = 99	less than 50% (NPDES CMS) - compare with PPG compliance monitoring plan for FY10.
P07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			24	NA	NA	NA			ICIS	Only includes single event violations coded as a result of a warning letter issued for inspection	discuss SEV entry time frame

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
													violation referral received	
P07B 0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		27.2%	42.3%	44	104	60		14.40%	ICIS	Actual Number: 15 of 104=14.4%	discrepancy between OTIS and ICIS?
P07C 0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		24.9%	50.6%	40	79	39		24.10%	ICIS	Actual Number: 19 of 79=24.1%	discrepancy between OTIS and ICIS?
P10A 0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.5%	16.4%	36	220	184	No	0%	QNCR /ICIS	Actual Number: 0 of 211=0%	discrepancy between OTIS and ICIS?

RCRA

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality			712	NA	NA	NA	Yes	789	TEMPO (state database)	HW Incidents and CSE CMELs are not submitted to ED for RCRAInfo entry consistently. Add'l training is necessary.	discuss plans for training with LDEQ
R01C2S	Number of sites with violations determined during the FY	Data Quality			65	NA	NA	NA	Yes	85	State Records; State Databases	LDEQ records indicate 65 informal & 20 formal actions cited violations that were determined during FY2010 (using RCRAInfo Determined Dates and Day Zeros).	discuss with LDEQ

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	University Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality			3	NA	NA	NA	Yes	12	State Records and RCRAInfo data on 3/2/11	LDEQ's records indicate that 12 new SNCs were identified based upon FY2010 inspections and or file reviews.	discuss with LDEQ - eg., SNC data entry time frame.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality			35	NA	NA	NA	YES	57	State Records and RCRA Info data on 3/2/11	LDEQ's records indicate that there were 57 SNCs that were active at some point in FY2010. Of these 57 SNCs, as of 3/3/11, 17 of those active SNCs have been re-designated as SNN facilities, leaving 40 currently active SNCs.	explore reason for data discrepancy

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
R01F1S	Formal action: number of sites (1 FY)	Data Quality			39	NA	NA	NA	Yes	46	State Records and RCRAInfo data on 3/2/11	LDEQ'S records and databases indicate that, in FY2010, Formal Actions were issued in association with 46 facilities (26 CONOPPs & 20 COs). Discrepancy appears to be due to late entry of a few actions into RCRAInfo.	discuss reasons for data entry lag time.
R02B0S	Number of sites in violation for greater than 240 days	Data Quality			27	NA	NA	NA	No	NA	NA	NA	discuss with LDEQ eg., either RtC or SNC

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	100%	86.6%	95.7%	22	23	1	No	NA	NA	NA	discuss with LDEQ e.g., universe dynamics
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	100%	61.6%	71.1%	251	353	102	No	NA	NA	NA	discuss with LDEQ e.g., universe dynamics
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	1/2 National Avg	2.5%	0.4%	3	680	677	Yes	1.70%	State Records and RCRAInfo data on 3/2/11	LDEQ actually identified 12 new SNCs in FY2010. $85/680 = 0.017$ or 1.7%	discuss with LDEQ in conjunction with metric 1e1.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Univers e Prod	Not Counte d Prod	State Discrepan cy (Yes/No)	State Correcti on	State Data Source	Discrepan cy Explanation	Initial Findings
R08B0 S	Percent of SNC determinatio ns made within 150 days (1 FY)	Goal	100%	82.4%	0.0%	0	1	1	Yes	33.30%	State Records and RCRAIn fo data on 3/2/11	LDEQ actually identified 12 new SNCs in FY2010 and of those 12 SNCs, 4 were issued a formal enforceeme nt action within 150 days of Day Zero. 4 /12 = 0.916 or 91.6%	discuss with LDEQ e.g LDEQ policy
R12B0 S	Percent of final formal actions with penalty (1 FY)	Review Indicat or	1/2 Nation al Avg	80.2%	13.8%	4	29	25	Yes	38%	State Records; State Database s	LDEQ'S records and databases indicate that 11 Final Penalties or Settlements (6 -311s, 4 - 312s, & 1 - 313) were assessed	discuss with LDEQ e.g., formal actions outside the scope of the RCRA ERP.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	University Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
												<p>totaling \$146,409 in FY2010. $11 / 29 = 0.38$ or 38%. Additionally, LDEQ is required by law to provide notice prior to the issuance of penalties. Formal Penalties and Settlement Agreements are often issued subsequent to issuance of formal enforcement actions.</p>	

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

Clean Air Act

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Evaluation
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality			519	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 558.	discuss progress on addressing upload issues
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality			479	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 534.	same as 1a4
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality			87	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 102.	same as 1a4
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality			100	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 105.	same as 1a4
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only			368	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 377.	
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality			402	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 479.	same as 1a4

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Evaluation
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality			270	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 301.	same as 1a4
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality			258	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 558.	same as 1a4
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	100%	86.3%	18.1%	44	243	199	With the Feb. 20, 2011 upload the numbers have changed to 87.6%, 84%, 204, 243, and 39.	discuss reasons e.g.,universe dynamics
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	100%	47.5%	35.0%	21	60	39	With the Feb. 20, 2011 upload the numbers have changed to 45%, 81.7%, 49, 60, and 11.	same as 1c4
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	100%	92.8%	27.7%	43	155	112	With the Feb. 20, 2011 upload the numbers have changed to 94.4%, 92.3%, 143, 155, and 112.	same as 1c4
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality			254	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 264.	same as 1a4
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality			254	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 264.	same as 1a4

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Evaluation
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only			1	NA	NA	NA	With the Feb. 20, 2011 upload the number has changed to 9.	
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality			111	NA	NA	NA	This stayed the same.	discuss with LDEQ
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality			5	NA	NA	NA	With the Feb. 20, 2011 upload the number has increased to 99. We uploaded all non HPV actions.	confirm MDR entry for fed.report. sources
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality			5	NA	NA	NA	With the Feb. 20, 2011 upload the number has increased to 97.	same as 1f1
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality			30	NA	NA	NA	This stayed the same. HPV info was being manually entered in the absence of an upload.	
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality			27	NA	NA	NA	This stayed the same.	

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Evaluation
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	100%	58.1%	0.0%	0	30	30	The percentage on this one went up to 58.9% with the Feb. 20, 2011 upload. Prior to the new upload, we have not been linking Discovery dates. We will also be uploading more info that will be linked as Discovery dates.	low - discuss with LDEQ
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	100%	89.5%	93.3%	28	30	2	With the Feb. 20, 2011 upload the 89.5% increased to 91%.	
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	100%	91.0%	100.0%	30	30	0	With the Feb. 20, 2011 upload the 91% increased to 91.3%.	
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality			47	NA	NA	NA	The number increased to 98. HPVs were being entered manually, but non-HPVs were uploaded Feb. 20, 2011.	same as 1f1
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality			39	NA	NA	NA	The number increased to 82.	same as 1f1

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Evaluation
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality			\$192,284	NA	NA	NA	This stayed the same. Prior to the new upload, we were not aware we should be entering "assessed" penalty amounts. We were entering the payments for penalties on the Z3 screen. We will now be using the Z3 screen for the issued penalty and assessed amount and using the PD screen for the amount actually paid.	discuss with LDEQ
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	0		11	NA	NA	NA	With the Feb. 20, 2011 upload the number has increased to 48.	discuss with LDEQ
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	<= 50%	44.6%	27.6%	21	76	55	With the Feb. 20, 2011 upload the numbers have changed to 45.3%, 28.2%, 22, 78, 56.	
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	0%	1.4%	0.0%	0	6	6	With the Feb. 20, 2011 upload the numbers have changed to 1.3%, 49, and 49.	Discuss stack test numbers

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Evaluation
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality			0	NA	NA	NA	With the Feb. 20, 2011 upload the number is now 10.	same as 2b1
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	36.0%	16.7%	5	30	25	With the Feb. 20, 2011 upload the 36% is now 35%.	relatively low -discuss with LDEQ
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	63.1%	21.2%	55	260	205	With the Feb. 20, 2011 upload the numbers have changed to 60.1%, 2.9%, 55, 1866, and 1811.	low - discuss with LDEQ
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	74.2%	51.9%	27	52	25	With the Feb. 20, 2011 upload the numbers have changed to 71.8%, 23.3%, 27, 116, and 89.	low - discuss with LDEQ
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS	Goal	100%	88.6%	63.2%	287	454	167	With the Feb. 20, 2011 upload the numbers have changed to 88.7%, 63.4%, 288, 454,	evaluate in context of PPG

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Evaluation
	Cycle)								and 166.	
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	100%	85.1%	79.1%	412	521	109	With the Feb. 20, 2011 upload the numbers have changed to 85.3%, 75.1%, 420, 559, and 139.	evaluate in context of PPG
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	20% - 100%	91.6%	84.3%	43	51	8	With the Feb. 20, 2011 upload the numbers have changed to 91.6%, 85.1%, 40, 47, and 7.	evaluate in context of PPG
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	100%	92.2%	57.5%	50	87	37	With the Feb. 20, 2011 upload the numbers have changed to 92.2%, 57.7%, 45, 78, and 33.	evaluate in context of PPG
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only		81.4%	67.4%	60	89	29	With the Feb. 20, 2011 upload the numbers have changed to 81.2%, 53.9%, 55, 102, and 47.	
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only		29.1%	4.6%	355	7,761	7,406	With the Feb. 20, 2011 upload the numbers have changed to 28.6%, 3.5%, 333, 9457, and 9124.	

Metric	Metric Description	Metric Type	National Goal	National Average	LouisianaMetric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Evaluation
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator			48	NA	NA	NA	This stayed the same.	disucss with LDEQ
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only			0	NA	NA	NA	This stayed the same.	
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	100%	94.0%	0 / 0	0	0	0	With the Feb. 20, 2011 upload the numbers have changed to 94.4%, 99.6%, 459, 461, and 2.	
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	> 1/2 National Avg	22.9%	28.2%	79	280	201	With the Feb. 20, 2011 upload the numbers have changed to 22.6%, 25.1%, 80, 319, and 239.	
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	> 1/2 National Avg	46.6%	0 / 0	0	0	0	With the Feb. 20, 2011 upload the numbers have changed to 45.1%, 15.4%, 2, 13, and 11.	same as 2b1
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	> 1/2 National Avg	6.3%	4.6%	24	519	495	With the Feb. 20, 2011 upload the numbers have changed to 6.5%, 4.5%, 25, 558, and 533.	

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Evaluation
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	> 1/2 National Avg	0.4%	1.1%	1	87	86	With the Feb. 20, 2011 upload the numbers have changed to .4%, 0.0%, 0, 102, and 102.	
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	> 1/2 National Avg	69.8%	42.9%	12	28	16	With the Feb. 20, 2011 upload the numbers have changed to 69.1%, 33.3%, 14, 42, and 28.	
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	< 1/2 National Avg	50.5%	0.0%	0	5	5	With the Feb. 20, 2011 upload the numbers have changed to 50.1%, 61.5%, 0, 5, and 5.	discuss numbers with LDEQ
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	> 1/2 National Avg	40.9%	0.0%	0	2	2	With the Feb. 20, 2011 upload the numbers have changed to 40.7%, 14.3%, 3, 21, and 18.	low - discuss with LDEQ
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator		36.4%	28.6%	14	49	35	For this one 36.4% changed to 35.9%. Some HPVs go over the 270 day goal b/c of the settlement process. A lot of the process is out of Enforcement's hands.	discuss with LDEQ in context of file review results

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	Discrepancy Explanation	Evaluation
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator			40	NA	NA	NA	With the Feb. 20, 2011 upload the number changed to 91.	
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	>= 80%	88.3%	30.6%	11	36	25	With the Feb. 20, 2011 upload the numbers have changed to 88.7%, 28.2%, 11, 39, and 28.	relatively low percent. discuss with LDEQ

Clean Water Act

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			220	NA	NA	NA	No	237	Region 6 Activity Report October, 1 2010	SRF value is incorrect, the actual number is 237 (211 state/25 R6) Retrieval logic invalid and/or major status date in ICIS incorrect	discuss with LDEQ

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
P01A 2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	NA	NA	NA				Regional field only	
P01A 3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			2,020	NA	NA	NA	No	1180	Region 6 Activity Report October , 1 2010	SRF value is incorrect, the actual number is 1180	discuss with LDEQ
P01A 4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			8,241	NA	NA	NA	No	7629	Region 6 Activity Report October , 1 2010	SRF value is incorrect, the actual number is 7629	
P01B 1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	0 / 0	0 / 0	0	0	0				Data updated on SRF website with 2/17/11 data; Logic invalid. Incorrectly includes	OTIS value as of 3/15/11 - 92.1%

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
													permits that were not majors during FY10 or were reissued after FY2010.	
C01B 2C	Major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	0 / 0	0 / 0	0	0	0	No	96.20%	ICIS-NPDES	Actual numbers: 44 late of 1171 forms = 96.2% SRF Metric logic is invalid. DMR entry date for quarter should be evaluated from the start date through one month + 1 day from received date.	discuss with LDEQ OTIS value as of 3/15/11 - 99.1%

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=; 95%	0 / 0	0 / 0	0	0	0	No	100%	ICIS-NPDES	Actual number: 0 late of 220 = 100% SRF Metric logic 2009 is invalid. DMR entry date for quarter should be evaluated from the start date through one month + 1 day from received date.	discuss with LDEQ
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			7.4%	5	68	63	No		ICIS-NPDES	Actual Number = 1 of 68 = 1.4%	
P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			0 / 0	0	0	0			ICIS-NPDES	State commitment only to code 91	OTIS value as of 3/15/11 - 94.7% 180/190

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
C01C 2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			0 / 0	0	0	0					OTIS value as of 3/15/11 - 68.3% 641/939
C01C 3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			0 / 0	0	0	0					OTIS value as of 3/15/11 - 77.1% 158/205
P01D 1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			21.5%	435	2,020	1,585				Data not representative because DMR and permit data not tracked for most facilities	
C01D 2C	Violations at non-majors: noncompliance rate in the annual noncompliance	Informational Only	Combined			0 / 0	0	0	0					

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
	nce report (ANCR)(1 CY)													
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			5	NA	NA	NA					
P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			29	NA	NA	NA	No	82	ICIS	Actual Number = 82 Metric logic invalid, does not include phone calls/emails, meetings, under enforcement review	discuss with LDEQ
P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			37	NA	NA	NA	No	190	ICIS	Actual Number = 190 Metric logic invalid, does not include phone	discuss with LDEQ

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
													calls/emails, meetings, under enforcement review	
P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			176	NA	NA	NA	No	222	ICIS	Actual Number = 222 See # Informal @ Minor tab; Metric logic invalid, does not include phone calls/emails, meetings, under enforcement review	discuss with LDEQ
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			179	NA	NA	NA	No	231	ICIS	Actual Number = 231 Metric logic invalid, does not include phone calls/emails,	discuss with LDEQ

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
													meetings, under enforcement review	
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			31	NA	NA	NA	No	37	ICIS	Actual Number = 37 Logic invalid, does not include amended orders	discuss with LDEQ
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			31	NA	NA	NA	No	40	ICIS	Actual Number = 40 Logic invalid, does not include amended orders	discuss with LDEQ

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			322	NA	NA	NA	No	391	ICIS	Actual Number = 391 Logic invalid, does not include amended orders and there is a condition involving linked violations to the EA that appears to kick some out because there is a max limit on the number of violations that can be linked	discuss with LDEQ

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			147	NA	NA	NA	No	152	ICIS	Actual Number =152 Logic invalid, does not include amended orders and there is a condition involving linked violations to the EA that appears to kick some out because there is a max limit on the number of violations that can be linked	discuss with LDEQ
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			48	NA	NA	NA				Data is correct	
P01G2S	Penalties: total penalties (1	Data Quality	State			\$204,118	NA	NA	NA				Data is correct	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
	FY)													
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$24,963	NA	NA	NA				Data is correct	
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$1,758,413	NA	NA	NA				Data is correct to the best of our knowledge , hard to calculate between PCS and ICIS	
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$204,118	NA	NA	NA				Data is correct	
P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		100.0%	32	32	0				Data is correct	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	54.2%	39.8%	86	216	130	Y	41.70%	TEMPO	Universe = 237 Inspected = 99	less than 50% (NPDES CMS) - compare with PPG compliance monitoring plan for FY10.
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			23.4%	248	1,060	812	Y	23.70%	TEMPO	Universe = 1,180 Inspected = 280 Select logic needs to be revised to capture universe and inspections of majors that have permits that are administratively continued or may	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
													have been terminated during at some point during the year	
P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			2.3%	151	6,497	6,346	Y	2.40%	TEMPO	Universe = 7,629 Inspected = 183 Select logic needs to be revised to capture universe and inspections of non-majors that have general permits that are administratively continued or may	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
													have been terminated during at some point during the year	
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.2%	5	2,709	2,704	Y		TEMPO	Total Inspections for this category = 356 Data is not representative as it does not capture unpermitted dischargers that are inspected and subsequently permitted (LAUs) as part of	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
													LDEQ's Compliance Monitoring Strategy	
P07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			24	NA	NA	NA			ICIS	Only includes single event violations coded as a result of a warning letter issued for inspection violation referral received	discuss SEV entry time frame

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
P07A 2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			150	NA	NA	NA			ICIS	Only includes single event violations coded as a result of a warning letter issued for inspection violation referral received or PCU minor review	
P07B 0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		27.2 %	42.3%	44	104	60		14.40%	ICIS	Actual Number:15 of 104=14.4 %	discrepancy between OTIS and ICIS?
P07C 0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		24.9 %	50.6%	40	79	39		24.10%	ICIS	Actual Number:19 of 79=24.1%	discrepancy between OTIS and ICIS?

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
P07D 0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		52.6 %	62.7%	138	220	82				Data does not reflect data quality, only the rate of non-compliance by the facility.	
P08A 1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			67	NA	NA	NA		73	ICIS	Actual Number=73 (22 EPA)	discrepancy between OTIS and ICIS?
P08A 2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		26.9 %	30.5%	67	220	153		24.20%	ICIS	Actual Number=51 of 211=24.2 %	discrepancy between OTIS and ICIS?
P10A 0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.5 %	16.4%	36	220	184	No	0%	QNCR/ICIS	Actual Number: 0 of 211=0%	discrepancy between OTIS and ICIS?

Resource Conservation and Recovery Act

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality			23	NA	NA	NA	Yes	24	State Records and TEMPO database	2 Louisiana TSDFs active in FY2010 were not included in the drill down Shintech Louisiana LLC / LAD08141941 8-OP-1 & Explo Systems Inc - Camp Minden Thermal Treatment Unit / LAR 000 072 223-RDD-1 . Also, Marine Shale / LAD98105770 6 was not an active TSDF in FY 2010. Net gain of +1 TSDF	

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
R01A 2S	Number of active LQGs in RCRAInfo	Data Quality			881	NA	NA	NA	Yes	685	State Database	EPA's & LDEQ's LQG universe count differ due to the fact that LDEQ removes a facility from the HW generators universe (by deleting the assoc. "state code") following a generator "delist" petition declaring the facility no longer engages in any HW activities.	

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
R01A3S	Number of active SQGs in RCRAInfo	Data Quality			2,373	NA	NA	NA	Yes	2,083	State Database	EPA's & LDEQ's SQG universe count differ due to the fact that LDEQ removes a facility from the HW generators universe (by deleting the assoc. "state code") following a generator "delist" petition declaring the facility no longer engages in any HW activities.	

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
R01A4S	Number of all other active sites in RCRAInfo	Data Quality			10,683	NA	NA	NA	Yes	9519	State Database	EPA's & LDEQ's active RCRA sites count differ due to the fact that LDEQ removes a facility from the RCRA facility universe (by deleting the assoc. "state code") following a "delist" petition declaring the facility no longer engages in any HW activities.	
R01A5S	Number of LQs per latest official biennial report	Data Quality			353	NA	NA	NA	Yes	NA	NA	NA	
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality			712	NA	NA	NA	Yes	789	TEMPO (state database)	HW Incidents and CSE CMELs are not submitted to ED for RCRAInfo entry consistently.	discuss plans for training with LDEQ

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
												Add'l training is necessary.	
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality			680	NA	NA	NA	No	NA	NA	NA	
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality			198	NA	NA	NA	No	NA	NA	NA	
R01C2S	Number of sites with violations determined during the FY	Data Quality			65	NA	NA	NA	Yes	85	State Records; State Databases	LDEQ records indicate 65 informal & 20 formal actions cited violations that were determined during FY2010 (using RCRAInfo Determined Dates and Day Zeros).	discuss with LDEQ

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
R01D1S	Informal actions: number of sites (1 FY)	Data Quality			89	NA	NA	NA	Yes	103	State Records; State Databases	5 NOPPs had been entered into RCRAInfo but were not reflected in EPA's preliminary data. A few informal actions were entered or reentered (to correct entry errors) into RCRAInfo subsequent to EPA's preliminary data pull.	
R01D2S	Informal actions: number of actions (1 FY)	Data Quality			90	NA	NA	NA	Yes	103	State Records; State Databases	5 NOPPs had been entered into RCRAInfo but were not reflected in EPA's preliminary data. A few formal actions were entered or reentered (to correct entry errors) into RCRAInfo	

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
												subsequent to EPA's preliminary data pull.	
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality			3	NA	NA	NA	Yes	12	State Records and RCRAInfo data on 3/2/11	LDEQ's records indicate that 12 new SNCs were identified based upon FY2010 inspections and or file reviews.	discuss with LDEQ - eg., SNC data entry time frame.
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality			35	NA	NA	NA	YES	57	State Records and RCRAInfo data on 3/2/11	LDEQ's records indicate that there were 57 SNCs that were active at some point in FY2010. Of these 57 SNCs, as of 3/3/11, 17 of those active SNCs have been re-	explore reason for data discrepancy

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
												designated as SNN facilities, leaving 40 currently active SNCs.	
R01F1S	Formal action: number of sites (1 FY)	Data Quality			39	NA	NA	NA	Yes	46	State Records and RCRAInfo data on 3/2/11	LDEQ'S records and databases indicate that, in FY2010, Formal Actions were issued in association with 46 facilities (26 CONOPPs & 20 COs). Discrepancy appears to be due to late entry of a few actions into RCRAInfo.	discuss reasons for data entry lag time.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
R01F2S	Formal action: number taken (1 FY)	Data Quality			45	NA	NA	NA	Yes	51	State Records and RCRAInfo data on 3/2/11	LDEQ'S records and databases indicate that 51 Formal Actions were issued in FY2010 (30 CONOPPs & 21 COs). Discrepancy appears to be due to the late entry of a few actions into RCRAInfo. The difference in the total # of "formal action: number taken" and "formal action: number of sites" is due to 6 formal enforcements issued to different entities in connection with the Crop Production Services site (LAR000068296).	

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
R01G0S	Total amount of final penalties (1 FY)	Data Quality			\$100,685	NA	NA	NA	Yes	\$146,409	State Records and RCRAInfo data on 3/2/11	LDEQ'S records and databases indicate that \$146.409 of Final Penalties or Settlements (6 -311s, 4 -312s, & 1 -313) were assessed in FY2010.	
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality			1	NA	NA	NA	No	NA	NA	NA	
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality			0	NA	NA	NA	No	NA	NA	NA	
R02B0S	Number of sites in violation for greater than 240 days	Data Quality			27	NA	NA	NA	No	NA	NA	NA	discuss with LDEQ eg., either RtC or SNC

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator			0 / 0	0	0	0	No	NA	NA	NA	
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	100%	86.6%	95.7%	22	23	1	No	NA	NA	NA	discuss with LDEQ e.g., universe dynamics
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	20%	23.9%	28.0%	99	353	254	No	NA	NA	NA	
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	100%	61.6%	71.1%	251	353	102	No	NA	NA	NA	discuss with LDEQ e.g., universe dynamics
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only			12.6%	299	2373	2074	No	NA	NA	NA	
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only			423	NA	NA	NA	No	NA	NA	NA	

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
R05E2S	Inspections at active transporters (5 FYs)	Informational Only			70	NA	NA	NA	No	NA	NA	NA	
R05E3S	Inspections at non-notifies (5 FYs)	Informational Only			5	NA	NA	NA	No	NA	NA	NA	
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only			77	NA	NA	NA	No	NA	NA	NA	
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator			9.6%	65	680	615	Yes	12.50%	State Databases and State Records	LDEQ actually identified violations at 85 facilities that were inspected in FY2010. $85/680 = 0.125$ or 12.5%	
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	1/2 National Avg	2.5%	0.4%	3	680	677	Yes	1.70%	State Records and RCRA Info data on 3/2/11	LDEQ actually identified 12 new SNCs in FY2010. $85/680 = 0.017$ or 1.7%	discuss with LDEQ in conjunction with metric 1e1.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	100%	82.4%	0.0%	0	1	1	Yes	33.30%	State Records and RCRAInfo data on 3/2/11	LDEQ actually identified 12 new SNCs in FY2010 and of those 12 SNCs, 4 were issued a formal enforcement action within 150 days of Day Zero. 4 / 12 = 0.916 or 91.6%	discuss with LDEQ e.g LDEQ policy
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	1/2 National Avg	61.0%	40.5%	17	42	25	No	NA	NA	NA	
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	80%	40.2%	33.3%	1	3	2	Yes	91.60%	State Records and RCRAInfo data on 3/2/11	LDEQ actually identified 12 new SNCs in FY2010 and of those 12 SNCs, 11 were issued a formal enforcement action within 360 days of Day Zero. 11/12 = 0.916 or 91.6%	

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator			42	NA	NA	NA	No	NA	NA	NA	
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator			\$100,685	NA	NA	NA	No	NA	NA	NA	
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	1/2 National Avg	80.2%	13.8%	4	29	25	Yes	38%	State Records; State Databases	LDEQ'S records and databases indicate that 11 Final Penalties or Settlements (6 -311s, 4 -312s, & 1 -313) were assessed totaling \$146,409 in FY2010. $11 / 29 = 0.38$ or 38%. Additionally, LDEQ is required by law to provide notice prior to the issuance of penalties. Formal Penalties and	discuss with LDEQ e.g., formal actions outside the scope of the RCRA ERP.

Metric	Metric Description	Metric Type	National Goal	National Average	Louisiana Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation
												Settlement Agreements are often issued subsequent to issuance of formal enforcement actions.	

APPENDIX F: FILE SELECTION

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

Clean Air Act

A. File Selection Process

We requested to review files for 32 facilities. We selected the facilities as follows:

- The OTIS File Selection Tool shows 681 facilities with FY10 activities. Based upon this, the file selection protocol recommends reviewing 20-35 files.
- We wanted a mix of half inspection and half enforcement files.
- Out of 233 Title V majors with FCEs, we picked 15 by selecting every 16th facility.
- Out of 16 SM80s with FCEs, we picked 1 (the 8th facility on the list)
- We selected 16 enforcement actions which were all the actions that were finalized. The majority show penalties. All were Title V majors.

B. File Selection Table

#	f_name	Program ID	f_street	f_city	f_state	f_zip	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	H PV	Informal Action	Formal Action	Penalty	Universe	Select
1	EUNICE GAS EXTRACTION PLANT	2200100025	222 REFINERY RD	EUNICE	LA	70535	1	1	0	0	2	0	0	0	0	MAJR	accepted_representative
2	ENTERPRISE GAS PROCESSING LLC - TEBONE F	2200500032	10324 HWY 75	GEISMAR	LA	70734	1	0	0	0	3	0	0	0	0	MAJR	accepted_representative
3	GULF SOUTH PIPELINE CO LP - BISTINEAU CO	2201300007	540 UNITED GAS RD	RINGGOLD	LA	71068	1	0	0	0	0	0	0	0	0	MAJR	accepted_representative
4	REYNOLDS METALS CO - LAKE CHARLES CARBON	2201900011	3943 GRANGER RD	LAKE CHARLES	LA	70605	1	0	0	0	0	1	0	0	0	MAJR	accepted_representative

5	WEST HACKBERRY FIELD	2202300005	5 MI W OF	HACKBERRY	LA	70000	1	0	0	0	0	0	0	0	0	0	MAJR	accepted_representative
6	BAYOU COATING LLC	2203300135	12710 LEISURE RD	BATON ROUGE	LA	70807	1	0	0	0	0	0	0	0	0	0	MAJR	accepted_representative
7	ENTERGY GULF STATES LA LLC - WILLOW GLEN	2204700010	2605 HWY 75	ST. GABRIEL	LA	70776	1	0	0	0	0	0	0	0	0	0	MAJR	accepted_representative
8	TIMBALIER BAY PRODUCTION COMPLEX	2205700138	6 MI SW OF	PORT FOURCHON	LA	70357	1	0	0	0	2	0	0	0	0	0	MAJR	accepted_representative
9	CENTERPOINT ENERGY - MISSISSIPPI RIVER T	2207300056	ON HWY 165 OFF HWY 554 0.5 MI	PERRYVILLE	LA	71201	1	0	0	0	0	0	0	0	0	0	MAJR	accepted_representative
10	MAIN PASS 68 G FACILITY	2207500264	TERRITORY SEAS, 20 MI E OF	VENICE	LA	70091	1	1	0	0	2	0	0	0	0	0	MAJR	accepted_representative
11	WEYERHAEUSER NR CO - ZWOLLE PLYWOOD & SA	2208500007	2792 OBRIE ST	ZWOLLE	LA	71486	1	0	4	0	2	0	0	0	0	0	MAJR	accepted_representative
12	OCCIDENTAL CHEMICAL CORP - CONVENT FACIL	2209300019	7377 HWY 3214	CONVENT	LA	70723	1	0	0	0	2	0	0	0	0	0	MAJR	accepted_representative
13	SOUTHERN NATURAL GAS CO - SHADYSIDE COMP	2210100035	OFF HWY 182 3 MI SE OF	CENTERVILLE	LA	70522	1	0	0	0	0	0	0	0	0	0	MAJR	accepted_representative
14	ENTERPRISE GAS PROCESSING LLC - NORTH TE	2210900023	449 SHELL E&P CT	GIBSON	LA	70356	1	0	0	0	3	0	0	0	0	0	MAJR	accepted_representative
15	SPRINGHILL COMPRESSOR STATION	2211900021	3.5 MI E OF	SPRINGHILL	LA	71075	1	0	0	0	0	0	0	0	0	0	MAJR	accepted_representative
16	LOUISIANA BLASTING & COATING INC	2204500091	4218 COTEAU RD	NEW IBERIA	LA	70560	1	0	0	0	0	0	0	0	0	0	SM80	accepted_representative
17	AMERICAS STYRENICS LLC - ST JAMES PLANT	2209300007	9901 HWY 18	ST. JAMES	LA	70086	0	0	3	0	2	0	0	0	1	7,000	MAJR	accepted_representative
18	BAYOU BOUILLION FIELD PRODUCTION FACILIT	2209900068	4 MI SE OF	CATAHOULA	LA	70000	0	0	2	0	0	0	0	0	1	0	MAJR	accepted_representative
19	BOISE CASCADE WOOD PRODUCTS LLC - FLORIE	2208500001	225 STUDEMAN ST	FLORIEN	LA	71429	0	0	2	0	2	0	0	0	1	22,000	MAJR	accepted_representative
20	CHEVRON PIPE LINE CO - SORRENTO UNDERGRO	2200500048	6576 HWY 3140	SORRENTO	LA	70778	1	1	0	0	2	1	0	0	1	0	MAJR	accepted_representative
21	DELTECH CORP - BATON ROUGE FACILITY	2203300006	11911 SCENIC HWY	BATON ROUGE	LA	70807	0	0	8	0	2	0	0	0	3	47,475	MAJR	accepted_representative
22	ELOI BAY PLATFORM #1	2208700026	15 MI SE OF	HOPEDALE	LA	70000	0	0	2	0	0	0	0	0	1	0	MAJR	accepted_representative
23	ENERGY PARTNERS - EAST BAY CENTRAL FACIL	2207500145	184 CHEVRON RD	BURRWOOD	LA	70091	1	1	4	0	2	0	0	0	2	4,548	MAJR	accepted_representative
24	KPAQ INDUSTRIES LLC - ST FRANCISVILLE OP	2212500001	2105 HWY 964	ST. FRANCISVILLE	LA	70775	0	0	0	0	2	0	0	0	3	10,000	MAJR	accepted_representative
25	NORANDA ALUMINUM LLC	2209300002	1111 N AIRLINE HWY	GRAMERCY	LA	70052	0	1	0	0	2	0	0	0	2	0	MAJR	accepted_representative
26	OXYCHEM - GEISMAR	2200500011	8318 ASHLAND RD	GEISMAR	LA	70734	0	0	7	0	4	1	0	0	4	50,0	MAJR	accepted_repr

6	PLANT														00		esentative
2	QUARANTINE BAY																accepted_repr
7	COMPRESSOR STATION	2207500124	5 MI E OF	EMPIRE	LA	70000	1	0	2	0	0	0	0	1	0	MAJR	esentative
2	RUBICON LLC - GEISMAR														7,91		accepted_repr
8	PLANT	2200500006	9156 HWY 75	GEISMAR	LA	70734	1	0	3	0	10	0	0	1	1	MAJR	esentative
2	STATE LEASE 293 #107																accepted_repr
9	WELLSITE - FAUSSE P	2204500147	8 MI E OF	LOREAUVILLE	LA	70552	0	0	2	0	0	0	0	1	0	MAJR	esentative
3	TEMPLE-INLAND INC -														1,15		accepted_repr
0	BOGALUSA BOX PLANT	2211700021	501 AVENUE U	BOGALUSA	LA	70427	0	0	3	0	0	1	0	1	0	MAJR	esentative
3	UOP LLC - BATON ROUGE														14,0		accepted_repr
1	PLANT	2203300009	1200 AIRLINE HWY	BATON ROUGE	LA	70805	1	1	1	0	2	0	0	1	00	MAJR	esentative
3	W R GRACE & CO-CONN -														20,0		accepted_repr
2	DAVISON DIVISION L	2201900001	1800 DAVISON RD	SULPHUR	LA	70663	1	0	4	0	0	0	0	1	00	MAJR	esentative

Resource Conservation and Recovery Act

A. File Selection Process

We requested to review files for 38 facilities. We selected the files as follows:

- The OTIS file selection tools shows 740 facilities. Using the file selection protocol, 25-40 should be selected for review.
- Significant Non-Compliers: There were 9 facilities reflected in the initial SRF PDA, the State notified that they actually had 12 (this number was also reflected in RCRAInfo), I selected all 12 SNC actions for FY2010.
- Actions with Penalties: SRF reflects 4 facilities, LDEQ reflects 11 facilities, RCRAinfo reflects 16 facilities. We selected 8 total facilities to review (half of 16). 4 were selected as identified in the File Selection tool for facilities with penalties, the other 4 were selected randomly from a March 28, 2011 RCRAInfo CM&E Formal Enforcement Actions report.
- Formal Enforcement: In addition to the Formal Enforcement selected in number 2 above (with penalties), 6 additional facilities that received formal enforcement (without a penalty reflected in the data set) were randomly selected. These 6 were selected by using the File Selection Tool, sorting on Formal Enforcement as the 1st sort, then sorting on penalty,
- Informal Enforcement: 7 files that only contained an informal enforcement action were randomly selected using the File Selection Tool.
- The remaining files selected for review were based on those universes that may have not been represented in the above selections (i.e., Transporters, CESQG, or Other), the files were selected by sorting on the universe and location and then randomly selecting, to ensure a representative review both in universe and location.
- The files selected represents 7 LQG's 4 Transporter, 10 TSD's, 3 Other, 5 CESQG, 7 SQG and 2 with no universe reflected.

- All Regional LDEQ regions were represented in the file selection.

B. File Selection Table

#	f_name	Program ID	f_street	f_city	State District	f_zip	Evaluation	Violation	SN C	Information Action	Formal Action	Penalty	Universe	Select
1	ABL ENTERPRISES	LA0000046045	1024 HWY 343	CHURCH POINT		LA 70525	2	0	0	0	0	0	LQG	accepted_representative
2	ACADIANA OIL & ENVIRONMENTAL CORP	LAD985226968	810 ST JOHN ST	FRANKLIN	AC	LA 70538	1	3	0	0	0	0	TRA	accepted_representative
3	ACME TRUCK LINE INC	LAD981145691	124 BUNKER RD	LAKE CHARLES	SW	LA 70602	2	0	0	0	0	0	TRA	accepted_representative
4	AUTO ELECTRIC & MAGNETO SHOP	LAD056520901	202 W SALLIER ST	LAKE CHARLES	SW	LA 70601	3	0	0	0	0	0	CES	accepted_representative
5	BLACKWATER NEW ORLEANS LLC	LAD034426288	660 LABAUVE DRIVE	WEST WEGO	SE	LA 70094	1	5	1	0	0	0	SQG	accepted_representative
6	CALUMET SHREVEPORT REFINERY	LAD008052334	3333 MIDWAY STREET	SHREVEPORT		LA 71109	1	2	1	0	0	0	LQG	accepted_representative
7	CECOS INTERNATIONAL INC. LIVINGSTON FACI	LAD000618298	28422 FROST RD	LIVINGSTON		LA 70754	2	3	0	0	1	0	TSD(LDF)	accepted_representative
8	CENTRAL OIL OF BATON ROUGE	LAR000060178	2775 N FLANNERY RD	BATON ROUGE	LA	LA 70814	1	2	0	1	0	0	OTH	accepted_representative
9	CITGO PETROLEUM CORPORATION	LAD008080350	4401 LOUISIANA HWY 108 WEST	SULPHUR		LA 70665	2	2	1	0	0	0	TSD(LDF)	accepted_representative

1 0	CLEAN HARBORS COLFAX, LLC	LAD981055791	3763 HIGHWAY 471	COLFA X		L A	71417	1	0	0	0	0	0	0	TSD(TSF)	accepted_representative
1 1	CONGLOBAL INDUSTRIES	LAR000020651	10090 ALMONASTE R AVE	NEW ORLEA NS	SE	L A	70127	0	0	0	0	1	1,9 35	CES	accepted_representative	
1 2	CONOCOPHILLIPS ALLIANCE REFINERY	LAD056024391	15551 HIGHWAY 23	BELLE CHASS E	SE	L A	70037	2	0	0	0	0	0	TSD(LDF)	accepted_representative	
1 3	DELTECH CORPORATION	LAD008188583	11911 SCENIC HIGHWAY	BATON ROUGE	C A	L A	70807	1	7	1	0	1	0	LQG	accepted_representative	
1 4	DISPOSAL PROPERTIES, LLC	LAD087721924	11261 PLANT ROAD	JENNIN GS		L A	70546	1	0	0	0	0	0	LQG	accepted_representative	
1 5	ENCOAT INTL INC	LAR000043596	11999 GURNEY RD	BAKER	C A	L A	70714	2	6	1	0	0	0	SQG	accepted_representative	
1 6	ENVIR SAFETY & HEALTH CONSULT SVC	LAR000037069	1730 COTEAU RD	HOUM A	SE	L A	70364	1	1	0	1	0	0	TRA	accepted_representative	
1 7	EVANGELINE PARISH SCHOOLS	LAR000054858	252 RODRICK ST	VILLE PLATTE	A C	L A	70586	2	0	0	0	0	0	SQG	accepted_representative	
1 8	FREELAND PROD INC	LAD985187046	75412 HWY 25	COVIN GTON	SE	L A	70435	0	0	1	0	1	0	CES	accepted_representative	
1 9	GLENN SPRINGS HOLDINGS, INC. LAKE CHARLES FACILITY	LAD981052376	4300 HIGHWAY 108 SOUTH	SULPH UR		L A	70663	2	0	0	0	0	0	LQG	accepted_representative	
2 0	HERITAGE CRYSTAL CLEAN LLC	LAR000049627	9346 ASHLAND RD	GONZA LES	C A	L A	70737	0	1	0	0	1	0	TRA	accepted_representative	
2 1	KINDER MORGAN SEVEN OAKS	LAD084670652	106 BRIDGE CITY AVE	WEST WEGO	SE	L A	70094	0	0	0	1	0	0	CES	accepted_representative	
2 2	LDH ENERGY REFINERY SERVICES LLC	LAR000043729	10334 HIGHWAY 75	GEISM AR	LA C A	L A A	70734	0	0	0	0	1	0	LQG	accepted_representative	
2 3	MARINE SHALE PROCESSORS	LAD981057706	9828 HIGHWAY 90	AMELI A	LA A	L A A	70340	1	0	0	0	0	0	TSD(COM)	accepted_representative	

			EAST		C)	
2 4	MARTIN TRANSPORT INC	LAD985189497	1616 MENGEL RD	BATON ROUGE	C A	L A	70807	0	0	0	1	0	0	SQG	accepted_representative
2 5	NORMANS AUTO & TRUCK RPR	LAD981914195	1803 CENTER ST	NEW IBERIA	A C	L A	70560	2	0	0	0	0	0	OTH	accepted_representative
2 6	NORTH BANK TOWING CORP	LAR000062745	9438 HWY 182	MORG AN CITY	A C	L A	70380	1	8	1	1	0	0	SQG	accepted_representative
2 7	OLIN CORPORATION, LAKE CHARLES, LA	LAD008080681	960 I-10 WEST	WESTL AKE		L A	70669	0	0	0	1	0	0	TSD(LDF)	accepted_representative
2 8	OXYCHEM- GEISMAR	LAD092681824	8318 ASHLAND ROAD	GEISM AR		L A	70734	1	0	0	0	1	0	50, 00 TSD(COM)	accepted_representative
2 9	PIONEER AMERICAS LLC D/B/A OLIN CHLOR- ALKALI PRODUCTS	LAD062666540	4205 HIGHWAY 75	SAINT GABRIE L		L A	70776	3	3	0	2	1	0	37, 75 TSD(LDF)	accepted_representative
3 0	PLANTATION PIPE LINE CO	LAD000726224	2200 BLOUNT RD	BATON ROUGE	C A	L A	70807	0	0	0	1	1	0	SQG	accepted_representative
3 1	QUALITY SHIPYARD (YARD #1)	LAD077904324	940 HWY 182	HOUM A		L A	70364	0	0	0	1	0	0	LQG	accepted_representative
3 2	THE DOW CHEMICAL COMPANY	LAD008187080	HWY 1 AND WOODLAWN ROAD	PLAQU EMINE		L A	70765	1	14	1	0	2	0	11, 00 TSD(COM)	accepted_representative
3 3	U.S. ARMY, FORT POLK	LA0214022725	1647 23RD STREET BUILDING 2516	FORT POLK	S W	L A	71459	1	0	0	0	0	0	TSD(TSF)	accepted_representative
3 4	WASTE WATER DISPOSAL INC	LAR000066142	3270 W AIRLINE HWY, STE D	RESER VE		L A	70084	0	0	0	1	0	0	OTH	accepted_representative
3 5	WEST CALCASIEU CAMERON HOSPITAL	LAD074199837	701 CYPRESS ST	SULPH UR	S W	L A	70663	1	2	1	0	0	0	SQG	accepted_representative
3 6	WPS INDUSTRIES INC	LAD985210855	228 INDUSTRIAL	W MONR	N E	L A	71292	1	0	0	0	0	0	CES	accepted_representative

			ST	OE											
37	SHALE TANK TRUCKS	LAR000069666				L						1	50		selected manually
38	SYLVESTER JONES PROPERTY	LAR000068619				L						1	2,863		selected manually

Clean Water Act

A. File Selection Process

We requested to review files for 40 facilities. We selected the files as follows:

- The OTIS file selection tool shows 3069 facilities. For this number of records, the file selection protocol recommends selecting 25-40 files.
- The OTIS list was sorted by majors and non-majors. Of the list of majors, 18 were randomly selected by taking every fifth facility. This same procedure was used to select 18 non-majors. This list of 36 major and non-major facilities also has representative samplings of inspections and enforcement actions.
- Under the file selection protocol, we also added 4 supplemental files. These consisted of 2 storm water facilities with LAU designations (not on the OTIS list) and 2 additional penalty actions, 1 major and 1 non-major.

B. File Selection Table

#	FACILITY NAME	LPDES #	f_street	f_city	S t a t e	f _ s t r e e t	f _ z i p	Per mit Co mp on ent	# IN S P	Viol atio n	S/ E Vi o l a t i o n	S N C	In fo r m al Ac ti on	F o r m al A c t i o n	Penalty	Un ive r s e	Select	
1	ABITA SPRINGS, TOWN OF - WASTEWATER TREATMENT FACILITY	LA0032352	END OF ORME STREET	ABITA SPRINGS	C	L	70420	PO T	2	5	0	2	0	0	0	0	Minor	accepted_supplemental
2	ACADIANA TREATMENT RIVERWOOD	LA0078883	RIVERWOOD DRIVE	LAFAYETTE	T	L	70593		1	6	0	0	0	0	0	0	Minor	accepted_representative

18	WOODLAND ACRES SEWER #1	LAG540758	1 MILE EAST OF PEACH ORCHARD	BASTROP		L A	71220		0	12	0	0	0	1	142,068	Minor	accepted_representative
19	UNIVERSITY FIELD PROD., FACILITY	LAU006024						SW								Minor	accepted_supplemental
20	PILOT CORPORATION	LAU004735						SW								Minor	accepted_supplemental
21	BLACKWATER NEW ORLEANS, LLC	LA0073679													1,000	Minor	accepted_supplemental
22	AIR PRODUCTS AND CHEMICALS, INC. - NEW ORLEANS	LA0003280	14700 INTRACOASTAL HWY	NEW ORLEANS		A L V A	70129		1	3	0	0	0	1	0	Major	accepted_representative
23	BREAUX BRIDGE, CITY OF	LA0033014	ON BEGNAUD ST. IN BREAUX BRIDGE, ST. MARTIN PARISH	BREAUX BRIDGE		A L V A	70517	P O T	2	1	0	0	1	0	0	Major	accepted_representative
24	CLECO POWER LLC- ACADIA POWER STATION	LA0112836	30385 CROWLEY-EUNICE HWY	EUNICE		C L M A	70535		1	5	0	2	0	1	0	Major	accepted_representative
25	DERIDDER, CITY OF- WASTEWATER TREATMENT PLANT	LA0038407	1366 BALL ROAD	DERIDDER		K L H A	70634	P R E P O T	1	16	0	0	0	0	0	Major	accepted_supplemental
26	DOW CHEMICAL - PLAQUEMINE	LA0003301	P.O BOX 150	PLAQUEMINE		J L W A	70765		1	19	0	1	0	1	0	Major	accepted_representative
27	ENERGY OPERATIONS, INC.- WATERFORD 3 SES	LA0007374	17265 RIVER ROAD	KILLONA		C L M A	70066		1	0	0	0	0	0	0	Major	accepted_representative
28	HOMER, TOWN OF- WASTEWATER TREATMENT PLANT	LA0038521	500 EAST 5TH STREET	HOMER		K L H A	71040	P O T	1	23	3	1	1	1	0	Major	accepted_representative
29	INTERNATIONAL PAPER CO.- PINEVILLE	LA0003565	300 WILLIAMS LAKE ROAD	PINEVILLE		J L W A	71361		1	0	0	0	0	0	0	Major	accepted_representative
30	JEFFERSON PARISH DEPARTMENT OF SEWERAGE- EAST BANK WWTP	LA0066630	2 HUMANE WAY	HARAHAN		K L H A	70123	P R E P O T	5	0	0	0	0	0	0	Major	accepted_representative
31	LION COPOLYMER, LLC	LA0000914	5955 SCENIC HIGHWAY	BATON ROUGE		A L V A	70805		1	9	0	1	0	1	50,000	Major	accepted_representative
32	LOUISIANA PIGMENT COMPANY, L.P. - TITANIUM DIOXIDE PLANT	LA0080829	3300 BAYOU D INDE ROAD	WESTLAKE		A L V A	70669		1	82	0	0	0	1	12,500	Major	accepted_supplemental

33	ORMET PRIMARY ALUMINUM CORPORATION- BURNSIDE ALUMINA DIVISIO	LA0005606	41237 HIGHWAY 22	BURNSIDE	K H	L A	70738		1	29	0	1	0	1	21,000	M a j o r	accepted_representative
34	PINEVILLE, CITY OF- WASTEWATER TREATMENT PLANT	LA0033464	390 HILLCREST	PINEVILLE	C M	L A	71360	P R E P O T	0	14	1	1	1	0	0	M a j o r	accepted_representative
35	TERREBONNE PH GOVT-HOUMA NORTH	LA0040207	2000 ST. LOUIS CANAL ROAD	HOUMA	J W	L A	70364		2	1	0	0	1	0	0	M a j o r	accepted_representative
36	TERREBONNE PH GOVT-HOUMA-SOUTH	LA0040274	537 ASHLAND LANFILL ROAD	HOUMA	J W	L A	70361		1	2	1	0	2	0	0	M a j o r	accepted_supplemental
37	UNION CARBIDE CORPORATION	LA0000191	P.O. BOX 50	HAHNVILLE	J W	L A	70057		1	4	0	0	0	0	0	M a j o r	accepted_representative
38	VINTON, TOWN OF- TREATMENT PLANT	LA0066621	1010 WASTEWATER AVENUE	VINTON	K H	L A	70668	P O T	1	7	0	0	0	1	0	M a j o r	accepted_representative
39	WESTLAKE STYRENE LLC	LA0087157	900 LA HWY 108	LAKE CHARLES	J W	L A	70601		1	16	1	0	0	0	0	M a j o r	accepted_representative
40	NOVOLYTE TECHNOLOGIES, INC.- BATON	LA0004057													16,000	M a j o r	accepted_supplemental

APPENDIX G: FILE REVIEW ANALYSIS

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

Initial Findings indicate the observed results. Initial Findings are preliminary observations and are used as a basis for further investigation. Findings are developed only after evaluating them against the PDA results where appropriate, and dialogue with the state 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.

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

CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	52% (15/29)	29 files reviewed - 16 inspections, 13 enforcement actions (1 enforcement action addressed 4 facilities). 15 of 16 inspection files had accurate data in AFS. AFS missing applicable subparts for 1 inspection file reviewed. 2 facilities with enforcement actions missing NESHAPs subparts. For the 12 HPV enforcement files reviewed, violation discovery dates and day zeros were not consistent with the HPV Policy. One SM is Title V in AFS.

CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
Metric 4a	Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan were completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? Yes or no? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning evaluation coverage are to be discussed pursuant to the metrics under Element 5. If a state/local agency had negotiated and received approval for conducting its compliance monitoring program pursuant to an alternative plan, details concerning the alternative plan and the S/L agency's implementation (including evaluation coverage) are to be discussed under this Metric.	100%	LDEQ's approved FY10 Compliance Monitoring Plan had a goal of conducting FCEs at 50% of the majors and 20% of the SM80s if budget and resource constraints allowed. Actual numbers were around 47% majors and 18% SM80s. (Discrepancies in universes at the time of FY10 PPG End of Year reporting: Actual 508 majors and 97 SM80s - verses - 519 majors and 87 SM80s in AFS. At the time AFS showed FCEs at 237 majors and 16 SM80s).
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.	NA	
Metric 6a	# of files reviewed with FCEs.	16	
Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	88% (14/16)	16 FCEs reviewed, 14 documented FCE. One report did not specify PCE or FCE – if FCE, did not document visible emission observation. One report was missing attachments
Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	56% (9/16)	16 FCE reports reviewed, 9 provided complete documentation. One said NSPS and NESHAPs not applicable, but permit has both. One did not include full description of compliance monitoring activities. One did not identify all applicable requirements or include enforcement history. One did not specify FCE or PCE, identify all applicable requirements or include enforcement history. Two were missing attachments. One was missing enforcement history.

CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	100%	None of the 16 FCEs revealed violations. Compliance determinations seemed to be accurate. All 13 enforcement actions attached to correct compliance determinations preceding the review period.
Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	NA	No non-HPV violations were identified in the 16 FCE reports reviewed. One formal enforcement action addressed a non-HPV identified in 2005, AFS currently shows in compliance, historic compliance status not available .
Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	92%	12 of 13 enforcement actions reviewed accurately identified violations as HPVs. One enforcement action addressed a non-HPV violation that the Region believes should have been classified as an HPV.
Metric 9a	# of formal enforcement responses reviewed.	13	One action addressed 4 facilities
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%	All formal actions reviewed were penalty only actions. All were attendant to preceding (preceding the review period) formal (compliance order and notice of proposed penalty, CONOPP) or informal (notice of proposed penalty, NOPP) enforcement actions. Nine were CONOPPs which were addressing actions specifying required corrective actions and time frames. 4 were NOPPs not considered addressing actions, did not specify required corrective actions. The metric value is based upon the 9 CONOPPs.
Metric 10b	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	31% (4/13)	The 13 formal actions reviewed were penalty actions. Twelve addressed HPVs. Four were linked to timely CONOPPs (issued prior to the review period) which were addressing actions for the same HPVs.
Metric 10c	% of enforcement responses for HPVs appropriately addressed.	100%	All 12 HPVs were appropriately addressed
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	All 13 penalty actions considered and included appropriate gravity and economic benefit.

CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
Metric 12c	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	2 of the 13 penalty actions reviewed were Penalty Assessments. Both subject to adjudication, therefore not final penalty actions during the review period. 11 of the 13 penalty actions reviewed were Settlement Agreements – final penalty actions. 10 of the 11 reflected no initial penalty figures proposed. No change in penalty amounts was confirmed with LDEQ. One of the Settlement Agreements reviewed was preceded by a Penalty Assessment (issued prior to the review period) with a different penalty figure. The file documented the rationale for the difference.
Metric 12d	% of files that document collection of penalty.	100%	Settlement agreement tracking system documents settlement agreements and penalty payments. 2 of 11 final penalty action files document collection

Resource Conservation and Recovery Act

RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings
Metric 2c	% of files reviewed where mandatory data are accurately reflected in the national data system.	100%	A total of 50 inspection files (40 inspections conducted in Fiscal Year 2010 and 10 inspections conducted prior to FY2010, but were reviewed as a result of an FY2010 enforcement action) and 39 enforcement files were reviewed. Minimum data elements were complete for all files reviewed.
Metric 4a	Planned inspections completed	100%	The priorities included conducting 182 hazardous waste inspections including: 2 Federal TSDF's; 36 Commercial TSDF's; 80 large quantity generators (LQGs), 40 small quantity generators (SQGs) and 24 Other facilities (typically transporters and facilities not listed in any universe category). According to RCRAInfo, during the 2010 Fiscal Year, the State conducted 760 total inspections at 724 sites (these inspections include all evaluation types). These

RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings
			included 45 inspections at 32 Treatment, Storage and Land Disposal (TSD) facilities (including 2 federal facility); 82 inspections at 81 LQGs, 72 of those inspections were Compliance Evaluation Inspections (CEIs). The remainder of the inspections were conducted at Small Quantity Generators, Conditionally Exempt Small Quantity Generators, Transporters, etc.
Metric 4b	Planned commitments completed	NA	
Metric 6a	# of inspection reports reviewed.	50	40 FY10 inspections 10 pre-FY10 associated with FY10 enforcement actions
Metric 6b	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility.	100%	All inspection reports and files reviewed were complete and provided excellent documentation to determine the compliance of the facility being inspected.
Metric 6c	Inspection reports completed within a determined time frame.	100%	All inspection reports reviewed were completed within 60 days from the date of inspection, with the majority being completed in less than 30 days.
Metric 7a	% of accurate compliance determinations based on inspection reports.	100%	All compliance determinations were consistent with State and EPA Enforcement Response Policy and Guidance.
Metric 7b	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days).	100%	100% of violation determinations reviewed in the files were reported to the national database within 150 days.
Metric 8d	% of violations in files reviewed that were accurately determined to be SNC.	100%	Of the 40 inspection reports reviewed, 13 identified violations, of those 8 were correctly identified as SNCs and 5 were correctly identified as SV's. 24 FY10 enforcement actions were reviewed - 9 SNC's and 18 SV's. All SNC and SV determinations were accurate.

RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings
Metric 9a	# of enforcement responses reviewed.	39	Includes a mix of FY09, FY10 and FY11 formal and informal actions
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	All 16 SNC actions reviewed included some type of corrective or complying action that have or will return the facility to compliance within a prescribed timeframe.
Metric 9c	% of enforcement responses that have returned or will return Secondary Violators (SV's) to compliance.	100%	All 23 SV actions reviewed included some type of complying action that has returned the facility to compliance within a specified timeframe.
Metric 10c	% of enforcement responses reviewed that are taken in a timely manner.	100%	24 FY10 enforcement actions taken, 9 addressing SNC. All 9 taken within 360 days.
Metric 10d	% of enforcement responses reviewed that are appropriate to the violations.	100%	24 FY10 SNC actions – all appropriate
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	6 penalty actions reviewed. All 6 files contained calculations used for both gravity and economic benefit, consistent with national policy.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	NA	All 6 penalties reviewed were final penalties, no initial penalties issued
Metric 12b	% of files that document collection of penalty.	83%	4 of 6 penalties in settlement tracking system as collected. 1 hearing request. 1 expedited penalty not in tracking system as collected.

Clean Water Act

Note: LDEQ and Region 6 determined to conduct this SRF review using FY10 data. The data portion of the review is therefore based upon FY10 data.

The Region, however, inadvertently selected NPDES files with the OTIS file selection tool based upon FY09 activities. Therefore, the inspection reports and enforcement actions reviewed were generated during FY09 instead of FY10. This, however, should not undermine an objective and useful review of LDEQ's LPDES enforcement program.

CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings
Metric 2b	% of files reviewed where data is accurately reflected in the national data system.	100%	<p>Due to travel dollar constraints, the Region was not able to perform an on-site file review. Therefore, reviewed documents using and LDEQ using LDEQ's Electronic Data Management System. In addition, LDEQ provided documents that were not accessible through EDMS.</p> <p>A total of forty (40) facilities, i.e., majors, 92-500 and significant minors and storm water facilities were selected and reviewed from the universe for FY'09. The review ensured the data reflected in the national data system, i.e., ICIS-NPDES, are accurate and complete for all forty facilities. The data entered reflects the current permit requirements for the Permittees' address, limit sets, DMR data with actual violations and compliance monitoring for the appropriate facilities as required by the State guidance.</p>
Metric 4a	% of planned inspections completed. Summarize using the Inspection Commitment Summary Table in the CWA PLG.	100%	<p>Under the Performance Partnership Grant, LDEQ provided a compliance monitoring plan for FY10. It projected Compliance Evaluation Inspections (CEIs) at 50% of the major permittees and CEIs at 20% of the significant minors universe. The Region approved LDEQ's compliance monitoring plan. LDEQ reported inspecting 99 out of a universe of 237 majors (42%) and 280 out of a universe of 1180 non-majors. Total 379 CEIs. PPG projections – 119 majors and 236 significant minors, total 335 CEIs.</p>

CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings
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.		<p>The State's PPG commitments require identification of violations and initiation of enforcement actions for all majors, 92-500 minors and significant minors for effluent limits, inspections deficiencies, discharge monitoring reports (DMRs) and compliance schedules. The PPG commitments also require timely data entry into the national database. They also require submission of the annual reports on noncompliance of non major facilities, and timely and appropriate actions for facilities displayed on the Quarterly Noncompliant Report (QNCR) and Watch List.</p> <p>LDEQ continues to meet and exceeds their fiscal year commitments required for in these areas.</p>
Metric 6a	# of inspection reports reviewed.	30	<p>A total of thirty (30) facilities were reviewed for the fiscal year inspections commitment. One storm water inspection was not within the evaluation period, but was reviewed to determine the facility's historical compliance status. A review of the State's database indicates that data is being coded as CEI inspections in ICIS-NPDES for State Field Interview Form (FIF). The FIF alone does not always capture the entire requirements to be listed as an inspection as determined by the CWA Inspection Report Evaluation Guide Completeness Checklist provided for this review. Some inspections were located in the State's EDMS database but were missing from the OTIS database and vice versa. One facility in EDMS had different inspection date and permit number (misfiled?)</p>
Metric 6b	% of inspection reports reviewed that are complete.	67%	<p>All inspections were reviewed in accordance to the CWA Inspection Report Evaluation Guide Completeness Checklist to ensure the data was provided for all required areas in order for the document to be referenced as an actual inspection. The State's FIF coded as inspections in ICIS-NPDES and/or OTIS alone do not include all CEI components. 20 documented complete CEIs.</p>

CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings
Metric 6c	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.	67%	<p>Of the thirty (30) inspections reviewed twenty (20) contained sufficient documentation and observations and lead to an accurate compliance determination. Facilities with unsatisfactory ratings were routed to the Enforcement Division for appropriate enforcement action.</p> <p>This notes that LDEQ uses a “Field Interview Form” to conduct all types of media inspections, including storm water, but this form does not identify all elements in the CEI.</p> <p>FIFs coded as inspections are not considered in this metric.</p>
Metric 6d	% of inspection reports reviewed that are timely.	55%	To determine timely, complete inspections (20) were reviewed from the date of the inspection until the date the Reviewer signed and dated the inspection. The time lapse ranged from zero to 183days to completion. Eleven inspections were completed within the thirty day timeframe.
Metric 7e	% of inspection reports or facility files reviewed that led to accurate compliance determinations.	100%	A total of thirty (30) facilities were reviewed for inspection reports and/or an administrative file reviews. Compliance determination for each facility reviewed led to accurate compliance determinations by the State and referred for further action in accordance with the State’s guidance.
Metric 8b	% of single event violation(s) that are accurately identified as SNC or Non-SNC.	100%	<p>Of the forty (40) facilities reviewed, in accordance with LDEQ’s PPG, 27 required to be reviewed for SNC or non-SNC violations.</p> <p>Violations cited in inspections were accurately identified and referred for enforcement actions as required.</p>
Metric 8c	% of single event violation(s) identified as SNC that are reported timely.	100%	LDEQ enters single event violations for inspections only when an enforcement action is issued at which time the flags are raised and the action linked to the inspection. Single events are also entered for discretionary deficiencies, i.e., failure to reapply, discharge without a

CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings
			permit, late submittals, etc.. Due to this practice, LDEQ has consistently provided timely reporting of the deficiencies from the time they become aware or the deficiencies and links the enforcement action accordingly into the ICIS database.
Metric 9a	# of enforcement files reviewed	10	6 formal, 4 informal. Of those, 5 addressed SNC and 5 addressed non-SNC.
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	All 5 actions addressing SNC were formal actions and included required corrective actions and specified time frames.
Metric 9c	% of enforcement responses that have returned or will returned a source with non-SNC violations to compliance.	100%	5 actions addressing non-SNC. 1 formal, 4 informal. The formal action included required corrective actions and time frames. 2 of the 4 informal actions addressing non-SNC, did not cite specific violations, generically encouraged facility attention to findings of recent inspections. The other 2 informal actions addressed non-SNC effluent violations. Both followed up with formal actions (39 and 54 days respectively) which included required corrective actions and time frames.
Metric 10b	% of enforcement responses reviewed that address SNC that are taken in a timely manner.	60%	5 formal, non-penalty actions addressing SNC reviewed - 3 were timely.
Metric 10c	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	100%	5 formal, non-penalty actions addressing SNC reviewed – all appropriate.
Metric 10d	% of enforcement responses reviewed that appropriately address non-SNC violations.	100%	Of the 10 non-penalty actions reviewed, there were 5 non-SNC actions (1 formal, 4 informal) – all appropriate.

CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings
Metric 10e	% enforcement responses for non-SNC violations where a response was taken in a timely manner.	80%	Of 10 non-penalty actions reviewed, 5 addressed non-SNC actions – 4 were timely.
Metric 11a	% of penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	<p>Thirteen penalty actions were reviewed. All included penalty documentation. One of the penalty files was an Expedited Penalty. The Expedited Penalty has fixed penalty amounts for specified minor to moderate violations.</p> <p>Aside from the Expedited Penalty, all of the remaining penalty files each included a Gravity component. All of the files included a Monetary Benefit component. While the Monetary Benefit is intended to eliminate the economic incentive for non-compliance, none of the penalty calculations included documentation describing the method by which delayed or avoided costs were recovered.</p>
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	NA	None of the reviewed penalty files documented any indication that there was any difference in the assessed penalty as an initial and final penalty.
Metric 12b	% of enforcement actions with penalties that document collection of penalty.	69%	<p>One of the storm water penalty files documented that the Respondent provided the necessary information alluding to the penalty amount, otherwise LDEQ uses ICIS-NPDES to document penalty collection. A review of ICIS-NPDES confirmed that all penalties have been entered. One penalty amount was entered under 2 different permit numbers.</p> <p>ICIS indicates that 9 of the 13 penalty actions reviewed have been collected. Two penalty actions (same respondent, one facility with an individual permit and one facility with a general permit) got combined into a single penalty action.</p>

APPENDIX H: CORRESPONDENCE



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

January 20, 2011

Ms. Cheryl Nolan
Assistant Secretary
Office of Environmental Compliance
Louisiana Department of Environmental Quality
P.O. Box 4312
Baton Rouge, LA 70821-4312

Dear Ms. Nolan:

I am writing to initiate our review of LDEQ's Air, Water and RCRA enforcement programs under the State Review Framework (SRF). Mark Potts of my staff has been working with your staff and met with them last August to lay the ground work for the review. It will consist of data and file reviews examining inspection and enforcement activity for fiscal year 2010.

The official data sets for Air, Water and RCRA that will be used for the review are available on-line for LDEQ's review at <http://www.epa-otis.gov/otis/stateframework.html>.

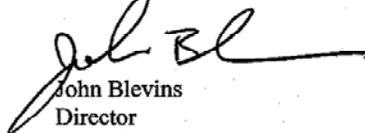
We realize that these data may need to be corrected or clarified to accurately reflect LDEQ performance for the review period. We will be sending this letter electronically, enclosing the Air, Water and RCRA data spreadsheets. We ask that your staff review the data sets and respond by indicating agreement with the data or by identifying significant discrepancies. Space is provided in the spreadsheets for that purpose. We would like to work with your staff to complete this data reconciliation step by February 18, 2011, if possible.

Mark Potts is the primary Region 6 contact for the SRF. He will work with Celena Cage and Chris Piehler, or other designee, on overall project coordination and in implementation according to the SRF protocol.

Re: LDEQ State Review Framework

We appreciate LDEQ's cooperation and support and look forward to working with you. If you have any questions, please contact me at (214) 665-2266, blevins.john@epa.gov, or Mark Potts at (214) 665-2723, potts.mark@epa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "John Blevins", written over the typed name.

John Blevins
Director
Compliance Assurance and
Enforcement Division

Enclosures

cc: Peggy Hatch, Secretary
Louisiana Department of Environmental Quality

Appendix I – LDEQ Five Year Strategic Plan

Louisiana
Department of Environmental Quality
Five Year Strategic Plan

July 1, 2011 - June 30, 2016

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Department of Environmental Quality

Strategic Plan

Executive Summary

This strategic plan covers 2011 to 2016.

The Department's mission is to provide service to the people of Louisiana through comprehensive environmental protection in order to promote and protect health, safety and welfare while considering sound policies regarding employment and economic development.

The Department has set six goals to accomplish its mission. They are:

1. Protect health, safety and welfare by protecting and improving the environment (land, water, and air).
2. Increase compliance with environmental laws (both voluntary and mandatory compliance) that meet state and federal mandates.
3. Operate in an efficient and effective manner.
4. Conduct programs that are consistent with sound policy for employment and economic development.
5. Work to enhance customer service.
6. Work to provide regulatory flexibility.

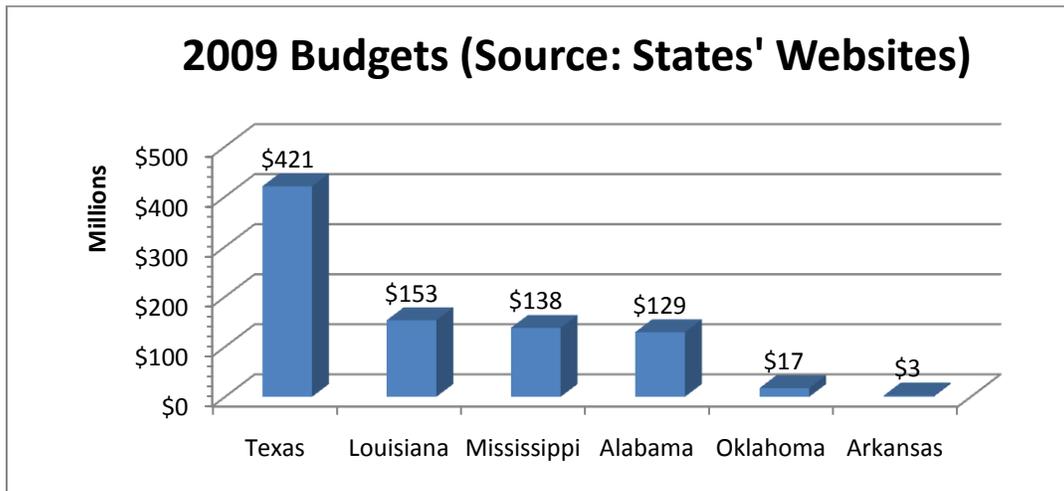
Each office in the Department has developed a segment of the Department's Strategic Plan. Each office has a mission, goals and objectives that align with the goals of the department. These offices are the Office of the Secretary, Office of Environmental Compliance, Office of Environmental Services, and Office of Management and Finance.

In accordance with Act 1078, the Department has an array of agency wide Human Resources Policies that provide assistance and support to females and families. All policies are monitored for compliance with state and federal rules and regulations. Initiatives that are presently utilized are: flexible work schedules, telecommuting, educational leave, availability of training courses, such as Diversity in the Workplace, Harassment/Discrimination/Workplace Violence, Ethics, etc. The Department also has policies and procedures for Family and Medical Leave and accommodations under the Americans with Disabilities Act.

Benchmarking

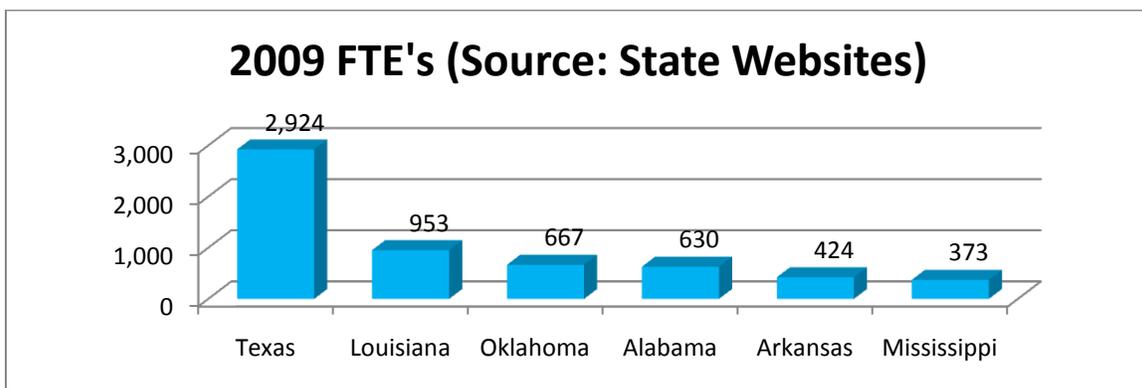
Louisiana does more with less in protecting the environment.

The states that are compared below are part of the Environmental Protection Agency Region 6 and the central Gulf Coast: Alabama, Arkansas, Louisiana, Mississippi, Oklahoma, and Texas. For 2009, the size of the budgets in these states varies between \$3 million dollars for Arkansas and \$421 million for Texas. Louisiana has the second highest budget at \$153 million dollars in this geographic regional comparison.



Staff Resources

For 2009, the differences in budgets for these states reflect the broad divergence in the sizes of their environmental agencies. Mississippi DEQ had the fewest, 373, employees or Full Time Equivalents, (FTEs) while Texas had 2,924. Louisiana had the second largest agency with 953 employees. Oklahoma had 667; Alabama ha 630; and Arkansas had 424.



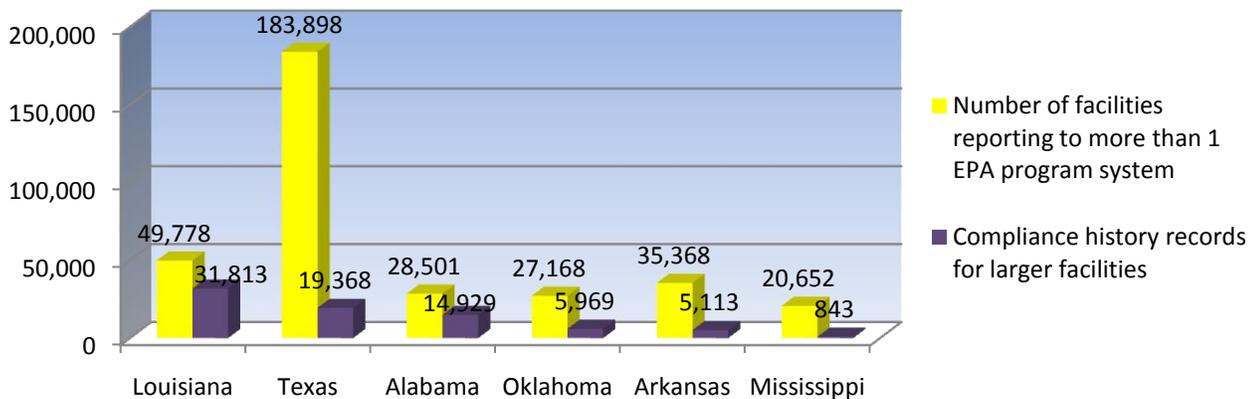
Facilities Reporting and Compliance History Records

In 2009, as a percentage of the number of facilities reporting to more than one EPA program system, Louisiana had the most active compliance program where 64% of the 49,799 facilities reporting have a compliance record.

Compliance History Records Ranked by Select Southern States for 2009

- **Louisiana had 49,778 facilities reporting to more than one EPA program system and 31,813 with compliance history records for larger facilities; a 64% compliance record.**
- **Alabama: 28,501 facilities reporting vs. 14,929; a 52% compliance history record**
- **Oklahoma: 27,168 facilities reporting vs. 5,969; a 22% compliance history record**
- **Arkansas: 35,368 facilities reporting vs. 5,113; a 14% compliance history record**
- **Texas: 183,898 facilities reporting vs. 19,368; an 11% compliance history record.**
- **Mississippi: 20,652 facilities reporting vs. 843; a 4% compliance history record.**

Facilities Information (Source: USEPA, 2009)



- Texas has three times the budget, number of employees and number of regulated facilities as Louisiana.
- Mississippi has a budget that is 90% of Louisiana's, with 39% of the employees, and only 4% of the number of regulated facilities.
- Louisiana's DEQ operates successful environmental air, water and waste regulatory programs with proportionally fewer employees and less money compared to neighboring states in the gulf region for the number of facilities regulated.

Louisiana Department of Environmental Quality

Five Year Strategic Plan

July, 2011 – June, 2016

Vision

Louisiana is a recognized leader in the protection of the environment, natural resources, health and the quality of life. A spirit of cooperation and trust exists between state government, local government, business, universities, and private citizens in seeking solutions to environmental problems. The healthy, scenic environment, complementary job opportunities, and unique culture of Louisiana all create an unmatched quality of life.

Mission

The mission of the Department of Environmental Quality is to provide service to the people of Louisiana through comprehensive environmental protection to promote and protect health, safety and welfare while considering sound policies regarding employment and economic development.

Philosophy

- The Department of Environmental Quality is an assertive proponent of a clean and healthy environment accomplishing its mission through regulatory and non-regulatory means to achieve a balance that sacrifices neither economic growth nor environmental protection.
- Decisions made by the Department of Environmental Quality are open, fair, consistent, and based on comprehensive scientific information applied in accordance with the law.
- The Department of Environmental Quality encourages stakeholder and public participation in consideration of environmental issues.
- The Department of Environmental Quality emphasizes and supports innovative and effective programs including but not limited to Pollution Prevention, waste minimization, recycling and regulatory flexibility.
- The Department of Environmental Quality promotes environmental awareness through education.
- The Department of Environmental Quality supports enhanced customer service, outreach and small business assistance.

Goals

- The Department of Environmental Quality will protect public safety, health and welfare by protecting and improving the environment (land, water, air).
- The Department of Environmental Quality will increase compliance with environmental laws (both voluntary and mandatory compliance) that meet state and federal mandates.
- The Department of Environmental Quality will operate in an efficient and effective manner.
- The Department of Environmental Quality will conduct programs that are consistent with sound policy for employment and economic development.
- The Department of Environmental Quality will work to enhance customer service.
- The Department of Environmental Quality will work to provide regulatory flexibility.

Office of the Secretary
Five Year Strategic Plan
July 1, 2011 – June 30, 2016

Agency Number: 13-850
Program: Administrative Program
Program Authorization: La. R.S. 30:2011.C (1)(a)

Vision

Louisiana is a recognized leader in the protection of the environment, natural resources, health and the quality of life. A spirit of cooperation and trust exists between state government, local government, business, universities, and private citizens in seeking solutions to environmental problems. The healthy, scenic environment, complementary job opportunities, and unique culture of Louisiana all create an unmatched quality of life.

Mission

The mission of the Administrative Program is to ensure the Department meets its performance and policy objectives by working with the other program offices.

Philosophy

- The Department of Environmental Quality is an assertive proponent of a clean and healthy environment, accomplishing its mission through regulatory and non-regulatory means to achieve a balance that sacrifices neither economic growth nor environmental protection.
- Decisions made by the Department of Environmental Quality are open, fair, consistent, and based on comprehensive scientific information applied in accordance with the law.
- The Department of Environmental Quality encourages stakeholder and public participation in consideration of environmental issues.
- The Department of Environmental Quality emphasizes and supports innovative and effective programs including but not limited to Pollution Prevention, waste minimization, recycling and regulatory flexibility.
- The Department of Environmental Quality promotes environmental awareness through education.
- The Department of Environmental Quality supports enhanced customer service, outreach and small business assistance.

Goal

The goal of the Administrative Program is to protect and improve Louisiana's environment by enhancing customer services and operating effectively and efficiently while considering sound policy for employment and economic development.

Objective 1:

The Administrative Program, through executive administration activity, will ensure that 95% of the Department's program objectives are met July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

This activity allows the department to fulfill its mission which is to provide comprehensive environmental protection and promote and protect the health, safety and welfare of the state while considering sound policies regarding employment and economic development. The leadership exercised by the Executive Administration also advances the Natural Resources State Outcome Goal which is to sustain Louisiana's natural resources, to ensure a better environment and to preserve Louisiana as a sportsman's paradise while balancing our need for economic development from the management of our non renewable resources.

Strategies:

- 1.1 Provide management guidance, final decision making authority and coordination of policies within DEQ and with other government agencies.
- 1.2 Implement the Strategic Plan to ensure that budgetary allotments and policy support DEQ's mandate to protect the environment.

Performance Indicator:

Outcome: Percent of DEQ programs meeting objectives.

Objective 2:

The Administrative Program through the business, community outreach and incentives activity will improve environmental compliance and protection among small businesses, municipalities/communities and non-governmental organizations by providing statewide educational outreach and technical assistance services July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

The Business , Community Outreach and Incentives Division (BCOID) advances the Natural Resources State Outcome Goal by preserving Louisiana as a Sportsman's Paradise while balancing our need for economic development from the management of our non renewable

resources. Outreach and training sessions conducted by the BCOID encourage stewardship of the state's environmental resources and in so doing, improve environmental compliance and natural resource conditions. The BCOID administers the Clean Water State Revolving Fund (CWSRF) to fund and promote wastewater projects intended to increase compliance with state and federal regulations. Additionally, the BCOID fosters partnerships with local governments, small businesses, environmental leaders, schools and the public at large to create positive change in the public's behavior regarding the stewardship of Louisiana's environmental resources.

Strategies:

- 2.1 Provide technical determinations on tax credit applications for proposed equipment to accomplish reductions in toxicity and volume of pollutants.
- 2.2 Maintain a Small Business/Small Community compliance assistance program.
- 2.3 Provide technical assistance regarding pollution prevention to small and medium-sized companies (Louisiana Small Business Assistance Program).
- 2.4 Maintain the Environmental Leadership Program (ELP), a voluntary effort for business, community and industry leaders conducting pollution prevention projects beyond regulatory requirements.
- 2.5 Administer the CWSRF to fund and promote wastewater projects intended to increase compliance with state and federal regulations.
- 2.6 Prioritize drinking water systems by parish for inclusion in the Drinking Water Protection Program.
- 2.7 Encourage formation of local committees that implement water resource protection actions for local drinking water sources and ambient surface waters.
- 2.8 Help local committees develop ordinances to protect public drinking water supplies.
- 2.9 Help community water systems develop contingency plans to implement during emergencies.
- 2.10 Accomplish nonpoint source pollution management updates as required under Section 319 of the Clean Water Act by implementing demonstration projects for Best Management Practices.

Performance Indicators:

- Outcome: Percent of municipalities implementing planned wastewater improvements to ultimately ensure compliance with the federal Clean Water Act using funds from the Clean Water State Revolving Fund.
- Percent of EnviroSchool class participants who demonstrate comprehension of the core subject matter.
- Percent of increase in Environmental Leadership Program participants committed to voluntary pollution reduction beyond regulatory compliance.

Percent of responses to requests for compliance assistance within 90 business days.

Percent of pollution control exemption applications (Act 1019) reviewed within 30 business days.

Cumulative percent of community water systems where risk to public health is minimized by source water protection.

Cumulative number of watersheds with initiated Watershed Implementation Plans for nonpoint source pollution minimization.

Objective 3:

The Administrative Program through the legal activity will respond to all (100%) legal challenges to DEQ actions so that human health and the environment are protected without interruption, and to ensure compliance of all environmental regulatory operations with applicable laws and regulations July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

The Legal Division activity aligns with the Natural Resources State Outcome Goal by supporting the Department of Environmental Quality (DEQ) in protecting natural resources, human health, and the environment with consideration of economic development by prosecuting enforcement and collection actions and defending challenges to permit and other actions.

The Legal Division assists the agency in ensuring transparency, accountability, consistency, and ethical behavior are standard throughout its statewide departmental operations by observing and participating in management discussions and day to day operations, conducting legal risk analysis, and providing advice, consultation, training, and representation to the various offices of the DEQ.

Strategies:

- 3.1 Conduct peer review of targeted enforcement actions and review for legal sufficiency all enforcement documents submitted to the Legal Division.
- 3.2 Review permit actions submitted to the Legal Division to assure that the contents comply with law, regulations, and rulings by review courts.
- 3.3 Provide a timely response to requests for legal opinions using a fixed format for formal opinions, e-mail for fast turnarounds, and verbal responses where necessary.
- 3.4 Promulgate required regulations in accordance with the Louisiana Environmental Quality Act and the Administrative Procedures Act.
- 3.5 Respond to requests for information and complaints in a timely and professional manner consistent with law and regulation.

3.6 Engage in outreach to communities to assist in environmental education.

Performance Indicators:

- Outcome: Percent of referrals for which an initial legal review is provided within 30 business days of receipt.
- Percent of legally supported decisions sustained after challenge.
- Percent of responses by Ombudsman to complaints involving public participation and environmental justice within five business days.

Objective 4:

The Administrative Program through the criminal investigation activity will ensure that 100% of the determined criminal violations which meet established criteria are and forwarded to the appropriate district attorney as required by the Environmental Quality Act July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

The Criminal Investigation Division (CID) supports the Natural Resources State Outcome Goal by aiding in the prosecution of environmental criminal cases involving illegal dumping and illegal discharges of pollutants to waters of the state. Such crimes directly impact the scenic beauty of our state. Louisiana’s reputation as the “Sportsman’s Paradise” would be in jeopardy without an effective criminal deterrence to the illegal discharge of pollutants and illegal dumping. CID indirectly affects the health and safety of families, children, the elderly, and veterans in Louisiana by the cumulative reduction of pollutants illegally disposed of into the air, water, and lands of the state.

Strategies:

- 4.1 Utilize criminal prosecution to supplement and support the traditional administrative enforcement process.
- 4.2 Provide training on criminal and other environmental enforcement protocols to department staff, law enforcement, and local prosecutors.
- 4.3 Provide coordination in cases involving cross-program or multi-agency efforts for criminal investigation or prosecution.

Performance Indicators:

- Outcome: Percent of criminal cases which meet established criteria and pursuant to La.R.S. 30:2025. (F)(4) are referred to appropriate district attorney for criminal prosecution.
- Input (GPI) Number of criminal leads
- Output (GPI) Number of criminal investigations conducted

Number of criminal referrals
Number of criminal investigations assisted
Number of administrative cases assisted
Number of law enforcement network/stakeholder development contacts

Objective 5:

The Administrative Program, through an audit activity, will improve compliance with the department's rules and regulations, including those among the state's waste tire dealers and motor fuel distributors, by conducting 96% of all compliance audits in the DEQ Annual Audit Plan July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

The audit services activity supports the Natural Resources State Outcome Goal by ensuring compliance with applicable federal and state laws. This is accomplished by providing independent required internal audits and reviews of the department's processes and programs, ensuring compliance with Federal and state laws, and with other National and State Audit Guidelines and Procedures. Financial compliance audits provide assurance that fees paid to the department are remitted in accordance with the laws and regulations of the state which substantiates that the taxpayers' dollars are well spent.

Strategies:

- 5.1 Conduct audits and reviews of tire dealers and waste tire processors to ensure compliance with Waste Tire Regulations.
- 5.2 Conduct audits and reviews of motor fuel distributors to ensure compliance with Motor Fuel Trust Regulations.

Performance Indicators:

- Outcome: Percent of compliance audits conducted of those identified in the annual audit plan.
Percent of investigations conducted based on audit findings which identify suspected fraud.
- Output (GPI): Total dollar amount of unremitted fees assessed.
Total dollar amount of unremitted fees collected.
Dollar amount of motor fuel delinquent fees and penalties assessed.
Dollar amount of motor fuel delinquent fees and penalties collected.
Dollar amount of waste tire delinquent fees and interest assessed.
Dollar amount of waste tire delinquent fees and interest collected.

Objective 6:

The Administrative Program through the public information activity will communicate environmental awareness information statewide to the public through all media formats July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

This activity benefits and supports the Natural Resources State Outcome Goal by providing information which helps the public, industry personnel, small business owners and elected officials understand environmental issues better, and the importance of everyone in Louisiana supporting environmental protection.

Strategies:

- 6.1 Respond to calls from reporters seeking information regarding environmental issues.
- 6.2 Set up and arrange for television, radio and print media interviews with executive and technical program staff.
- 6.3 Prepare technical staff addressing the media.
- 6.4 Arrange and conduct press conferences and other media events.
- 6.5 Utilize the department's website to provide information and direct people to the site for information.

Performance Indicators:

Outcome: Percent of responses to media requests within five business days.
 Number of newspaper mentions regarding DEQ's actions on environmental issues.

Performance Indicator Documentation

Program: Office of the Secretary

Activity: Executive Administration

Objective 1: The Administrative Program through the executive administration activity will ensure that 95% of the Department's program objectives are met July 1, 2011 through June 30, 2016.

Indicator Name: Percent of DEQ programs meeting objectives.

Indicator LaPAS PI Code: 6867.

1. Type and Level: Outcome; Key.
2. Rationale: The indicator quantifies the programs meeting strategic objectives.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited. This indicator is required by the Division of Administration. Its value is based on the indicators in all programs meeting their targets.
6. Data Source, Collection and Reporting: All performance indicator data reported to LaPAS. This is the source for calculating this indicator. It is reported each quarter.
7. Calculation Methodology: The number of indicators failing to meet target is divided by the total number of indicators reported. This yields the percentage of missed targets.
8. Scope: The indicator is aggregated for the entire department.
9. Caveats: This does not take into account circumstances beyond the control of the department.
10. Responsible Person: Elizabeth Tarver
Executive Management Officer
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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Business, Community Outreach and Incentives (BCOI)

Objective 2: The Administrative Program through the business, community outreach and incentives activity will improve environmental compliance and protection among small businesses, municipalities/communities and non-governmental organizations by providing statewide educational outreach and technical assistance services July 1, 2011 through June 30, 2016.

Indicator Name: Percent of municipalities implementing planned wastewater improvements to ultimately ensure compliance with the federal Clean Water Act using funds from the Clean Water State Revolving Fund.

Indicator LaPAS PI Code: 23687.

1. Type and Level: Outcome, Key.
2. Rationale: This indicator demonstrates the results achieved in implementing the Clean Water State Revolving Fund federal program to improve municipal wastewater treatment systems.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: All approved projects are monitored and tracked through their implementation and completion phases by division staff. Each visit and status report is recorded in a database.
7. Calculation Methodology: The percent is calculated by dividing the number of approved projects implemented by the number of approved project applications.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Jonathan McFarland

BCOI Division Engineer 6

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Business, Community Outreach and Incentives (BCOI)

Objective 2: The Administrative Program through the business, community outreach and incentives activity will improve environmental compliance and protection among small businesses, municipalities/communities and non-governmental organizations by providing statewide educational outreach and technical assistance services July 1, 2011 through June 30, 2016.

Indicator Name: Percent of EnviroSchool class participants who demonstrate comprehension of the core subject matter.

Indicator LaPAS PI Code: 23688.

1. Type and Level: Outcome, Key.
2. Rationale: This indicator demonstrates the successful educational awareness results achieved by conducting these classes.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: Data is collected from class evaluation surveys.
7. Calculation Methodology: The number of participants indicating their comprehension of the knowledge presented is divided by the total number of class participants.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Jonathan McFarland
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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Business, Community Outreach and Incentives (BCOI)

Objective 2: The Administrative Program through the business, community outreach and incentives activity will improve environmental compliance and protection among small businesses, municipalities/communities and non-governmental organizations by providing statewide educational outreach and technical assistance services July 1, 2011 through June 30, 2016.

Indicator Name: Percent of increase in Environmental Leadership Program participants committed to voluntary pollution reduction beyond regulatory compliance.

Indicator LaPAS PI Code: 23689.

1. Type and Level: Outcome, Key.
2. Rationale: This indicator measures the results of promoting the Environmental Leadership Program by demonstrating the increased level of participation and increased membership.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: This data is tracked by the department through the enrollment forms submitted, requesting participation and membership.
7. Calculation Methodology: Percentage increase is calculated by dividing the number of new participants by the total number of current participants.
8. Scope: The indicator is disaggregated.
9. Caveats: Participation may be influenced by economic factors.
10. Responsible Person: Linda Brown

BCOI Division Environmental Senior Scientist

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Business, Community Outreach and Incentives (BCOI)

Objective 2: The Administrative Program through the business, community outreach and incentives activity will improve environmental compliance and protection among small businesses, municipalities/communities and non-governmental organizations by providing statewide educational outreach and technical assistance services July 1, 2011 through June 30, 2016.

Indicator Name: Percent of responses to requests for compliance assistance within 90 business days.

Indicator LaPAS PI Code: 9768.

1. Type and Level: Efficiency, Key.
2. Rationale: This indicator shows the percent of responses to request for (technical) compliance assistance within 90 days.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: Data is determined from a log of licensing and registration action requests. It is determined daily and reported quarterly or as needed.
7. Calculation Methodology: Dividing the number of requests responded to by the total number of requests received within the requisite time frame. Data is collected monthly and quarterly or as needed.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Yanfu Zhao

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Business, Community Outreach and Incentives (BCOI)

Objective 2: The Administrative Program through the business, community outreach and incentives activity will improve environmental compliance and protection among small businesses, municipalities/communities and non-governmental organizations by providing statewide educational outreach and technical assistance services July 1, 2011 through June 30, 2016.

Indicator Name: Percent of pollution control exemption applications (Act 1019) reviewed within 30 business days.

Indicator LaPAS PI Code: 9749.

1. Type and Level: Efficiency, Key.
2. Rationale: This indicator shows the percent of pollution control exemption applications reviewed within 30 days.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: Data is determined from a tax credit database. It is determined daily and reported quarterly or as needed.
7. Calculation Methodology: Dividing the number of applications reviewed by the total number of applications received within the requisite time frame. Data is collected monthly and quarterly.
8. Scope: The indicator is disaggregated.
9. Caveats: Tax exemption may be revoked by the legislature.
10. Responsible Person: Yanfu Zhao

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Business, Community Outreach and Incentives (BCOI)

Objective 2: The Administrative Program through the business, community outreach and incentives activity will improve environmental compliance and protection among small businesses, municipalities/communities and non-governmental organizations by providing statewide educational outreach and technical assistance services July 1, 2011 through June 30, 2016.

Indicator Name: Cumulative percent of community water systems where risk to public health is minimized by source water protection.

Indicator LaPAS PI Code: 21512.

1. Type and Level: Outcome; Key.
2. Rationale: The percent of the targeted water systems in the state protected by inclusion in the state Drinking Water Protection Program is an indication of the pro-active commitment to safeguarding the drinking water.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: The Office of the Legislative Auditor has not audited this indicator. The indicator is valid, reliable, and accurately reported because the Aquifer Evaluation and Protection Section staff works closely with the local committee and tracks their progress.
6. Data Source, Collection and Reporting: This indicator is tracked by the Aquifer Evaluation and Protection Section and is available upon requests. Tracking is continuous.
7. Calculation Methodology: Determine the number of community water systems for which source water protection strategies need to be implemented for in the state such that 50% protection is achieved by 2013. Susceptibility to contamination and amount of population protected are taken into consideration in determining targets. To determine the per-cent protected each fiscal year, the community water system protection implementation for that year will be divided by the cumulative goal established for the end of FY 2013.
8. Scope: This indicator is disaggregated.
9. Caveats: Part of protection implementation depends upon a local committee visiting facilities that could potentially contaminate drinking water in a source water protection area in order to educate people on best management practices (BMPs) to prevent contamination. DEQ works closely with the committee but may not be able to always assure the time frame of this or other tasks the committee is responsible for.
10. Responsible Person: John Jennings, BCOI Division Geologist Supervisor
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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Business, Community Outreach and Incentives (BCOI)

Objective 2: The Administrative Program through the business, community outreach and incentives activity will improve environmental compliance and protection among small businesses, municipalities/communities and non-governmental organizations by providing statewide educational outreach and technical assistance services July 1, 2011 through June 30, 2016.

Indicator Name: Cumulative number of watersheds with initiated Watershed Implementation Plans for non-point source pollution minimization.

Indicator LaPAS PI Code: 23148.

1. Type and Level: Outcome; Key.
2. Rationale: This indicator measures the number of watersheds throughout the state where proactive steps are being taken to minimize non-point source pollution and thereby protect the surface water quality through installation of best management practices (BMPs), which can include erosion control measures, runoff retention measures, restoration of streambank, riparian zones, or wetlands, source identification, and education and outreach. The steps taken or activities initiated are based upon the problems identified in the watershed implementation plans and the methods prescribed or recommended to address and correct those problems.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: The Office of the Legislative Auditor has not audited this indicator.
6. Data Source, Collection and Reporting: This information can be obtained from the WQAD which is responsible for development of watershed implementation plans and coordinates implementation of nonpoint source projects with other agencies, local governments, and organizations. This Section will also obtain data from other agencies such as the Department of Agriculture and Forestry and USDA/NRCS tracking implementation of BMPs. The data will be tracked and reported by the section Manager and the Nonpoint Unit Supervisor.
7. Calculation Methodology: The number of plans where recommended BMPs or other measures or activities have been implemented will be counted. As more plans are written, the number of watersheds where actions are initiated will continue to increase. Ultimately, these measures will be applied to virtually all watersheds within the state.
8. Scope: This indicator is disaggregated.

9. Caveats: The ability of the DEQ to effect implementation of BMPs can be affected by the amount of federal funding available for implementation of controls and willingness of local governments and landowners to participate in implementing controls. Participation by local governments, organizations, and/or landowners is critical as DEQ cannot directly implement these non-regulatory activities on private lands without permission. The ability of the DEQ to effectively conduct education and outreach and to coordinate with other agencies and organizations can be diminished by staff reduction, availability of reliable vehicles, and decreased federal funding.

10. Responsible Person: Emelise Cormier

BCOI Division Environmental Manager

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Legal

Objective 3: The Administrative Program through the legal activity will respond to all (100%) legal challenges to DEQ actions so that human health and the environment are protected without interruption, and to ensure compliance of all environmental regulatory operations with applicable laws and regulations July 1, 2011 through June 30, 2016.

Indicator Name: Percent of referrals for which an initial legal review is provided within 30 business days of receipt.

Indicator LaPAS PI Code: 9747.

1. Type and Level: Outcome; Key.
2. Rationale: Actions taken by DEQ are subject to constitutional and statutory due process and numerous other legal requirements. It is important that timely legal review be performed and that the best legal advice be provided prior to each government act, to assure that DEQ acts within its statutory authority and in compliance with all applicable laws, regulations, agreements, and jurisprudence. Proactive legal consultation assists DEQ in avoiding errors and the consequent costs in time, effort, and expense to correct errors and to respond to legal challenges based on those errors.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited. Daily work records are compiled in an online billing system and monthly reports are generated from the system for supervisory and executive staff.
6. Data Source, Collection and Reporting: Daily work activity is compiled in written and/or electronic form by each attorney. Daily work activity records are compiled and reported monthly to Legal Division supervisory staff and Executive Staff. Monthly activity reports of these same indicators are made to the agency head by Executive Counsel. Requests for legal review, legal advice, and legal opinion may be received in person, in writing, or electronically; these are logged into Excel spreadsheets by Legal Division support staff.
7. Calculation Methodology: Reports from the online professional services rendered system and other spreadsheets are generated as needed.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: April Snellgrove, Attorney Supervisor

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Legal

Objective 3: The Administrative Program through the legal activity will respond to all (100%) legal challenges to DEQ actions so that human health and the environment are protected without interruption, and to ensure compliance of all environmental regulatory operations with applicable laws and regulations July 1, 2011 through June 30, 2016.

Indicator Name: Percent of legally supported decisions sustained after challenge.

Indicator LaPAS PI Code: 23142.

1. Type and Level: Outcome; Key.
2. Rationale: Even in the absence of errors, DEQ actions can be challenged through administrative and judicial processes. The Legal Division provides or coordinates legal representation to respond to legal challenges in any forum. Legal challenge to DEQ decisions occurs by filing of a lawsuit, appeal, or complaint to a court, quasi-judicial tribunal or other government agency. Such challenges result in settlement or one or more judicial or quasi-judicial decisions upholding the DEQ decision, overturning the decision, or referring the matter back to the agency for further proceedings. Proactive legal support promotes decision-making in compliance with applicable laws and regulations; based on scientifically supportable, accurate, and objective facts; and proper documentation. Such decisions are most likely to avoid legal challenge or, if challenged, be upheld.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited. If not, how can you assure that the indicator is valid, reliable, and accurately reported? The Legal Division staff maintains daily written and electronic records of lawsuits, appeals, and other complaints received, as well as the documentation of court, quasi-judicial tribunal, and other government agency decision on such matters. Upon receipt of any lawsuit, complaint, or appeal, an attorney is assigned primary responsibility for handling or monitoring. Monthly case status reports to include the status of all such assigned matters are made by attorneys to supervisors. Case status reports are provided to Executive Staff each quarter.
6. Data Source, Collection and Reporting: This information is available through the Executive Counsel from the online services rendered data collected.
7. Calculation Methodology: The percentage of legally supported decisions sustained after challenge is calculated by subtracting, from the total of all legally supported DEQ

decisions challenged and sustained, the number of legally supported DEQ decisions challenged and not sustained.

8. Scope: The indicator is disaggregated.

9. Caveats: None.

10. Responsible Person: April Snellgrove

Attorney Supervisor

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Ph: 225-219-3985 Fax: 225-219-4068

Performance Indicator Documentation

Program: Office of the Secretary

Activity: Legal

Objective 3: The Administrative Program through the legal activity will respond to all (100%) legal challenges to DEQ actions so that human health and the environment are protected without interruption, and to ensure compliance of all environmental regulatory operations with applicable laws and regulations July 1, 2011 through June 30, 2016.

Indicator Name: Percent of responses by Ombudsman to complaints involving public participation and environmental justice within 5 business days.

Indicator LaPAS PI Code: 23686.

1. Type and Level: Outcome; Key.
2. Rationale: This indicator measures the ability of the Ombudsman to address complaints in a timely manner.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: All complaints are recorded and tracked through the response and resolution process by the Ombudsman.
7. Calculation Methodology: The percent of responses to complaints within 5 days is divided by the total number of complaints received during the same timeframe.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Perry Theriot
Ombudsman
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Ph: 225-219-3258 Fax: 225-219-4068

Performance Indicator Documentation

Program: Office of the Secretary

Activity: Criminal Investigations

Objective 4: The Administrative Program through the criminal investigation activity will ensure that 100% of the determined criminal violations which meet established criteria are forwarded to the appropriate district attorney as required by the Environmental Quality Act July 1, 2011 through June 30, 2016.

Indicator Name: Percent of criminal cases which meet established criteria and pursuant to La.R.S. 30:2025. (F)(4) are referred to appropriate district attorney for criminal prosecution.

Indicator LaPAS PI Code: 3237.

1. Type and Level: Outcome; Key.
2. Rationale: This indicator measures our efforts to use criminal enforcement to discourage willful and knowing violations of environmental statutes. These are the offenders who do not respond to or are subject to traditional administrative or civil enforcement measures employed by the department.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited. Procedures for gathering the relevant available data are well established and reviewed periodically by supervisory and management staff along with the section analyst to ensure effectiveness.
6. Data Source, Collection and Reporting:
7. Calculation Methodology: Calculations are derived by comparing the number of criminal cases referred to the prosecutor with the number of criminal cases investigated which meet established criteria for referral.
8. Scope: The indicator is disaggregated.
9. Caveats: Cases investigated vs. actual prosecutions – once a case has been submitted to a prosecutor, prosecutors have broad authority in deciding whether to prosecute cases. Some prosecutors are more knowledgeable in the field of environmental crime and are therefore more effective than others.
10. Responsible Person: Jeffrey Nolan

Criminal Investigation Manager

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Ph: 225-219-3939 Fax: 225-219-3694

Performance Indicator Documentation

Program: Office of the Secretary

Activity: Criminal Investigations

Objective 4: The Administrative Program through the criminal investigation activity will ensure that 100% of the determined criminal violations which meet established criteria are forwarded to the appropriate district attorney as required by the Environmental Quality Act July 1, 2011 through June 30, 2016.

Indicator Name: Number of criminal investigations conducted.

Indicator LaPAS PI Code: 12450.

1. Type and Level: Output, General Performance Information.
2. Rationale: Criminal cases are opened once criminal leads have been initially investigated and established criminal case criteria have been met. This indicator measures our efforts to use criminal enforcement to discourage willful and knowing violations of environmental statutes. These are the offenders who do not respond to or are subject to traditional administrative or civil enforcement measures employed by the department.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: Procedures for gathering the relevant available data are well established and reviewed periodically by supervisory and management staff along with the section analyst to ensure effectiveness.
7. Calculation Methodology: Calculations are based on a simple count of the actions that are being tracked by performing searches of the database on those particular fields of information.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Jeffrey Nolan

Division Manager

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Criminal Investigations

Objective 4: The Administrative Program through the criminal investigation activity will ensure that 100% of the determined criminal violations which meet established criteria are forwarded to the appropriate district attorney as required by the Environmental Quality Act July 1, 2011 through June 30, 2016.

Indicator Name: Number of criminal leads.

Indicator LaPAS PI Code: New.

1. Type and Level: Input, General Performance Information.
2. Rationale: Criminal cases are opened once criminal leads have been initially investigated and established criminal case criteria have been met. This indicator measures our efforts to use criminal enforcement to discourage willful and knowing violations of environmental statutes. These are the offenders who do not respond to or are subject to traditional administrative or civil enforcement measures employed by the department.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: Procedures for gathering the relevant available data are well established and reviewed periodically by supervisory and management staff along with the section analyst to ensure effectiveness.
7. Calculation Methodology: Calculations are based on a simple count of the actions that are being tracked by performing searches of the database on those particular fields of information.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Jeffrey Nolan

Division Manager

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Criminal Investigations

Objective 4: The Administrative Program through the criminal investigation activity will ensure that 100% of the determined criminal violations which meet established criteria are forwarded to the appropriate district attorney as required by the Environmental Quality Act July 1, 2011 through June 30, 2016.

Indicator Name: Number of criminal referrals.

Indicator LaPAS PI Code: New.

1. Type and Level: Input, General Performance Information.
2. Rationale: Criminal cases are opened once criminal leads have been initially investigated and established criminal case criteria have been met. This indicator measures our efforts to use criminal enforcement to discourage willful and knowing violations of environmental statutes. These are the offenders who do not respond to or are subject to traditional administrative or civil enforcement measures employed by the department.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: Procedures for gathering the relevant available data are well established and reviewed periodically by supervisory and management staff along with the section analyst to ensure effectiveness.
7. Calculation Methodology: Calculations are based on a simple count of the actions that are being tracked by performing searches of the database on those particular fields of information.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Jeffrey Nolan

Division Manager

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Ph: 225-219-3939 Fax: 225-219-3694

Performance Indicator Documentation

Program: Office of the Secretary

Activity: Criminal Investigations

Objective 4: The Administrative Program through the criminal investigation activity will ensure that 100% of the determined criminal violations which meet established criteria are forwarded to the appropriate district attorney as required by the Environmental Quality Act July 1, 2011 through June 30, 2016.

Indicator Name: Number of criminal investigations assisted.

Indicator LaPAS PI Code: 12452.

1. Type and Level: Output, General Performance Information.
2. Rationale: This indicator measures the success of our efforts to use the criminal arena to deter those who are flagrant, intentional violators of environmental statutes. These are the violators who do not respond to or fall under the purview of the traditional enforcement measures employed by the department.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: Procedures for gathering the relevant available data are well established and reviewed periodically by supervisory and management staff along with the section analyst to ensure effectiveness.
7. Calculation Methodology: Calculations are based on a simple count of the actions that are being tracked by performing searches of the database on those particular fields of information.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Jeffrey Nolan

Division Manager

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Criminal Investigations

Objective 4: The Administrative Program through the criminal investigation activity will ensure that 100% of the determined criminal violations which meet established criteria are forwarded to the appropriate district attorney as required by the Environmental Quality Act July 1, 2011 through June 30, 2016.

Indicator Name: Number of administrative cases assisted.

Indicator LaPAS PI Code: 22205.

1. Type and Level: Output, General Performance Information.
2. Rationale: This indicator measures the success of our efforts to use the criminal arena to deter those who are flagrant, intentional violators of environmental statutes. These are the violators who do not respond to or fall under the purview of the traditional enforcement measures employed by the department.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited..
6. Data Source, Collection and Reporting: Procedures for gathering the relevant available data are well established and reviewed periodically by supervisory and management staff along with the section analyst to ensure effectiveness
7. Calculation Methodology: Calculations are based on a simple count of the actions that are being tracked by performing searches of the database on those particular fields of information.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Jeffrey Nolan

Division Manager

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Criminal Investigations

Objective 4: The Administrative Program through the criminal investigation activity will ensure that 100% of the determined criminal violations which meet established criteria are forwarded to the appropriate district attorney as required by the Environmental Quality Act July 1, 2011 through June 30, 2016.

Indicator Name: Number of law enforcement network/stakeholder development contacts.

Indicator LaPAS PI Code: New.

1. Type and Level: Output, General Performance Information.
2. Rationale: Criminal cases are opened once criminal leads have been initially investigated and established criminal case criteria have been met. This indicator measures our efforts to use criminal enforcement to discourage willful and knowing violations of environmental statutes. These are the offenders who do not respond to or are subject to traditional administrative or civil enforcement measures employed by the department.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: Procedures for gathering the relevant available data are well established and reviewed periodically by supervisory and management staff along with the section analyst to ensure effectiveness.
7. Calculation Methodology: Calculations are based on a simple count of the actions that are being tracked by performing searches of the database on those particular fields of information.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Jeffrey Nolan

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Audit Services

Objective 5: The Administrative Program through the audit activity will improve compliance with the department's rules and regulations, including those among the state's wastes tire dealers and motor fuel distributors, by conducting 96% of external compliance audits in the DEQ Annual Audit plan July 1, 2011 through June 30, 2016.

Indicator Name: Percent of compliance audits conducted of those identified in the annual audit plan.

Indicator LaPAS PI Code: 9744.

1. Type and Level: Outcome, Key
2. Rationale: This indicator measures production of the audit section's internal audit function.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: All audits are tracked by the Audit Supervisor using a database in MSAccess. Audit tracking is accomplished in real time and can be accessed upon request.
7. Calculation Methodology: The audit supervisor prepares the Annual Audit Plan; all audits are logged into the database once assigned to audit staff. The audits are then tracked until completion. The percent of audits conducted equals the total conducted divided by the total planned.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Denise Stafford

Director of Financial Services

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Audit Services

Objective 5: The Administrative Program through the audit activity will improve compliance with the department's rules and regulations, including those among the state's wastes tire dealers and motor fuel distributors, by conducting 96% of external compliance audits in the DEQ Annual Audit Plan July 1, 2011 through June 30, 2016.

Indicator Name: Percent of investigations conducted based on audit findings which identify suspected fraud.

Indicator LaPAS PI Code: 9745.

1. Type and Level: Outcome, Supporting
2. Rationale: This indicator measures production of the audit section's external audit function.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: All audits are tracked by the Audit Supervisor using a database in MSAccess. Audit tracking is accomplished in real time and can be accessed upon request.
7. Calculation Methodology: The percent of audits conducted (due to suspected fraud) equals the total conducted divided by the total identified.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
11. Responsible Person: Denise Stafford

Director of Financial Services

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Audit Services

Objective 5: The Administrative Program through the audit activity will improve compliance with the department's rules and regulations, including those among the state's wastes tire dealers and motor fuel distributors, by conducting 96% of external compliance audits in the DEQ Annual Audit Plan July 1, 2011 through June 30, 2016.

Indicator Name: Total dollar amount of unremitted fees assessed.

Indicator LaPAS PI Code: 12444.

1. Type and Level: Outcome, General Performance Information
2. Rationale: This indicator tallies unremitted fees, which have been assessed.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: All assessed fees are logged by the Audit Supervisor using a database in MSAccess. Tracking of collections is accomplished in real time and can be accessed upon request.
7. Calculation Methodology: All unremitted fees are tallied.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
12. Responsible Person: Denise Stafford
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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Audit Services

Objective 5: The Administrative Program through the audit activity will improve compliance with the department's rules and regulations, including those among the state's wastes tire dealers and motor fuel distributors, by conducting 96% of external compliance audits in the DEQ Annual Audit Plan July 1, 2011 through June 30, 2016.

Indicator Name: Total dollar amount of unremitted fees collected.

Indicator LaPAS PI Code: 15702.

1. Type and Level: Outcome, General Performance Information
2. Rationale: This indicator tallies unremitted fees, which are subsequently collected.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: All collections are tracked by the Audit Supervisor using a database in MSAccess. Tracking of collections is accomplished in real time and can be accessed upon request.
7. Calculation Methodology: All collected fees are tallied.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
13. Responsible Person: Denise Stafford
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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Audit Services

Objective 5: The Administrative Program through the audit activity will improve compliance with the department's rules and regulations, including those among the state's wastes tire dealers and motor fuel distributors, by conducting 96% of external compliance audits in the DEQ Annual Audit Plan July 1, 2011 through June 30, 2016.

Indicator Name: Dollar amount of motor fuel delinquent fees and penalties assessed.

Indicator LaPAS PI Code: 12446.

1. Type and Level: Outcome, General Performance Information
2. Rationale: This indicator tallies delinquent fees and interest assessed for motor fuel.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: All assessments are tracked by the Audit Supervisor using a database in MSAccess. Tracking of assessments is accomplished in real time and can be accessed upon request.
7. Calculation Methodology: All delinquent fees assessed are tallied.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
14. Responsible Person: Denise Stafford
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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Audit Services

Objective 5: The Administrative Program through the audit activity will improve compliance with the department's rules and regulations, including those among the state's wastes tire dealers and motor fuel distributors, by conducting 96% of external compliance audits in the DEQ Annual Audit Plan July 1, 2011 through June 30, 2016.

Indicator Name: Dollar amount of motor fuel delinquent fees and penalties collected.

Indicator LaPAS PI Code: 22021.

1. Type and Level: Outcome, General Performance Information
2. Rationale: This indicator tallies delinquent fees and interest collected for motor fuels.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: All collections are tracked by the Audit Supervisor using a database in MSAccess. Tracking of collections is accomplished in real time and can be accessed upon request.
7. Calculation Methodology: All delinquent fees collected are tallied.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
15. Responsible Person: Denise Stafford
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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Audit Services

Objective 5: The Administrative Program through the audit activity will improve compliance with the department's rules and regulations, including those among the state's waste tire dealers and motor fuel distributors, by conducting 96% of external compliance audits in the DEQ Annual Audit Plan July 1, 2011 through June 30, 2016.

Indicator Name: Dollar amount of waste tire delinquent fees and interest assessed.

Indicator LaPAS PI Code: 12448.

1. Type and Level: Outcome, General Performance Information
2. Rationale: This indicator tallies delinquent fees and penalties assessed for waste tires.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: All assessments are tracked by the Audit Supervisor using a database in MSAccess. Tracking of assessments is accomplished in real time and can be accessed upon request.
7. Calculation Methodology: All delinquent fees and penalties assessed are tallied..
8. Scope: The indicator is disaggregated.
9. Caveats: None.
16. Responsible Person: Denise Stafford
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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Audit Services

Objective 5: The Administrative Program through the audit activity will improve compliance with the department's rules and regulations, including those among the state's waste tire dealers and motor fuel distributors, by conducting 96% of external compliance audits in the DEQ Annual Audit Plan July 1, 2011 through June 30, 2016.

Indicator Name: Dollar amount of waste tire delinquent fees and interest collected.

Indicator LaPAS PI Code: 13913.

1. Type and Level: Outcome, General Performance Information
2. Rationale: This indicator tallies delinquent fees and penalties collected for waste tires.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: All collections are tracked by the Audit Supervisor using a database in MSAccess. Tracking of collections is accomplished in real time and can be accessed upon request.
7. Calculation Methodology: All delinquent fees and penalties collected are tallied.
8. Scope: The indicator is disaggregated.
9. Caveats: None.
17. Responsible Person: Denise Stafford
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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Public Information

Objective 2: The Administrative Program through the public information activity will communicate environmental awareness information statewide to the public through all media formats July 1, 2011 through June 30, 2016.

Indicator Name: Percent of responses to media requests within 5 business days.

Indicator LaPAS Code: 23140

1. Type and Level: Efficiency; Key
2. Rationale: This indicator measures ability of the department responding to requests for information from the media.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator is new and has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: The public information group tracks this data daily in real time for performance reporting purposes. It is reported quarterly or as needed.
7. Calculation Methodology: The total number of responses within 5 days divided by the total number of media requests producing the results. This is a standard calculation.
8. Scope: The indicator is aggregated for the whole department and all media formats.
9. Caveats: None.
10. Responsible Person: Rodney Mallett

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Performance Indicator Documentation

Program: Office of the Secretary

Activity: Public Information

Objective 2: The Administrative Program through the public information activity will communicate environmental awareness information statewide to the public through all media formats July 1, 2011 through June 30, 2016.

Indicator Name: Number of newspaper mentions regarding DEQ's actions on environmental issues.

Indicator LaPAS Code: 23685.

1. Type and Level: Outcome; Key
2. Rationale: This indicator measures results of communicating public awareness information regarding the department.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator is new and has not been audited by the Legislative Auditor's Office.
6. Data Source, Collection and Reporting: The public information group tracks this data weekly utilizing clipping service for performance reporting purposes. It is reported quarterly or as needed.
7. Calculation Methodology: The total number of articles printed in news media outlets as a result of press releases, interviews, etc. This is a standard calculation.
8. Scope: The indicator is aggregated for the whole department and all media formats.
9. Caveats: None.
10. Responsible Person: Rodney Mallet

Press Secretary

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Process Documentation

1. Identification of the principal clients and users of the program and the specific service or benefit derived by such persons or organizations.

Benefits

Objective 1: Administration of comprehensive environmental Protection services.

Objective 2: Improved environmental compliance, protection, educational outreach, and technical assistance

Objective 3: Legal review of documents

Objective 4: Referral of criminal cases

Objective 5: External audits of DEQ customers

Objective 6: Public awareness of environmental information

Clients

Citizens of the state, regulated community, businesses, USEPA and local governments.

Small Business/Small Communities, Citizens of the state, Louisiana manufacturers and Dept of Revenue and Taxation.

DEQ Program areas

Citizens of the state

DEQ Program areas, Legislature,

Citizens of the state

Citizens of the state.

2. Identification of potential external factors that are beyond the control of the entity and that could significantly affect the achievement of its goals or objectives.
 - Changed or additional Federal or State mandates
 - Lack of interest by businesses in participating in non-regulatory programs
3. Statutory requirement or other authority: Environmental Quality Act (Title 30, Title 33, Chapter 21) and the federal Clean Water Act as amended.
4. Description of any program evaluation used to develop objectives and strategies:
Management review of the current situation and adaptation of needed changes.
5. Explanation of how duplication of effort will be avoided when the operations of more than one program are directed at achieving a single goal, objective or strategy:
No duplication of effort exists.
6. Description of how the performance indicators are used in management decision making an doter agency processes:
Performance indicators are used to:
 - identify areas where existing resources are insufficient,
 - reallocate resources to areas in need,
 - identify areas where additional resources must be requested.

Office of Environmental Compliance
Five Year Strategic Plan
July, 2011 - June 2016

Agency Number: 13-851
Program: Environmental Compliance Program
Program Authorization: La. R.S. 30:2011(C) (1) (b) and (c)

Vision

The Environmental Compliance Program is committed to the protection of human health and occupational safety and welfare of the people and environmental resources of Louisiana, through the processes of inspections, licensing and registration of sources of radiation, enforcement, and assessing the quality of air and water to sustain and enhance the quality of life for its citizens.

Mission

The mission of the Environmental Compliance Program, which consists of the Inspections, Assessment, Enforcement, and Remediation and Underground Storage Tanks Divisions, is to ensure the human health and occupational safety and welfare of the people and the environmental resources of Louisiana. The Environmental Compliance Program protects the citizens of the state by conducting inspections of permitted and non-permitted facilities, assessing and monitoring air and water quality standards for compliance, responding to environmental incidents such as unauthorized releases, spills and citizen complaints, by providing compliance assistance to the regulated community when appropriate. This program establishes a multimedia compliance approach; creates a uniform approach for compliance activities; assigns accountability and responsibility to appropriate parties; and provides standardized response training for all potential responders. The Environmental Compliance Program provides for vigorous and timely resolution of enforcement actions.

Philosophy

The Environmental Compliance Program will endeavor to operate in a fair and consistent manner, to achieve compliance with environmental regulations, and to ensure protection of our valuable environmental resources and human health. The Environmental Compliance Program will adopt the following principles to accomplish a successful environmental compliance program:

- Maintain good working relationships with the public and the regulated community through better education regarding environmental problems.

- Operate within the constraints of the law in a fair, objective, and consistent manner that maintains high professional and ethical standards.
- Incorporate non-confrontational methods and approaches to problem solving.

Goal

The goal of the Environmental Compliance Program is to operate in an open, fair, and consistent manner; to strive for and assist in attaining environmental compliance in the regulated community; to improve the state of environmental protection through effective evaluation and monitoring of the environment; and, to protect environmental resources and human health and safety of the citizens of the State of Louisiana.

Objective 1:

The Environmental Compliance Program, through the inspections activity, will inspect regulated facilities related to air emissions, solid and hazardous waste, waste tires, water discharges, radiation and asbestos statewide following procedures outlined in the Compliance Monitoring Strategy (CMS) July 1, 2011 through June 30, 2016.

Facilities are selected for inspections, utilizing the procedures outlined in the CMS, to determine compliance with federal and state regulations and to ensure protection of public health and the environment.

State Outcome Goal: Natural Resources

The inspections activity supports the Natural Resources State Outcome Goal by carrying out the core function inspections of permitted and unpermitted facilities, complaints and releases related to facilities operations. Inspections are conducted to ensure compliance with federal and state regulations. Ensuring compliance with environmental rules protects the state's natural resources and promotes economic development by providing a level playing field for all regulated entities. Inspections focus on those operations that have the potential for significant environmental impacts and to assist all regulated entities with compliance. Field staff in DEQ regional offices not only conduct compliance inspections, they assist local businesses, government entities and citizens through compliance assistance visits, human forums, town meetings to address environmental issues to protect public health and conserve the natural resources in their regions. DEQ regional personnel work closely with their counterparts in other state agencies (DNR, DWF, DAF and DHH) to address local concerns timely and efficiently.

Strategies:

- 1.1 Perform compliance inspections of facilities for air, water, hazardous waste, solid waste, and radiation, as outlined in the CMS.

1.2 Provide requisite compliance data for appropriate databases.

Performance Indicator:

Outcome: Percentage of facilities inspected (by category).

Objective 2:

The Environmental Compliance Program, through the inspections activity, will monitor and sample 25% of targeted surface water subsegments from 481 named waterbody subsegments statewide annually July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

The inspections activity supports the Natural Resources State Outcome Goal by conducting statewide ambient water monitoring and sampling under the Clean Water Act requirements and policies to ensure there is adequate data to evaluate and set standards related to uses for specific water bodies (swimming, fishing, drinking water supplies). The data is used by multiple agencies for multiple purposes. For example the DEQ Water Permits Division uses the data to set standards, and the Department of Wildlife and Fisheries for habitat and aquatic propagation, and the Department of Health and Hospitals Drinking Water program to ensure standards are being met.

Strategies:

2.1 Collect data on the quality of state waters that can be compared to State Water Quality Standards by sampling all ambient water subsegments in the state on a four year rotation by selecting specific watersheds each year in each region.

Performance Indicator:

Outcome: Percent of water body subsegments monitored and sampled.

Objective 3:

The Environmental Compliance Program, through the inspections activity, will address all reported environmental incidents and citizen complaints, with 85% being addressed within ten business days of receipt of notification July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

The inspections activity supports the Natural Resources State Outcome Goal by performing incident and complaint investigations/inspections based on information received from general public, regulated entities as part of their upset/release notification requirements and from other

governmental sources. Information from these investigations/inspections is used to ensure environmental compliance as appropriate.

Strategies:

- 3.1 Respond to unauthorized releases in an expedient manner and ensure an acceptable level of clean up.
- 3.2 Provide timely response to citizen complaints of environmental problems. Maintain “on-call” response procedures that provide for response capability seven days per week.

Performance Indicators:

Efficiency: Percent of environmental incidents and citizen complaints addressed within ten business days of receiving notification.

Input (GPI): Number of spill notifications.
Number of citizen complaints.

Objective 4:

The Environmental Compliance Program through the assessment activity will assess and protect the general public’s safety regarding ambient air quality analysis, the operation of nuclear power plants, the use of radiation sources, and radiological and chemical emergencies statewide July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

This assessments activity supports the Natural Resources State Outcome Goal by meeting the training goals set by the Nuclear Regulatory Commission (NRC) and evaluated by the Federal Emergency Management Agency (FEMA) ensuring that three nuclear power plants continue to operate providing this state with a source of clean, sustainable energy with a relatively small impact on the environment; by ensuring that the uncontrolled release or ill-advised locating of radiological tools/equipment, which could result in acute and chronic health problems or irreplacably damage the environment, is controlled by the registration, licensing and inspection of these sources; and by emergency response activities protecting the citizens, often from dangers that cannot be detected with regular human senses. The division also maintains a comprehensive statewide air monitoring program and provides emissions equipment testing support to permitting and enforcement section staff ensuring that facilities are complying with air pollution control strategies; and oversees the emission inspections on motor vehicles within the ozone nonattainment area.

Strategies:

- 4.1 Design, implement and maintain the statewide ambient air quality network.
- 4.2 Provide requisite monitoring data for appropriate EPA databases.
- 4.3 Operate and maintain the criteria and toxic air pollutant inventory system.
- 4.4 Annually validate ambient air toxic data for use in determining compliance with standards and reporting emissions to EPA and the public.
- 4.5 Periodically review and update of the Louisiana Peacetime Radiological Response Plan and operating procedures.
- 4.6 Maintain 24-hour readiness to respond to nuclear power plant incidents by providing radiological emergency response training to Emergency and Radiological staff, as well as personnel identified Department-wide.
- 4.7 Maintain radiation survey equipment, air radiation sampling equipment, personnel exposure recording devices and supplies of thyroid blocking drugs.
- 4.8 Maintain currency of the Annual Letter of Certification (ALC) to provide records to FEMA on meeting a subset of planning standards set forth in federal guidance “NUREG-0654, FEMA-REP-1, Rev. 1” regarding training, drills, equipment, public information and media relations.
- 4.9 Provide effective radiation protection by registering radiation-producing machines, by licensing radioactive materials, including Naturally Occurring Radioactive Material, and by the certification of industrial radiographers.
- 4.10 Process and issue completed license and registration action requests.
- 4.11 Maintain 24-hour readiness to respond to chemical releases, transportation accidents and spills requiring air monitoring, sampling, and analysis to determine actual or potential harmful impact to public health or the environment.

Performance Indicators:

- Outcome: Percent of data capture from ambient monitoring equipment measuring criteria pollutants.
- Percent of emergency planning objectives demonstrated.
- Process 97% of radioactive material applications for registration, licensing, and certification within 30 business days of receipt.

Objective 5:

The Environmental Compliance Program through the enforcement activity will increase compliance with environmental laws and regulations statewide by implementing a comprehensive enforcement process including regulatory awareness July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

The enforcement activity supports the Natural Resources State Outcome Goal by ensuring compliance with the state's environmental laws and regulations through an effective enforcement program. The Enforcement Division supports and contributes to a healthy environment and the use of renewable resources. The yearly compliance schools conducted through the state enhance awareness and knowledge of environmental laws and regulations for the public and the regulated community. The Enforcement Division minimizes the use of state resources in the remediation of environmental damages through proactive enforcement of the state's environmental regulations. The promotion of beneficial environmental projects as a component of settlement agreements provides project opportunities for: public health; pollution prevention or reduction; environmental restoration and protection; and educational programs.

Strategies:

- 5.1 Issue Cease and Desist Orders within 48 hours of finalization of investigation.
- 5.2 Issue Penalty Assessments within the prescribed time period for completion of the investigation.
- 5.3 Issue Compliance Orders within the prescribed time period for documentation confirming continued non-compliance.
- 5.4 Provide requisite enforcement data for appropriate EPA databases.
- 5.5 Conduct Sanitary Wastewater Compliance Assistance Training (SWAT) classes.

Performance Indicators:

Efficiency: Percent of enforcement actions issued within the prescribed time periods.

Outcome: Percent of SWAT class invitees that will resolve their violations with no further action.

Output (GPI): Number of air quality enforcement actions issued.

Number of solid waste enforcement actions issued.

Number of hazardous waste enforcement actions issued.

Number of water quality enforcement actions issued.

Number of radiation enforcement actions issued.

Objective 6:

The Environmental Compliance Program through the underground storage tanks and remediation activity will investigate and clean up uncontrolled contamination and/or monitor on-going clean up at abandoned properties, active facilities, and underground storage tank (UST) sites statewide, making them safe for reuse and available for redevelopment, and ensuring the integrity of the UST system July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

The underground storage tanks and remediation activity supports the Natural Resources State Outcome Goal through cleanup incentives, consistent application of risk-based cleanup standards, partnerships with government and other organizations at all levels, cooperation with innovative cleanup technology markets, and public outreach through workshops and conferences. Additionally, the division minimizes the incidence and impact of spilled or leaked fuel into the environment. This protects groundwater, surface water, fish, wildlife, air, and soil. From a public health standpoint, this prevents and minimizes human exposure to these contaminants.

Strategies:

- 6.1 Oversee and streamline the implementation of the RCRA Corrective Action Program.
- 6.2 Focus appropriate program resources and actions on GPRA-listed facilities.
- 6.3 Address immediate threats to human health and the environment and maximize actual environmental results by removal, treatment, or containment of contaminants.
- 6.4 Perform compliance inspections of underground storage tank facilities to verify compliance with state and federal regulations.
- 6.5 Provide requisite compliance data for appropriate federal databases.
- 6.6 Provide information necessary to support enforcement actions where warranted.
- 6.7 Provide necessary oversight and direction to close UST incidents where appropriate.

Performance Indicators:

Outcome: Number of sites evaluated and closed out.

Percentage of closed out sites that are ready for continued industrial/commercial/residential use or redevelopment.

Cumulative percent of Government Performance Results Act (GPRA) facilities with remedies selected for the entire facility.

Cumulative percent of GPRA facilities with remedy completed or remedy construction completed for the entire facility.

Percent of registered underground storage tank sites inspected.

Output (GPI) Cumulative number of sites returned to active commerce through DEQ's voluntary clean-up program.

Objective 7:

The Environmental Compliance Program through the underground storage tanks and remediation activity will direct the determination of the extent of contamination both laterally and vertically at sites with pollution to protect the soil and groundwater resources by reviewing 85% of the soil and groundwater investigation work plans and corrective action work plans received July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

The underground storage tanks and remediation activity supports the Natural Resources State Outcome Goal by promoting the restoration and preservation of two of Louisiana's important natural resources, land and ground water, for the continued benefit of Louisiana's economy and the use of future generations.

Strategies:

- 7.1 Guide and direct the investigation of sites identified as contaminated in the State by reviewing investigation work plans.
- 7.2 Conduct appropriate administrative follow-up for each investigation work plan.
- 7.3 Inspect investigation activities periodically to assure that work is being performed in accordance with the approved work plan.
- 7.4 Select potentially contaminated sites from Underground Storage Tanks and Remediation Services Division data and assess to determine the existence of soil and/or groundwater contamination, according to established divisional procedures.
- 7.5 Seek to return sites to active commerce through the Voluntary Remediation Program (Vision 2020 Objective 3.8.5).
- 7.6 Guide and direct the corrective action (remediation) of contaminated sites by reviewing corrective action work plans.

- 7.7 Conduct appropriate administrative follow-up for each corrective action work plan.
- 7.8 Inspect remediation activities periodically to assure that work is being performed in accordance with approved work plans.
- 7.9 Conduct comprehensive groundwater monitoring evaluations (CMEs) and operations and maintenance inspections (O&Ms).
- 7.10 Provide requisite RCRA data for appropriate EPA databases

Performance Indicators:

- Outcome: Percent of soil and ground water investigation work plans reviewed.
- Percent of soil and ground water corrective action work plans reviewed.

Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 1: The Environmental Compliance Program through the inspections activity will inspect regulated facilities related to air emissions, solid and hazardous waste, waste tires, water discharges, radiation and asbestos statewide following procedures outlined in the Compliance Monitoring Strategy (CMS) July 1, 2011 through June 30, 2016.

Indicator Name: Percent of air facilities inspected.

Indicator LaPAS PI Code: 9756.

11. Type and Level: Outcome; Key.
12. Rationale: This indicator is a measure of the permitted facilities inspected annually relative to the total number of facilities selected for inspection each year, using the CMS procedures. This ensures that high priority facilities receive compliance inspections.
13. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
14. Clarity: This indicator name clearly identifies what is being measured.
15. Validity, Reliability and Accuracy: This indicator was audited by the legislative auditor in 2002. The auditors recommended that a strategy be developed to ensure facilities of environmental importance be adequately addressed. The CMS was developed to address this recommendation as well as to comply with the newly promulgated statute relative to prioritizing facilities of environmental significance.
16. Data Source, Collection and Reporting: Inspection report forms are reviewed for accuracy and completeness by regional supervisory personnel. Inspection report information is entered into the state's TEMPO database and all appropriate Federal databases. Tracking can be accomplished by anyone with access to the inspection data screens within TEMPO, Inspection data entry occurs on a daily basis as routine task of those assigned this duty. The data is reported on the state fiscal year.
17. Calculation Methodology: Analysis of the TEMPO database will allow for reporting of the number of facilities inspected relative to the total number of selected facilities by category over a specific time frame. The resulting relation will be reported as a percent of facilities that were inspected for a given time frame.
18. Scope: The indicator is an aggregate of inspections in all six DEQ regions.
19. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
20. Responsible Person: Chris Piehler

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 1: The Environmental Compliance Program through the inspections activity will inspect regulated facilities related to air emissions, solid and hazardous waste, waste tires, water discharges, radiation and asbestos statewide following procedures outlined in the Compliance Monitoring Strategy (CMS) July 1, 2011 through June 30, 2016.

Indicator Name: Percent of treatment, storage and disposal facilities inspected.

Indicator LaPAS PI Code: 9757.

1. Type and Level: Outcome; Key.
2. Rationale: This indicator is a measure of the permitted facilities inspected annually relative to the total number of facilities selected for inspection each year, using the CMS procedures. This ensures that high priority facilities receive compliance inspections.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator was audited by the legislative auditor in 2002. The auditors recommended that a strategy be developed to ensure facilities of environmental importance be adequately addressed. The CMS was developed to address this recommendation as well as to comply with the newly promulgated statute relative to prioritizing facilities of environmental significance.
6. Data Source, Collection and Reporting: Inspection report forms are reviewed for accuracy and completeness by regional supervisory personnel. Inspection report information is entered into the state's TEMPO database and all appropriate Federal databases. Tracking can be accomplished by anyone with access to the inspection data screens within TEMPO, Inspection data entry occurs on a daily basis as routine task of those assigned this duty. The data is reported on the state fiscal year.
7. Calculation Methodology: Analysis of the TEMPO database will allow for reporting of the number of facilities inspected relative to the total number of selected facilities by category over a specific time frame. The resulting relation will be reported as a percent of facilities that were inspected for a given time frame.
8. Scope: The indicator is an aggregate of inspections in all six DEQ regions.
9. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
10. Responsible Person: Chris Piehler

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 1: The Environmental Compliance Program through the inspections activity will inspect regulated facilities related to air emissions, solid and hazardous waste, waste tires, water discharges, radiation and asbestos statewide following procedures outlined in the Compliance Monitoring Strategy (CMS) July 1, 2011 through June 30, 2016.

Indicator Name: Percent of solid waste facilities inspected.

Indicator LaPAS PI Code: 9758.

1. Type and Level: Outcome; Key.
2. Rationale: This indicator is a measure of the permitted facilities inspected annually relative to the total number of facilities selected for inspection each year, using the CMS procedures. This ensures that high priority facilities receive compliance inspections.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator was audited by the legislative auditor in 2002. The auditors recommended that a strategy be developed to ensure facilities of environmental importance be adequately addressed. The CMS was developed to address this recommendation as well as to comply with the newly promulgated statute relative to prioritizing facilities of environmental significance.
6. Data Source, Collection and Reporting: Inspection report forms are reviewed for accuracy and completeness by regional supervisory personnel. Inspection report information is entered into the state's TEMPO database and all appropriate Federal databases. Tracking can be accomplished by anyone with access to the inspection data screens within TEMPO, Inspection data entry occurs on a daily basis as routine task of those assigned this duty. The data is reported on the state fiscal year.
7. Calculation Methodology: Analysis of the TEMPO database will allow for reporting of the number of facilities inspected relative to the total number of selected facilities by category over a specific time frame. The resulting relation will be reported as a percent of facilities that were inspected for a given time frame.
8. Scope: The indicator is an aggregate of inspections in all six DEQ regions.
9. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
10. Responsible Person: Chris Piehler

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 1 The Environmental Compliance Program through the inspections activity will inspect regulated facilities related to air emissions, solid and hazardous waste, waste tires, water discharges, radiation and asbestos statewide following procedures outlined in the Compliance Monitoring Strategy (CMS) July 1, 2011 through June 30, 2016.

Indicator Name: Percent of major water facilities inspected.

Indicator LaPAS PI Code: 6886

1. Type and Level: Outcome; Key.
2. Rationale: This indicator is a measure of the permitted facilities inspected annually relative to the total number of facilities selected for inspection each year, using the CMS procedures. This ensures that high priority facilities receive compliance inspections.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator was audited by the legislative auditor in 2002. The auditors recommended that a strategy be developed to ensure facilities of environmental importance be adequately addressed. The CMS was developed to address this recommendation as well as to comply with the newly promulgated statute relative to prioritizing facilities of environmental significance.
6. Data Source, Collection and Reporting: Inspection report forms are reviewed for accuracy and completeness by regional supervisory personnel. Inspection report information is entered into the state's TEMPO database and all appropriate Federal databases. Tracking can be accomplished by anyone with access to the inspection data screens within TEMPO, Inspection data entry occurs on a daily basis as routine task of those assigned this duty. The data is reported on the state fiscal year.
7. Calculation Methodology: Analysis of the TEMPO database will allow for reporting of the number of facilities inspected relative to the total number of selected facilities by category over a specific time frame. The resulting relation will be reported as a percent of facilities that were inspected for a given time frame.
8. Scope: The indicator is an aggregate of inspections in all six DEQ regions.
9. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
10. Responsible Person: Chris Piehler

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 1: The Environmental Compliance Program through the inspections activity will inspect regulated facilities related to air emissions, solid and hazardous waste, waste tires, water discharges, radiation and asbestos statewide following procedures outlined in the Compliance Monitoring Strategy (CMS) July 1, 2011 through June 30, 2016.

Indicator Name: Percent of significant minor water facilities inspected.

Indicator LaPAS PI Code: 6887.

1. Type and Level: Outcome; Key.
2. Rationale: This indicator is a measure of the permitted facilities inspected annually relative to the total number of facilities selected for inspection each year, using the CMS procedures. This ensures that high priority facilities receive compliance inspections.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator was audited by the legislative auditor in 2002. The auditors recommended that a strategy be developed to ensure facilities of environmental importance be adequately addressed. The CMS was developed to address this recommendation as well as to comply with the newly promulgated statute relative to prioritizing facilities of environmental significance.
6. Data Source, Collection and Reporting: Inspection report forms are reviewed for accuracy and completeness by regional supervisory personnel. Inspection report information is entered into the state's TEMPO database and all appropriate Federal databases. Tracking can be accomplished by anyone with access to the inspection data screens within TEMPO, Inspection data entry occurs on a daily basis as routine task of those assigned this duty. The data is reported on the state fiscal year.
7. Calculation Methodology: Analysis of the TEMPO database will allow for reporting of the number of facilities inspected relative to the total number of selected facilities by category over a specific time frame. The resulting relation will be reported as a percent of facilities that were inspected for a given time frame.
8. Scope: The indicator is an aggregate of inspections in all six DEQ regions.
9. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 1 The Environmental Compliance Program through the inspections activity will inspect regulated facilities related to air emissions, solid and hazardous waste, waste tires, water discharges, radiation and asbestos statewide following procedures outlined in the Compliance Monitoring Strategy (CMS) July 1, 2011 through June 30, 2016.

Indicator Name: Percent of tire dealers inspected.

Indicator LaPAS PI Code: 9759.

1. Type and Level: Outcome; Key.
2. Rationale: This indicator is a measure of the permitted facilities inspected annually relative to the total number of facilities selected for inspection each year, using the CMS procedures. This ensures that high priority facilities receive compliance inspections.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator was audited by the legislative auditor in 2002. The auditors recommended that a strategy be developed to ensure facilities of environmental importance be adequately addressed. The CMS was developed to address this recommendation as well as to comply with the newly promulgated statute relative to prioritizing facilities of environmental significance.
6. Data Source, Collection and Reporting: Inspection report forms are reviewed for accuracy and completeness by regional supervisory personnel. Inspection report information is entered into the state's TEMPO database and all appropriate Federal databases. Tracking can be accomplished by anyone with access to the inspection data screens within TEMPO, Inspection data entry occurs on a daily basis as routine task of those assigned this duty. The data is reported on the state fiscal year.
7. Calculation Methodology: Analysis of the TEMPO database will allow for reporting of the number of facilities inspected relative to the total number of selected facilities by category over a specific time frame. The resulting relation will be reported as a percent of facilities that were inspected for a given time frame.
8. Scope: The indicator is an aggregate of inspections in all six DEQ regions.
9. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 1: The Environmental Compliance Program through the inspections activity will inspect regulated facilities related to air emissions, solid and hazardous waste, waste tires, water discharges, radiation and asbestos statewide following procedures outlined in the Compliance Monitoring Strategy (CMS) July 1, 2011 through June 30, 2016.

Indicator Name: Percent of radiation licenses inspected.

Indicator LaPAS PI Code: 9760.

1. Type and Level: Outcome; Key.
2. Rationale: This indicator is a measure of the permitted facilities inspected annually relative to the total number of facilities selected for inspection each year, using the CMS procedures. This ensures that high priority facilities receive compliance inspections.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator was audited by the legislative auditor in 2002. The auditors recommended that a strategy be developed to ensure facilities of environmental importance be adequately addressed. The CMS was developed to address this recommendation as well as to comply with the newly promulgated statute relative to prioritizing facilities of environmental significance.
6. Data Source, Collection and Reporting: Inspection report forms are reviewed for accuracy and completeness by regional supervisory personnel. Inspection report information is entered into the state's TEMPO database and all appropriate Federal databases. Tracking can be accomplished by anyone with access to the inspection data screens within TEMPO, Inspection data entry occurs on a daily basis as routine task of those assigned this duty. The data is reported on the state fiscal year.
7. Calculation Methodology: Analysis of the TEMPO database will allow for reporting of the number of facilities inspected relative to the total number of selected facilities by category over a specific time frame. The resulting relation will be reported as a percent of facilities that were inspected for a given time frame.
8. Scope: The indicator is an aggregate of inspections in all six DEQ regions.
9. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 1: The Environmental Compliance Program through the inspections activity will inspect regulated facilities related to air emissions, solid and hazardous waste, waste tires, water discharges, radiation and asbestos statewide following procedures outlined in the Compliance Monitoring Strategy (CMS) July 1, 2011 through June 30, 2016.

Indicator Name: Percent of x-ray registrations inspected.

Indicator LaPAS PI Code: 9761.

1. Type and Level: Outcome; Key.
2. Rationale: This indicator is a measure of the permitted facilities inspected annually relative to the total number of facilities selected for inspection each year, using the CMS procedures. This ensures that high priority facilities receive compliance inspections.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator was audited by the legislative auditor in 2002. The auditors recommended that a strategy be developed to ensure facilities of environmental importance be adequately addressed. The CMS was developed to address this recommendation as well as to comply with the newly promulgated statute relative to prioritizing facilities of environmental significance.
6. Data Source, Collection and Reporting: Inspection report forms are reviewed for accuracy and completeness by regional supervisory personnel. Inspection report information is entered into the state's TEMPO database and all appropriate Federal databases. Tracking can be accomplished by anyone with access to the inspection data screens within TEMPO, Inspection data entry occurs on a daily basis as routine task of those assigned this duty. The data is reported on the state fiscal year.
7. Calculation Methodology: Analysis of the TEMPO database will allow for reporting of the number of facilities inspected relative to the total number of selected facilities by category over a specific time frame. The resulting relation will be reported as a percent of facilities that were inspected for a given time frame.
8. Scope: The indicator is an aggregate of inspections in all six DEQ regions.
9. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 1: The Environmental Compliance Program through the inspections activity will inspect regulated facilities related to air emissions, solid and hazardous waste, waste tires, water discharges, radiation and asbestos statewide following procedures outlined in the Compliance Monitoring Strategy (CMS) July 1, 2011 through June 30, 2016.

Indicator Name: Percent of mammography facilities inspected.

Indicator LaPAS PI Code: 9762.

1. Type and Level: Outcome; Key.
2. Rationale: This indicator is a measure of the permitted facilities inspected annually relative to the total number of facilities selected for inspection each year, using the CMS procedures. This ensures that high priority facilities receive compliance inspections.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator was audited by the legislative auditor in 2002. The auditors recommended that a strategy be developed to ensure facilities of environmental importance be adequately addressed. The CMS was developed to address this recommendation as well as to comply with the newly promulgated statute relative to prioritizing facilities of environmental significance.
6. Data Source, Collection and Reporting: Inspection report forms are reviewed for accuracy and completeness by regional supervisory personnel. Inspection report information is entered into the state's TEMPO database and all appropriate Federal databases. Tracking can be accomplished by anyone with access to the inspection data screens within TEMPO, Inspection data entry occurs on a daily basis as routine task of those assigned this duty. The data is reported on the state fiscal year.
7. Calculation Methodology: Analysis of the TEMPO database will allow for reporting of the number of facilities inspected relative to the total number of selected facilities by category over a specific time frame. The resulting relation will be reported as a percent of facilities that were inspected for a given time frame.
8. Scope: The indicator is an aggregate of inspections in all six DEQ regions.
9. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 1: The Environmental Compliance Program through the inspections activity will inspect regulated facilities related to air emissions, solid and hazardous waste, waste tires, water discharges, radiation and asbestos statewide following procedures outlined in the Compliance Monitoring Strategy (CMS) July 1, 2011 through June 30, 2016.

Indicator Name: Percent of top-rated asbestos projects inspected.

Indicator LaPAS PI Code: 6882.

1. Type and Level: Outcome; Key.
2. Rationale: This indicator is a measure of the permitted facilities inspected annually relative to the total number of facilities selected for inspection each year, using the CMS procedures. This ensures that high priority facilities receive compliance inspections.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator was audited by the legislative auditor in 2002. The auditors recommended that a strategy be developed to ensure facilities of environmental importance be adequately addressed. The CMS was developed to address this recommendation as well as to comply with the newly promulgated statute relative to prioritizing facilities of environmental significance.
6. Data Source, Collection and Reporting: Inspection report forms are reviewed for accuracy and completeness by regional supervisory personnel. Inspection report information is entered into the state's TEMPO database and all appropriate Federal databases. Tracking can be accomplished by anyone with access to the inspection data screens within TEMPO, Inspection data entry occurs on a daily basis as routine task of those assigned this duty. The data is reported on the state fiscal year.
7. Calculation Methodology: Analysis of the TEMPO database will allow for reporting of the number of facilities inspected relative to the total number of selected facilities by category over a specific time frame. The resulting relation will be reported as a percent of facilities that were inspected for a given time frame.
8. Scope: The indicator is an aggregate of inspections in all six DEQ regions.
9. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 2: The Environmental Compliance Program through the inspections activity will monitor and sample 25% of targeted surface water subsegments from 481 named waterbody subsegments statewide annually July 1, 2011 through June 30, 2016.

Indicator Name: Percent of waterbody subsegments monitored and sampled.

Indicator LaPAS PI Code: 9751.

1. Type and Level: Outcome; Key.
2. Rationale: This indicator measures the success of the ambient monitoring plan.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured. The indicator is based on four year repeating cycle. The waterbody subsegments targeted for sampling are divided into four groups. Approximately 25% is sampled each year. After four years, 100% of the designated water bodies are sampled, and the process begins again.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the legislative auditor. The indicator records whether approximately 25% of the subsegments are sampled annually over a four year period. The calculations are straightforward, based on which subsegments are actually sampled compared to the total number of subsegments.
6. Data Source, Collection and Reporting: Surveillance Division staff collects samples with oversight from respective regional supervisory personnel. The Water Quality Assessment Division and the Surveillance Division are users and trackers of the data sets collected.
7. Calculation Methodology: Simple count and comparison of the number of targeted sites to the number of sites sampled.
8. Scope: The indicator is aggregated of waterbody subsegments over a four year period.
9. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
10. Responsible Person: Chris Piehler

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 3: The Environmental Compliance Program through the inspections activity will address all reported incidents and citizen complaints with 85% being addressed within ten business days of receipt of notification July 1, 2011 through June 30, 2016.

Indicator Name: Percent of environmental incidents and citizen complaints addressed within ten business days of receiving notification.

Indicator LaPAS PI Code: 9764.

1. Type and Level: Efficiency; Key.
2. Rationale: This indicator measures timeliness of response to correct potential emergency or otherwise environmentally damaging situations. It is intended to quickly bring potential violators into compliance with the Environmental Quality Act and to alleviate public concerns related to environmental incidents.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator was audited by the legislative auditor in 2002. The auditors noted problems in the methods available to note timeliness of handling incidents. A database query was developed that collects incident data logged into TEMPO by DEQ that provides information relative to response time by field staff.
6. Data Source, Collection and Reporting: Incident report forms are reviewed for accuracy and completeness by Surveillance Division regional supervisory personnel. Data found in the report form is entered into the TEMPO database. Tracking of the information can be obtained by any person with access to the database.
7. Calculation Methodology: The TEMPO database contains two fields pertinent to this indicator, namely "Date Received" and "Date Investigated". A query of the database of these fields will provide a computer-generated list of all incidents and the associated response time. The number of incidents to which response time was five days or less would be divided by the number of incidents received to give the subject indicator.
8. Scope: The indicator is an aggregation of incident responses in all six DEQ regions.
9. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
10. Responsible Person: Chris Piehler

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 3: The Environmental Compliance Program through the inspections activity will address all reported incidents and citizen complaints with 85% being addressed within ten business days of receipt of notification July 1, 2011 through June 30, 2016.

Indicator Name: Number of spill notifications.

Indicator LaPAS PI Code: 15801.

1. Type and Level: Input, General Performance Information.
2. Rationale: This indicator measures timeliness of response to correct potential emergency or otherwise environmentally damaging situations. It is intended to quickly bring potential violators into compliance with the Environmental Quality Act and to alleviate public concerns related to environmental incidents.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator was audited by the legislative auditor in 2002. The auditors found no problems with the actual numbers of spills recorded by DEQ into TEMPO.
6. Data Source, Collection and Reporting: Incident report forms are reviewed for accuracy and completeness by Surveillance Division regional supervisory personnel. Data found in the report form is entered into the TEMPO database. Tracking of the information can be obtained by any person with access to the database.
7. Calculation Methodology: The TEMPO database contains two fields pertinent to this indicator, namely "Date Received" and "Date Investigated". A query of the database of these fields will provide a computer-generated list of all incidents and the associated response time.
8. Scope: The indicator is an aggregation of incident responses in all six DEQ regions.
9. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
10. Responsible Person: Chris Piehler

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Inspections

Objective 3: The Environmental Compliance Program through the inspections activity will address all reported incidents and citizen complaints with 85% being addressed within ten business days of receipt of notification July 1, 2011 through June 30, 2016.

Indicator Name: Number of citizen complaints.

Indicator LaPAS PI Code: 15802.

1. Type and Level: Input, General Performance Information.
2. Rationale: This indicator measures timeliness of response to correct potential emergency or otherwise environmentally damaging situations. It is intended to quickly bring potential violators into compliance with the Environmental Quality Act and to alleviate public concerns related to environmental incidents.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator was audited by the legislative auditor in 2002. The auditors found no problems with the actual numbers of complaints recorded by DEQ into TEMPO.
6. Data Source, Collection and Reporting: Incident report forms are reviewed for accuracy and completeness by Surveillance Division regional supervisory personnel. Data found in the report form is entered into the TEMPO database. Tracking of the information can be obtained by any person with access to the database.
7. Calculation Methodology: The TEMPO database contains two fields pertinent to this indicator, namely "Date Received" and "Date Investigated". A query of the database of these fields will provide a computer-generated list of all incidents and the associated response time.
8. Scope: The indicator is an aggregation of incident responses in all six DEQ regions.
9. Caveats: The ability of field personnel to inspect permitted facilities on a schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Assessment

Objective 4: The Environmental Compliance Program through the assessment activity will assess and protect the general public's safety regarding ambient air quality analysis, the operation of nuclear power plants, the use of radiation sources, and radiological and chemical emergencies statewide July 1, 2011 through June 30, 2016.

Indicator Name: Percent of data capture from ambient monitoring equipment measuring criteria pollutants.

Indicator LaPAS PI Code: 23150.

1. Type and Level: Effectiveness; Key.
2. Rationale: This indicator provides calculations on the percent data capture from ambient monitoring equipment measuring criteria pollutants.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: The indicator undergoes extensive examination before being reported as valid. Field instruments that have been calibrated to EPA standards measure the 6 criteria pollutants in the air. The data is collected through electronic data loggers (no manual input) and then compared to chart recorder information. The data is finally validated, following EPA Quality Assurance and Quality Control guidelines, by personnel independent from the collection staff to ensure that measurement, calibration, collection and reporting procedures are met.
6. Data Source, Collection and Reporting: The program collects ambient air quality data from stations across the state; the data are then processed and analyzed by the division staff. Frequency of data collection varies for each station and each parameter; however, data are collected and reported daily for Baton Rouge, New Orleans, Shreveport, Lafayette and Lake Charles. Annual summaries of the data are also reported.
7. Calculation Methodology: Ambient air monitoring data are entered into both the DEQ database as well as EPA's Air Quality System (AQS) database. Through analysis of data, percent data capture is determined.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Yasoob Zia

Environmental Program Manager

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Assessment

Objective 4: The Environmental Compliance Program through the assessment activity will assess and protect the general public's safety regarding ambient air quality analysis, the operation of nuclear power plants, the use of radiation sources, and radiological and chemical emergencies statewide July 1, 2011 through June 30, 2016.

Indicator Name: Percent of emergency planning objectives demonstrated.

Indicator LaPAS PI Code: 3672.

1. Type and Level: Outcome, Key.
2. Rationale: This indicator measures percentage of federal planning standards and Federal Emergency Management Agency (FEMA)'s evaluation criteria satisfied, and determines the adequacy of the Louisiana Peacetime Radiological Response Plan for "reasonable assurance" of public protection in the event of an accident at a fixed nuclear facility affecting the State.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator name identifies emergency planning for "reasonable assurance" of public protection in the event of an accident at a fixed nuclear facility affecting Louisiana.
5. Validity, Reliability and Accuracy: This indicator has not been audited by the legislative auditor. FEMA oversees this activity and reviews agency reports and evaluates participation in nuclear power plant drills/exercises to verify that the information is accurate and valid.
6. Data Source, Collection and Reporting: The Annual Letter of Certification (ALC) on meeting federal planning standards and the evaluation reports on FEMA's criteria that are exercised every two years are available from the OEC/Surveillance Division and FEMA. Frequency of reporting is determined at the beginning of the fiscal year and reported as needed.
7. Calculation Methodology: If any of the objectives are not completed successfully, then the percent of those successfully completed are calculated with respect to all applicable criteria.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Peter Ricca

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Assessment

Objective 4: The Environmental Compliance Program through the assessment activity will assess and protect the general public's safety regarding ambient air quality analysis, the operation of nuclear power plants, the use of radiation sources, and radiological and chemical emergencies statewide July 1, 2011 through June 30, 2016.

Indicator Name: Process 97% of radioactive material applications for registration, licensing, and certification within 30 business days of receipt.

Indicator LaPAS PI Code: 9767.

1. Type and Level: Outcome, Key.
2. Rationale: This indicator demonstrates the staff's efficiency for processing completed applications for radiation registrations, licenses and certifications actions within the designated timeframe.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has been audited by the Office of the Legislative Auditor. There were no findings. Information for this indicator is accurately reported from DEQ's TEMPO database.
6. Data Source, Collection and Reporting: The Annual Letter of Certification (ALC) on meeting federal planning standards and the evaluation reports on FEMA's criteria that are exercised every two years are available from the OEC/Surveillance Division and FEMA. Frequency of reporting is determined at the beginning of the fiscal year and reported as needed.
7. Calculation Methodology: Determined from a log of radiation registrations, licenses and certifications requests. It is determined quarterly or as needed using TEMPO report #TPOR0132.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Judith Schuerman

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Enforcement

Objective 5: The Environmental Compliance Program through the enforcement activity will increase compliance with environmental laws and regulations statewide by implementing a comprehensive enforcement process including regulatory awareness July 1, 2011 through June 30, 2016.

Indicator Name: Percent of enforcement actions addressed within the prescribed time periods.

Indicator LaPAS PI Code: 9765.

1. Type and Level: Efficiency, Key.
2. Rationale: This indicator measures the success of issuance of appropriate enforcement actions in a timely manner for major violations.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator is based on the issuance of enforcement actions addressing major violations (high priority violations (HPV) for the air program and significant noncompliance violations (SNC) for the water and hazardous waste programs, and all solid waste, and underground storage tank program violations.
5. Validity, Reliability and Accuracy: This indicator was audited by the Legislative Auditor in 2002 and 2003. The auditor found the indicator and the method of calculation used to derive the percentage to be valid, reliable and accurately reported.
6. Data Source, Collection and Reporting: Extracted from the enforcement data base on an as needed basis.
7. Calculation Methodology: Computed using the dates of assignment compared to date of issuance according to prescribed timelines.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Celena Cage

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Enforcement

Objective 5: The Environmental Compliance Program through the enforcement activity will increase compliance with environmental laws and regulations statewide by implementing a comprehensive enforcement process including regulatory awareness July 1, 2011 through June 30, 2016.

Indicator Name: Percent of SWAT class invitees that will resolve their violations with no further action.

Indicator LaPAS PI Code: 23143.

1. Type and Level: Outcome, Key.
2. Rationale: This indicator measures the success of the Sanitary Wastewater Compliance Assistance Program in resolving violations voluntarily through increased awareness of regulatory compliance.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator clearly states what is being measured. SWAT is defined as Sanitary/Vehicle Wastewater Compliance Assistance Training.
5. Validity, Reliability and Accuracy: This indicator has not been audited; it is a new indicator.
6. Data Source, Collection and Reporting: Data is extracted from the water enforcement tracker/database on an as needed basis.
7. Calculation Methodology: Number of invitees who attend SWAT Awareness Training and resolve their violations divided by the total number of facilities invited to the SWAT awareness training.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Celena Cage
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Enforcement

Objective 5: The Environmental Compliance Program through the enforcement activity will increase compliance with environmental laws and regulations statewide by implementing a comprehensive enforcement process including regulatory awareness July 1, 2011 through June 30, 2016.

Indicator Name: Number of air quality enforcement actions issued.

Indicator LaPAS PI Code: 15803.

1. Type and Level: Output; General Performance Information.
2. Rationale: This indicator measures the air quality enforcement actions issued.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator clearly states what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: Data is extracted from the water enforcement tracker/database on an as needed basis.
7. Calculation Methodology: A simple count of the media specific enforcement actions issued.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Celena Cage
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Enforcement

Objective 5: The Environmental Compliance Program through the enforcement activity will increase compliance with environmental laws and regulations statewide by implementing a comprehensive enforcement process including regulatory awareness July 1, 2011 through June 30, 2016.

Indicator Name: Number of solid waste enforcement actions issued.

Indicator LaPAS PI Code: 15804.

1. Type and Level: Output; General Performance Information.
2. Rationale: This indicator measures the solid waste enforcement actions issued.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator clearly states what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: Data is extracted from the water enforcement tracker/database on an as needed basis.
7. Calculation Methodology: A simple count of the media specific enforcement actions issued.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Celena Cage
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Enforcement

Objective 5: The Environmental Compliance Program through the enforcement activity will increase compliance with environmental laws and regulations statewide by implementing a comprehensive enforcement process including regulatory awareness July 1, 2011 through June 30, 2016.

Indicator Name: Number of hazardous waste enforcement actions issued.

Indicator LaPAS PI Code: 15805.

1. Type and Level: Output; General Performance Information.
2. Rationale: This indicator measures the hazardous waste enforcement actions issued.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator clearly states what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: Data is extracted from the water enforcement tracker/database on an as needed basis.
7. Calculation Methodology: A simple count of the media specific enforcement actions issued.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Celena Cage
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Enforcement

Objective 5: The Environmental Compliance Program through the enforcement activity will increase compliance with environmental laws and regulations statewide by implementing a comprehensive enforcement process including regulatory awareness July 1, 2011 through June 30, 2016.

Indicator Name: Number of water quality enforcement actions issued.

Indicator LaPAS PI Code: 15806.

1. Type and Level: Output; General Performance Information.
2. Rationale: This indicator measures the water quality enforcement actions issued.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator clearly states what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: Data is extracted from the water enforcement tracker/database on an as needed basis.
7. Calculation Methodology: A simple count of the media specific enforcement actions issued.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Celena Cage
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Enforcement

Objective 5: The Environmental Compliance Program through the enforcement activity will increase compliance with environmental laws and regulations statewide by implementing a comprehensive enforcement process including regulatory awareness July 1, 2011 through June 30, 2016.

Indicator Name: Number of radiation enforcement actions issued.

Indicator LaPAS PI Code: 15807.

1. Type and Level: Output; General Performance Information.
2. Rationale: This indicator measures the radiation enforcement actions issued.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator clearly states what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: Data is extracted from the water enforcement tracker/database on an as needed basis.
7. Calculation Methodology: A simple count of the media specific enforcement actions issued.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Celena Cage
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Underground Storage Tanks (UST) and Remediation

Objective 6: The Environmental Compliance Program through the underground storage tanks and remediation activity will investigate and clean up uncontrolled contamination and /or monitor ongoing clean up at abandoned properties, active facilities, and underground storage tank sites statewide, making them safe for reuse and available for redevelopment July 1, 2011 through June 30, 2016.

Indicator Name: Number of sites evaluated and closed out.

Indicator LaPAS PI Code: 23147

1. Outcome, Key.
2. Rationale: This indicator measures the number of uncontrolled environmentally contaminated sites that were identified, investigated and cleaned up, demonstrating progress toward restoration of the state's natural resources.
3. Use: This indicator will be used in management decisions making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: Data for this indicator will be retrieved from the TEMPO database.
7. Calculation Methodology: Calculation is a simple count in the database.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Tom Harris

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Underground Storage Tanks (UST) and Remediation

Objective 6: The Environmental Compliance Program through the underground storage tanks and remediation activity will investigate and clean up uncontrolled contamination and /or monitor ongoing clean up at abandoned properties, active facilities, and underground storage tank sites statewide, making them safe for reuse and available for redevelopment July 1, 2011 through June 30, 2016.

Indicator Name: Percentage of closed out sites that are ready for continued industrial/commercial/residential use or redevelopment.

Indicator LaPAS PI Code: 23697

1. Outcome, Key.
2. Rationale: This indicator measures the number of uncontrolled environmentally contaminated sites that were identified, investigated and cleaned up and are now ready for continued industrial/commercial/residential use or redevelopment.
3. Use: This indicator will be used in management decisions making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: Data for this indicator will be retrieved from the TEMPO database.
7. Calculation Methodology: Count the number of closed out sites that are ready for continued industrial/commercial/residential use or redevelopment and divide by the total number of closed out sites.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Tom Harris

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Underground Storage Tanks (UST) and Remediation

Objective 6: The Environmental Compliance Program through the underground storage tanks and remediation activity will investigate and clean up uncontrolled contamination and /or monitor ongoing clean up at abandoned properties, active facilities, and underground storage tank sites statewide, making them safe for reuse and available for redevelopment July 1, 2011 through June 30, 2016.

Indicator Name: Cumulative percent of Government Performance Results Act (GPRA) facilities with remedies selected for the entire facility.

Indicator LaPAS PI Code: 22206

1. Outcome, Key.
2. Rationale: This indicator measures progress toward the selection of remedies at previously investigated and evaluated GPRA-listed facilities that would be most feasible, practical and cost-effective.
3. Use: This indicator will be used in management decisions making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: Progress at GPRA-listed facilities in selecting remedies for the facility as a whole is tracked by DEQ staff. These events are documented in internal memos, entered into the EPA database RCRAInfo, and reported to demonstrate DEQ progress for state and EPA grant purposes.
7. Calculation Methodology: Count the total number of facilities for which a facility-wide remedy has been selected and divide by the total number of GPRA listed RCRA facilities subject to corrective action (64).
8. Scope: This indicator is disaggregated.
9. Caveats: Remedies may be selected for multiple individual units at a facility (Solid Waste Management Units, Areas of Concern, etc.). In such cases, this indicator is considered complete for the entire facility when the remedy for the last unit level is selected.
10. Responsible Person: Tom Harris

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Underground Storage Tanks (UST) and Remediation

Objective 6: The Environmental Compliance Program through the underground storage tanks and remediation activity will investigate and clean up uncontrolled contamination and /or monitor ongoing clean up at abandoned properties, active facilities, and underground storage tank sites statewide, making them safe for reuse and available for redevelopment July 1, 2011 through June 30, 2016.

Indicator Name: Cumulative percent of Government Performance Results Act (GPRA) facilities with remedy completed or remedy construction completed for the entire facility.

Indicator LaPAS PI Code: 22208

1. Outcome, Key.
2. Rationale: This indicator demonstrates that the constructed remedy is operational and the clean-up process has begun, or that existing site conditions are protective of human health and the environment at GPRA-listed facilities.
3. Use: This indicator will be used in management decisions making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: Progress at GPRA-listed facilities in completing remedies, or completing the construction required for the remedies is tracked by LDEQ staff. These events are documented in internal memos, entered into the EPA database RCRAInfo, and reported to demonstrate DEQ progress for state and EPA grant purposes.
7. Calculation Methodology: Count the total number of facilities for which the facility-wide remedy has been completed or constructed and divide by the total number of GPRA-listed RCRA facilities subject to corrective action (64).
8. Scope: This indicator is disaggregated.
9. Caveats: Remedies may be completed or constructed at multiple individual units at a facility (Solid Waste Management Units, Areas of Concern, etc.). In such cases, this indicator is considered complete for the entire facility when the last unit's remedy is constructed or completed.
10. Responsible Person: Tom Harris
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Underground Storage Tanks (UST) and Remediation

Objective 6: The Environmental Compliance Program through the underground storage tanks and remediation activity will investigate and clean up uncontrolled contamination and /or monitor ongoing clean up at abandoned properties, active facilities, and underground storage tank sites statewide, making them safe for reuse and available for redevelopment July 1, 2011 through June 30, 2016.

Indicator Name: Percent of registered underground storage tank sites inspected.

Indicator LaPAS PI Code: 3694

1. Outcome, Key.
2. Rationale: This indicator measures the registered UST facilities inspected annually relative to the total number of facilities selected for inspection each year in order to minimize leaks from UST systems, thus resulting in minimizing exposure.
3. Use: This indicator will be used in management decisions making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator was audited by the Legislative Auditor in 2002. The auditors recommended that a strategy be developed to ensure facilities of environmental importance be adequately addressed. This strategy has been incorporated into the program.
6. Data Source, Collection and Reporting: Data is pulled from TEMPO.
7. Calculation Methodology: Number of Compliance Evaluation Inspections (CEI's) conducted by UST Division staff divided by total number of UST facilities.
8. Scope: This indicator is an aggregation of inspections in all six DEQ regions.
9. Caveats: The ability of field personnel to inspect permitted UST facilities on schedule can be diminished by workload (incident response, non-scheduled or higher priority inspections, available manpower, etc.) equipment readiness (vehicles, boats, monitoring equipment, etc.) and weather or emergency considerations.
10. Responsible Person: Tom Harris
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Underground Storage Tanks (UST) and Remediation

Objective 6: The Environmental Compliance Program through the underground storage tanks and remediation activity will investigate and clean up uncontrolled contamination and /or monitor ongoing clean up at abandoned properties, active facilities, and underground storage tank sites statewide, making them safe for reuse and available for redevelopment July 1, 2011 through June 30, 2016.

Indicator Name: Cumulative number of sites returned to active commerce through DEQ's voluntary clean up program.

Indicator LaPAS PI Code: 15783

1. Output, General Performance Information.
2. Rationale: This indicator measures the number of sites returned to active commerce through DEQ's voluntary clean up program..
3. Use: This indicator will be used general performance information.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: Data for this indicator will be retrieved from the TEMPO database.
7. Calculation Methodology: A simple count.
8. Scope: This indicator is disaggregated.
9. Caveats: Participants in the voluntary clean up program must follow the prescribed procedures required by LAC 33:VI Chapter 9.
10. Responsible Person: Tom Harris

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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Underground Storage Tanks (UST) and Remediation

Objective 7: The Environmental Compliance Program through the underground storage tanks and remediation activity will direct the determination of the extent of contamination both laterally and vertically at sites with pollution to protect the soil and groundwater resources by reviewing 85% of the soil and groundwater investigation work plans and corrective action work plans received July 1, 2011 through June 30, 2016.

Indicator Name: Percent of soil and groundwater investigation work plans reviewed.

Indicator LaPAS PI Code: 9773

1. Outcome, Key.
2. Rationale: This indicator measures the number of soil and groundwater investigation work plans reviewed as compared to the number received.
3. Use: This indicator will be used in management decisions making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has been audited by the Legislative Auditor. There were no findings for this indicator.
6. Data Source, Collection and Reporting: Data for this indicator will be retrieved from the TEMPO database.
7. Calculation Methodology: Divide the number of soil and groundwater investigation work plans reviewed by the total number received during the year.
8. Scope: This indicator is disaggregated.
9. Caveats: The soil and groundwater investigation work plans reviewed in a year will not exactly correlate with those received in a year because those received late in one year will not be reviewed until the following year and so on. It should be anticipated there would be some fluctuations in these percentages from year to year.
10. Responsible Person: Tom Harris
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Performance Indicator Documentation

Program: Office of Environmental Compliance

Activity: Underground Storage Tanks (UST) and Remediation

Objective 7: The Environmental Compliance Program through the underground storage tanks and remediation activity will direct the determination of the extent of contamination both laterally and vertically at sites with pollution to protect the soil and groundwater resources by reviewing 85% of the soil and groundwater investigation work plans and corrective action work plans received July 1, 2011 through June 30, 2016.

Indicator Name: Percent of soil and groundwater corrective action work plans reviewed.

Indicator LaPAS PI Code: 9774

1. Outcome, Key.
2. Rationale: This indicator measures the number of soil and groundwater corrective action work plans reviewed as compared to the number received.
3. Use: This indicator will be used in management decisions making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has been audited by the Legislative Auditor. There were no findings for this indicator.
6. Data Source, Collection and Reporting: Data for this indicator will be retrieved from the TEMPO database.
7. Calculation Methodology: Divide the number of soil and groundwater corrective action work plans reviewed by the total number received during the year.
8. Scope: This indicator is disaggregated.
9. Caveats: The soil and groundwater corrective action work plans reviewed in a year will not exactly correlate with those received in a year because those received late in one year will not be reviewed until the following year and so on. It should be anticipated there would be some fluctuations in these percentages from year to year.
10. Responsible Person: Tom Harris
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Process Documentation
Office of Environmental Compliance

1. Identification of the principal clients and users of the program and the specific service or benefit derived by such persons or organizations.

Benefits

Objective 1: Media specific inspections identifies facility compliance information for other DEQ divisions

Objective 2: Surface water monitoring and sampling collects samples for data analysis

Objective 3: Timely response to environmental incidents and citizen complaints

Objective 4: Assessment services provide compliance data to allow EPA oversight as outlined in Enforcement MOU; response to environmental/chemical/radiological emergencies in protecting citizens.

Objective 5: Enforcement actions and SWAT ensure regulatory compliance and compliance assistance.

Objectives 6 & 7: Citizens of the state benefit from the identification and remediation of contaminated sites that could threaten the safety of groundwater resources.

Clients

- General Public
- Regulated community
- United States Environmental Protection Agency (USEPA) and Nuclear Regulatory Commission (NRC)
- Federal Emergency Management Agency (FEMA)
- Legislature, DOA, Governor
- DEQ

2. Identification of potential external factors that are beyond the control of the entity and that could significantly affect the achievement of its goals or objectives.

- Loss of experienced personnel
- Legal challenges to regulations
- New or additional statutory requirements without accompanying manpower and funding support
- Requirements/priorities imposed on the Department by USEPA, State legislature, and/or courts;
- Inadequate funding for specific directives at state and federal levels;

- The economy, which may affect funding levels for the agency and which may bring increases or decreases in numbers and levels of wastewater discharges, air emissions, etc.
- Time required for completion of contaminant assessments and remedial actions.
- Degree of recalcitrance of regulated facilities in addressing contaminated media
- Requirements/priorities imposed on the Department by USEPA, State legislature, and/or courts;
- Problems with suppliers of information;
- Increased request for services but no increase in workforce.
- Increased difficulties in securing contract or other professional services in a timeframe that compliments deadlines and other milestone commitments that are mandatory for the successful attainment of goals and objectives

3. Statutory requirement or other authority:

- Louisiana Revised Statutes Title 30 Subtitle II (La. Environmental Quality Act)
- 42 U.S.C. §6901 et seq. (Resource Conservation and Recovery Act)
- CERCLA 42 U.S.C. §9601 et seq. (Comprehensive Environmental Response, Compensation, and Liability Act of 1980)
- Clean Water Act
- Clean Air Act
- Nuclear Regulatory Commission
- Louisiana Environmental Quality Act
- Act 1465 and five-year Master Plan (Vision 2020) for economic development
- LAC 33:I.
- LAC 33:III
- LAC 33:V.
- LAC 33:VII.
- LAC 33:IX
- LAC 33:XI.
- LAC 33:XV
- CFR 40 Parts 260 through 281

4. Description of any program evaluation used to develop objectives and strategies:

The objectives and the strategies associated with them are driven by:

(1) statutory and federal requirements, (2) funding, and (3) sufficient personnel to ensure that the level of compliance, monitoring and response to environmental incidents is maintained.

The programs encompassed by the objectives are reviewed and evaluated at least annually by management and regional staff to ensure that work plan activities are consistent with the strategies developed to demonstrate progress toward the stated objectives.

5. Explanation of how duplication of effort will be avoided when the operations of more than one program are directed at achieving a single goal, objective or strategy:

No duplication of effort exists.

6. Description of how the performance indicators are used in management decision making and other agency processes:

Numbers and other data generated by tracking of the performance indicators will be used individually and collectively to monitor program performance. Management staff will use this information to determine trends and set priorities with regard to funding and allocation of personnel to accomplish the listed objectives and strategies. Program areas that are found to be deficient will receive more attention. The department will also use this information to keep the regulated community and the public informed of agency performance.

To identify areas of greatest risk to human health so these areas can be addressed at least in the interim prior to final corrective actions are in place.

**Office of Environmental Services
Five Year Strategic Plan
July, 2011 – June, 2016**

Agency Number: 13-852
Program: Environmental Services Program
Program Authorization: La. R.S. 30:2011(C)(1)

Vision

The vision of the Environmental Services Program is to ensure that the citizens of Louisiana have a healthy and clean environment to live and work in for present and future generations.

Mission

The mission of the Environmental Services Program is to ensure that the citizens of Louisiana have a clean and healthy environment to live and work in for present and future generations. This will be accomplished by regulating pollution sources through permitting activities which are consistent with laws and regulations, by providing interface between the department and its customers, by providing improved public participation. The permitting activity will provide single entry/contact point for permitting, including a multimedia team approach; providing technical guidance for permit applications; improved permit tracking; and the ability to focus on applications with the highest potential for environmental impact.

Philosophy

The philosophy of the Environmental Services Program is to make efficient use of available resources to conduct operations that consider both environmental impact and economic impact. Decisions will be based on sound, comprehensive information that is scientifically and economically supported. Customer assistance will be provided to the regulated community in the application process. The permit process will assure that facilities have the information they need to maintain compliance with state and federal regulations.

Goal

To maintain and enhance the environment of Louisiana through permitting and licensing, and by sponsoring and supporting programs that increase public awareness of Louisiana's environmental issues.

Objective 1:

The Environmental Services Program, through the air permits activity, will ensure statewide protection of ambient air quality by limiting levels of air emissions to federal and state standards through high quality technical evaluations of incoming permit applications and issuance of final permit decisions for sources requesting new, renewal, or modified permits July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

The Air Permits Division supports the Natural Resource State Outcome Goal by functioning to ensure that the impacts to air quality associated with a proposed project have been minimized or avoided to the maximum extent possible and that the social and economic benefits of the project greatly outweigh its adverse environmental impacts. Additionally, the air permits division develops and implements air pollution control strategies to attain good air quality and protect citizens' health.

Strategies:

- 1.1 Provide high quality technical evaluations/draft permits for all air permit activities, in a timely manner.
- 1.2 Maintain program integrity by continuing to meet all applicable state and federal mandates to ensure that all facilities' air emissions operations are protective of human health and the environment.
- 1.3 Provide requisite permitting data for appropriate EPA databases.
- 1.4 Continue to issue air permits that are in compliance with the Clean Air Act.
- 1.5 Initiate the promulgation of emission control regulations to attain the standards through the State Implementation Plan.
- 1.6 Evaluate the air monitoring data for trends and compliance with national and state air quality standards.
- 1.7 Maintain information on current standards to be used as a baseline for future environmental indicator processing (i.e. 1-hour average criteria) (Vision 2020: 3.8.1)
- 1.8 Complete any inventory (point, area, non-road mobile, on-road mobile or biogenics) necessary to address ozone non-attainment areas or for any other special purpose.

Performance Indicators:

Outcome: Provide high quality technical evaluations of air quality permit applications and take final action in the form of approval or denial per Louisiana regulations on 90% of applications received for new facilities and substantial modifications within established timeframes.

Output (GPI): Number of air quality permits division work products completed.
Number of air modeling reviews completed.

Objective 2:

The Environmental Services Program, through the waste permits activity, will ensure statewide control of solid and hazardous waste through high quality technical evaluations on incoming permit applications and issuance of final permit decisions for sources requesting new, renewal or modification applications July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

The Waste Permits Division (WSTPD) supports the Natural Resources State Outcome Goal and protects the environment by ensuring proper management and disposal of solid and hazardous wastes within the State. Under this program, solid and hazardous waste streams are managed and disposed according to strict federal EPA requirements and sound engineering practices.

Strategies:

- 2.1 Provide high quality technical evaluations/draft permits for all solid and hazardous waste permit activities, in a timely manner.
- 2.2 Maintain program integrity by continuing to meet all applicable state and federal mandates to ensure that all regulated facility operations are protective of human health and the environment.
- 2.3 Provide requisite permitting data for appropriate EPA databases.

Performance Indicators:

Outcome: Provide high quality technical evaluations of waste permit applications and take final action in the form of approval or denial per Louisiana regulations on 85% of applications received for new facilities and substantial modifications within established timeframes.

Output (GPI) Number of solid waste work products completed.
Number of treatment, storage and disposal (hazardous waste facilities) work products completed.

Objective 3:

The Environmental Services Program, through the water permits activity, will ensure statewide control and limit pollutant levels for the protection of Louisiana surface waters through issuance of final water permit decisions, water quality certifications, bio-solids registration and management activities July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

The Water Permits Division (WPD) supports the Natural Resources State Outcome Goal and protects the environment through the Louisiana Pollution Discharge Elimination System (LPDES) permits, water quality certifications, and bio-solids oversight controls and limits effluent pollutant levels to the regulated waters of the state of Louisiana. Water permits contain specific scientifically based limitations and requirements which ensure the waterbody designated uses are achieved and maintained. Water quality assessment functions within WPD assist with the protection and improvement of the water resources of the state through objective scientific evaluation of water quality and the development of regulatory and non-regulatory approaches to address impairments. WPD plays a crucial role in the contribution to a healthy environment, and affords protection to the citizens of the state; and partners with the Environmental Protection Agency (EPA) to further national and state level goals of natural resource protection.

Strategies:

- 3.1 Provide high quality technical evaluations/draft permits for all surface water permit activities, in a timely manner.
- 3.2 Maintain program integrity by continuing to meet all applicable state and federal mandates to ensure that all regulated facility operations are protective of human health and the environment.
- 3.3 Provide requisite permitting data for appropriate EPA databases.
- 3.4 Continue to utilize strategies to maintain the number of National Pollution Discharge Elimination System permits that are identified as “current”.
- 3.5 Continue to issue major and minor Louisiana Pollution Discharge Elimination System permits, including Stormwater General Permits.
- 3.6 Review environmental data for water to define environmental problems and facilitate planning activities to develop regulatory and non-regulatory pollution control strategies to meet time schedules and requirements of the Clean Water Act.
- 3.7 Accomplish water quality assessments as required under Sections 305(b) and 303(d) of the Clean Water Act (The Integrated Report) by compiling and assessing technical data on all

water bodies in order to determine possible water quality impairment. A list of impaired water bodies, the 303(d) list, is then developed to show where Total Maximum Daily Loads (TMDLs) need to be established and incorporated into the Water Quality Management Plan (Vision 2020 Objective 3.8.4).

- 3.8 Continue to develop Water Quality Standards by maintaining, revising, or creating new criteria as needed to protect the designated uses of waters of the State (Vision 2020 Objective 3.8.3).
- 3.9 Report and post mercury fish tissue sample results and subsequent advisories, when needed, on the DEQ website, in conjunction with the Louisiana Department of Health and Hospitals.
- 3.10 Report and post swimming advisories as needed in conjunction with the Louisiana Department of Health and Hospitals, the Louisiana Department of Wildlife and Fisheries, and the Louisiana Department of Agriculture and Forestry.

Performance Indicators:

Outcome: Provide high quality technical evaluations of water quality permit applications and take final action in the form of approval or denial per Louisiana regulations on 89% of applications received for new facilities and substantial modifications within established timeframes.

Percent of water quality modeling documents finalized for public notice within 80 days of beginning the review process in support of permit limitations for point-source discharges.

Percent of water data received that is evaluated for technical acceptability for criteria development or assessments within 120 days.

Output (GPI): Number of individual water quality permit actions completed.

Number of general water quality permit actions completed.

Number of water quality certification activities completed.

Number of biosolids hauler certifications completed.

Objective 4:

The Environmental Services Program, through the permit support services activity, will administratively process 86% of permit applications, registrations, notifications, and accreditations within established timeframes July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

This activity supports the Natural Resources State Outcome Goal through the review of applications, registrations and notifications by Permit Support Services Division staff. These are

proactive measures which ensure compliance, provide for clean water, air, and land and improved quality of life for people to live, work, and play in a healthy environment, and promote a sustainable tax base.

Strategies:

- 4.1 Provide administrative services to the three media permitting divisions.
- 4.2 Receive and analyze all incoming documents to ensure proper placement in DEQ's Electronic Data Management System (EDMS).
- 4.3 Create permitting records in TEMPO (Tools for Environmental Management Protection Organizations).
- 4.4 Conduct certification testing for solid waste operators.
- 4.5 Review Asbestos Management Plans for schools and state buildings.

Performance Indicators:

- Outcome: Administratively process permit applications, accreditation applications, registrations and notifications within established timelines.
- Output (GPI) Number of name, ownership, operator changes completed.
Number of asbestos management plan activities completed
Number of asbestos accreditations issued.

Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Air Permits

Objective 1: The Environmental Services Program, through the air permits activity, will ensure statewide protection of ambient air quality by limiting levels of air emissions to federal and state standards through high quality technical evaluations of incoming permit applications and issuance of final permit decisions for sources requesting new, renewal, or modified permits July 1, 2011 through June 30, 2016.

Indicator Name: Provide high quality technical evaluations of air quality permit applications and take final action in the form of approval or denial per Louisiana regulations on 90% of applications received for new facilities and substantial modifications within established timeframes.

Indicator LaPAS PI Code: 23144

1. Outcome, Key
2. Rationale: This indicator measures the percentage of air permits completed within established timelines. The indicator specifically looks at agency implementation of the “300 day rule” for permit issuance.
3. Use: This indicator will be used in management’s decision making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved from the TEMPO database with report #TPOR0127. The date the application is received and the date a final decision is reached are entered into the database as they occur. Information is retrieved from the database on a quarterly basis.
7. Calculation Methodology: Percent calculated by dividing the number of actions taken by the number of the applications received in the specified timeframe.
8. Scope: This indicator is disaggregated.
9. Caveats: Some of the limitations are the quality of the application documents received, the number of staff resources available, and the adequacy and timeliness of responses from applicants if application is not adequate.
10. Responsible Person: Deanna Bloodworth
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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Air Permits

Objective 1: The Environmental Services Program, through the air permits activity, will ensure statewide protection of ambient air quality by limiting levels of air emissions to federal and state standards through high quality technical evaluations of incoming permit applications and issuance of final permit decisions for sources requesting new, renewal, or modified permits from July 1, 2011 through June 30, 2016.

Indicator Name: Number of air quality permits division work products completed.

Indicator LaPAS PI Code: 15733

1. Output, General Performance Information
2. Rationale: This indicator tracks the total number of air permitting decisions issued for all air sources that were completed in the previous fiscal year regardless of complexity or the date received.
3. Use: This indicator will be used in management's decision making and other agency processes. It will be used for internal management purposes as well as for general performance information.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved from the TEMPO database with report #TPOR0127. The date the application is received and the date a final decision is reached are entered into the database as they occur. Information is retrieved from the database on a quarterly basis.
7. Calculation Methodology: This indicator lists and counts the number of actions completed within this program. Addition is the only calculation necessary.
8. Scope: This indicator is disaggregated.
9. Caveats: Some of the limitations are the quality of the application documents received, the number of staff resources available, and the adequacy and timeliness of responses from applicants if application is not adequate.
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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Air Permits

Objective 1: The Environmental Services Program, through the air permits activity, will ensure statewide protection of ambient air quality by limiting levels of air emissions to federal and state standards through high quality technical evaluations of incoming permit applications and issuance of final permit decisions for sources requesting new, renewal, or modified permits from July 1, 2011 through June 30, 2016.

Indicator Name: Number of air modeling reviews completed.

Indicator LaPAS PI Code: New.

1. Type and Level: Output; General Performance Information.
2. Rationale: This indicator provides calculations on the percent of modeling reviews completed in a specified timeframe.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: All modeling reviews are tracked by the Engineering Manager. The accuracy of the tracker is verified using monthly reports from staff members. Route sheets for air permits are included in EDMS and log the date of receipt and approval. EDMS can serve as a secondary source for review.
6. Data Source, Collection and Reporting: All modeling reviews are routed through the Engineering Manager. The reviews are tracked via an Excel spreadsheet. The Excel spreadsheet is used to determine the percentage of reviews completed in the specified time. Data in the spreadsheet is verified in the monthly reports submitted by staff and verification on route sheets in EDMS.
7. Calculation Methodology: The number of air modeling reviews completed within the specified timeframe is divided by the total number of air modeling data sets received for the same time period.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Waste Permits

Objective 2: The Environmental Services Program through the waste permits activity will ensure statewide control of solid and hazardous waste through high quality technical evaluations on incoming permit applications and issuance of final permit decisions for sources requesting new, renewal or modified permits July 1, 2011 through June 30, 2016.

Indicator Name: Provide high quality technical evaluations of waste permit applications and take final action in the form of approval or denial per Louisiana regulations on 85% of applications received for new facilities and substantial modifications within established timeframes.

Indicator LaPAS PI Code: 23146

1. Outcome, Key
2. Rationale: This indicator measures the percentage of technical review/draft solid and hazardous permits completed within established timelines. The indicator specifically looks at agency implementation of the “300 day rule” for permit issuance.
3. Use: This indicator will be used in management decisions making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved from the TEMPO database with report #TPOR0127. The date the application is received and the date of technical review are entered into the database as they occur. Information is retrieved from the database on a quarterly basis.
7. Calculation Methodology: Percent calculated by dividing the number of actions taken by the number of the applications received in the specified timeframe.
8. Scope: This indicator is disaggregated.
9. Caveats: Some of the limitations are the quality of the application documents received, the number of staff resources available or the adequacy and timeliness of responses from applicants if application is not adequate.
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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Waste Permits

Objective 2: The Environmental Services Program through the waste permits activity will ensure statewide control of solid and hazardous waste through high quality technical evaluations on incoming permit applications and issuance of final permit decisions for sources requesting new, renewal or modified permits July 1, 2011 through June 30, 2016.

Indicator Name: Number of solid waste work products completed.

Indicator LaPAS PI Code: 15734

1. Output, General Performance Information
2. Rationale: This indicator measures the number of technical review/ solid waste permits or major permit modifications issued within the previous fiscal year.
3. Use: This indicator will be used in management decisions making and other agency processes. It will be used for internal management purposes as well as for general performance information.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved from the TEMPO database with report #TPOR0127. The date the application is received and the date of technical review are entered into the database as they occur. Information is retrieved from the database on a quarterly basis.
7. Calculation Methodology: This indicator lists and counts the number of actions completed within this program. Addition is the only calculation necessary.
8. Scope: This indicator is disaggregated.
9. Caveats: Some of the limitations are the quality of the application documents received, the number of staff resources available or the adequacy and timeliness of responses from applicants if application is not adequate.
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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Waste Permits

Objective 2: The Environmental Services Program through the waste permits activity will ensure statewide control of solid and hazardous waste through high quality technical evaluations on incoming permit applications and issuance of final permit decisions for sources requesting new, renewal or modified permits July 1, 2011 through June 30, 2016.

Indicator Name: Number of treatment, storage and disposal (hazardous waste facilities) products completed.

Indicator LaPAS PI Code: 15735

1. Output, General Performance Information
2. Rationale: This indicator measures the number of technical review/final Treatment, Storage or Disposal permits or major permit modifications issued within the previous fiscal year.
3. Use: This indicator will be used in management decisions making and other agency processes. It will be used for internal management purposes as well as for general performance information.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved from the TEMPO database with report #TPOR0127. The date the application is received and the date of technical review are entered into the database as they occur. Information is retrieved from the database on a quarterly basis.
7. Calculation Methodology: This indicator lists and counts the number of actions completed within this program. Addition is the only calculation necessary.
8. Scope: This indicator is disaggregated.
9. Caveats: Some of the limitations are the quality of the application documents received, the number of staff resources available or the adequacy and timeliness of responses from applicants if application is not adequate.
10. Responsible Person: Deanna Bloodworth
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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Water Permits

Objective 3: The Environmental Services Program through the water permits activity will ensure statewide control and limit pollutant levels for protection of Louisiana surface waters through issuance of final water permit decisions, water quality certifications, bio-solids registration and management activities July 1, 2011 through June 30, 2016.

Indicator Name: Provide high quality technical evaluations of water quality permit applications and take final action in the form of approval or denial per Louisiana regulations on 89% of applications received for new facilities and substantial modifications within established timeframes.

Indicator LaPAS PI Code: 23145

1. Outcome, Key
2. Rationale: This indicator measures the percentage of technical review/draft of water quality permits completed within established timelines. The indicator specifically looks at agency implementation of the “300 day rule” for permit issuance.
3. Use: This indicator will be used in management decisions making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved from the TEMPO database with report #TPOR0127. The date the application is received and the date of technical review are entered into the database as they occur. Information is retrieved from the database on a quarterly basis.
7. Calculation Methodology: Percent calculated by dividing the number of actions taken by the number of the applications received in the specified timeframe.
8. Scope: This indicator is disaggregated.
9. Caveats: Some of the limitations are the quality of the application documents received, the number of staff resources available or the adequacy and timeliness of responses from applicants if application is not adequate.
10. Responsible Person: Deanna Bloodworth

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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Water Permits

Objective 3: The Environmental Services Program through the water permits activity will ensure statewide control and limit pollutant levels for protection of Louisiana surface waters through issuance of final water permit decisions, water quality certifications, biosolids registration and management activities July 1, 2011 through June 30, 2016.

Indicator Name: Percent of water quality modeling documents finalized for public notice within 80 days of beginning the review process in support of permit limitations for point source discharges.

Indicator LaPAS PI Code: New.

1. Type and Level: Outcome; Key.
2. Rationale: The indicator is a measure of the percentage of modeling documents that are reviewed and sent to public notice within the allotted amount of time (80 working days). This helps to ensure that TMDL production continues at a reasonable pace.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: The Office of the Legislative Auditor has not audited this indicator.
6. Data Source, Collection and Reporting: All TMDL survey data is collected by the OEC, Surveillance Division. All data, including water quality, hydrologic, GPS, and meteorological data are reviewed by personnel in the OEC for accuracy and completeness. The same staff are responsible for loading/storing the data on the Watershed Survey Section's server (ws_surveys) and in the LEADMS and L'EAU databases. The data can be tracked by anyone with access to the ws_surveys, LEADMS, and L'EAU. The data is reported in the final TMDL report. TMDL reports are tracked by the Water Quality Modeling Manager and the Environmental Scientist Staff.
7. Calculation Methodology: The number of water quality modeling documents finalized is divided by the number of documents reviewed in the established time period.
8. Scope: This indicator is disaggregated.
9. Caveats: The ability of the LDEQ's Water Quality Modeling Section to develop models and TMDLs can be diminished by staff reduction, workload, computer problems, and ongoing issues involved with the complexities of TMDLs.
10. Responsible Person: Al Hindrichs

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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Water Permits

Objective 3: The Environmental Services Program through the water permits activity will ensure statewide control and limit pollutant levels for protection of Louisiana surface waters through issuance of final water permit decisions, water quality certifications, biosolids registration and management activities July 1, 2011 through June 30, 2016.

Indicator Name: Percent of water data received that is evaluated for technical acceptability for criteria development or assessments within 120 days.

Indicator LaPAS PI Code: New.

1. Type and Level: Outcome; Supporting.
2. Rationale: The indicator supports near-real-time evaluation of water quality data. Near-real-time data evaluation is critical to: timely action that may be needed to address environmental water quality concerns; understanding work load and resource requirements; and/or implementing timely actions to address deficient or problematic contractor performance, business processes, and/or resource levels.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting purposes.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: The Office of the Legislative Auditor has not audited this indicator.
6. Data Source, Collection and Reporting: The source of the “receive” and “evaluation” dates outlined below is the Water Quality Assessment Division. Processes and tools are under development to track the information.
 - a. Receive Date - Date when the Water Quality Assessment Division receives the data set. Data sets to be reviewed and tracked for this performance indicator are contract laboratories’ data provided by the Surveillance Division laboratory contract management staff.
 - b. Evaluation Date - Date when the Water Quality Assessment Division completes its technical acceptability evaluation of the data set.
7. Calculation Methodology: The number of data sets evaluated within 120 days is divided by the number of data sets received in six-month period and multiplied by 100.
8. Scope: This indicator is disaggregated.
9. Caveats: The evaluation period will be calculated based on net working days. The first report for this indicator will be completed July 2011 to account for lag time and overlap in data set receive and evaluation dates. Technical acceptability is determined by the data reviewers and users in accordance with applicable Quality Assurance Project Plans,

Standard Operating Procedures, and other policies applicable to the water quality criteria development and assessment programs. Technical acceptability does not equate to final usability and is not an indication the data set is complete and accurate. The date a data set is technically accepted indicates the end users have evaluated the data set and made a determination of the status of the data set, including the potential need for further action.

10. Responsible Person: Al Hindrichs

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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Water Permits

Objective 3: The Environmental Services Program through the water permits activity will ensure statewide control and limit pollutant levels for protection of Louisiana surface waters through issuance of final water permit decisions, water quality certifications, biosolids registration and management activities July 1, 2011 through June 30, 2016.

Indicator Name: Number of individual water quality permit actions completed.

Indicator LaPAS PI Code: 15736

1. Output, General Performance Information.
2. Rationale: This indicator measures the number of water quality permit actions completed within in the previous fiscal year.
3. Use: This indicator will be used in management decisions making and other agency processes. It will be used for internal management purposes as well as of general performance information.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved from the TEMPO database. The date the application is received and the date of technical review are entered into the database as they occur. Information is retrieved from the database on a quarterly basis.
7. Calculation Methodology: This indicator lists and counts the number of actions completed within this program. Addition is the only calculation necessary.
8. Scope: This indicator is disaggregated.
9. Caveats: Some of the limitations are the quality of the application documents received, the number of staff resources available or the adequacy and timeliness of responses from applicants if application is not adequate.
10. Responsible Person: Deanna Bloodworth

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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Water Permits

Objective 3: The Environmental Services Program through the water permits activity will ensure statewide control and limit pollutant levels for protection of Louisiana surface waters through issuance of final water permit decisions, water quality certifications, biosolids registration and management activities July 1, 2011 through June 30, 2016.

Indicator Name: Number of general water quality permit actions completed.

Indicator LaPAS PI Code: 15737

1. Output, General Performance Information.
2. Rationale: This indicator measures the number of general water quality permit actions completed within in the previous fiscal year.
3. Use: This indicator will be used in management decisions making and other agency processes. It will be used for internal management purposes as well as of general performance information.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved from the TEMPO database. The date the application is received and the date of technical review are entered into the database as they occur. Information is retrieved from the database on a quarterly basis.
7. Calculation Methodology: This indicator lists and counts the number of actions completed within this program. Addition is the only calculation necessary.
8. Scope: This indicator is disaggregated.
9. Caveats: Some of the limitations are the quality of the application documents received, the number of staff resources available or the adequacy and timeliness of responses from applicants if application is not adequate.
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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Water Permits

Objective 3: The Environmental Services Program through the water permits activity will ensure statewide control and limit pollutant levels for protection of Louisiana surface waters through issuance of final water permit decisions, water quality certifications, biosolids registration and management activities July 1, 2011 through June 30, 2016.

Indicator Name: Number of water quality certifications completed.

Indicator LaPAS PI Code: New

1. Output, General Performance Information.
2. Rationale: This indicator measures the number of water quality certification actions completed within in the previous fiscal year.
3. Use: This indicator will be used in management decisions making and other agency processes. It will be used for internal management purposes as well as of general performance information.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved from the TEMPO database. The date the application is received and the date of technical review are entered into the database as they occur. Information is retrieved from the database on a quarterly basis.
7. Calculation Methodology: This indicator lists and counts the number of actions completed within this program. Addition is the only calculation necessary.
8. Scope: This indicator is disaggregated.
9. Caveats: Some of the limitations are the quality of the application documents received, the number of staff resources available or the adequacy and timeliness of responses from applicants if application is not adequate.
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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Water Permits

Objective 3: The Environmental Services Program through the water permits activity will ensure statewide control and limit pollutant levels for protection of Louisiana surface waters through issuance of final water permit decisions, water quality certifications, biosolids registration and management activities July 1, 2011 through June 30, 2016.

Indicator Name: Number of biosolids hauler certifications completed.

Indicator LaPAS PI Code: New

1. Output, General Performance Information.
2. Rationale: This indicator measures the number of biosolids hauler certification actions completed within in the previous fiscal year.
3. Use: This indicator will be used in management decisions making and other agency processes. It will be used for internal management purposes as well as of general performance information.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved from the TEMPO database. The date the application is received and the date of technical review are entered into the database as they occur. Information is retrieved from the database on a quarterly basis.
7. Calculation Methodology: This indicator lists and counts the number of actions completed within this program. Addition is the only calculation necessary.
8. Scope: This indicator is disaggregated.
9. Caveats: Some of the limitations are the quality of the application documents received, the number of staff resources available or the adequacy and timeliness of responses from applicants if application is not adequate.
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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Permit Support Services

Objective 4: The Environmental Services Program through the permit support services activity will administratively process 86% of permit applications, registrations, notifications and accreditations within established timeframes July 1, 2011 through June 30, 2016.

Indicator Name: Administratively process permit applications, accreditation applications, registrations and notifications within established timeframes.

Indicator LaPAS PI Code: 23693

1. Outcome, Key
2. Rationale: This indicator measures the various requisite support functions provided to the environmental permitting processes. It is useful to track application totals processed each year as an indicator of the overall OES workload.
3. Use: This indicator will be used in management decisions making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved through TEMPO database queries and the Reno/Demo database.
7. Calculation Methodology: Percent is calculated by dividing the number applications processed in the specified timeframe by the number of the applications received.
8. Scope: This indicator is an aggregate of all permit and registration applications received by DEQ.
9. Caveats: Some of the limitations are the quality of the application documents received or the adequacy and timeliness of responses from applicants if application is not adequate.
10. Responsible Person: Deanna Bloodworth
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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Permit Support Services

Objective 4: The Environmental Services Program through the permit support services activity will administratively process 86% of permit applications, registrations, notifications and accreditations within established timeframes July 1, 2011 through June 30, 2016.

Indicator Name: Number of name, ownership, operator changes completed.

Indicator LaPAS PI Code: 23694

1. Output, General Performance Information.
2. Rationale: This indicator measures the number of this category of administrative changes completed.
3. Use: This indicator will be used in management decisions making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved through TEMPO database queries.
7. Calculation Methodology: Calculation is a simple count in the database.
8. Scope: This indicator is an aggregate of all requested administrative permit changes received by DEQ.
9. Caveats: The business timelines apply to the processing of complete applications and submittal of appropriate fees.
10. Responsible Person: Deanna Bloodworth
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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Permit Support Services

Objective 4: The Environmental Services Program through the permit support services activity will administratively process 86% of permit applications, registrations, notifications and accreditations within established timeframes July 1, 2011 through June 30, 2016.

Indicator Name: Number of asbestos management plan activities completed.

Indicator LaPAS PI Code: 23695

1. Output, General Performance Information.
2. Rationale: This indicator measures the number of asbestos management plans for schools and state buildings submitted to the department for review. Management plans ensure that asbestos is identified and managed appropriately to minimize risk of exposure.
3. Use: This indicator will be used in management decisions making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved from the TEMPO database.
7. Calculation Methodology: Calculation is a simple count in the database.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Deanna Bloodworth

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Performance Indicator Documentation

Program: Office of Environmental Services

Activity: Permit Support Services

Objective 4: The Environmental Services Program through the permit support services activity will administratively process 86% of permit applications, registrations, notifications and accreditations within established timeframes July 1, 2011 through June 30, 2016.

Indicator Name: Number of asbestos accreditations issued.

Indicator LaPAS PI Code: 23696

1. Output, General Performance Information.
2. Rationale: This indicator measures the number of accreditations issued, which certifies the applicant is trained to properly remove and dispose of asbestos material.
3. Use: This indicator will be used in management decisions making and other agency processes as well as performance-based budgeting.
4. Clarity: This indicator clearly identifies what is being measured.
5. Validity, Reliability, and Accuracy: This indicator has not been audited by the Legislative Auditor.
6. Data Source, Collection and Reporting: This information will be retrieved from the TEMPO database.
7. Calculation Methodology: Calculation is a simple count in the database.
8. Scope: This indicator is disaggregated.
9. Caveats: None.
10. Responsible Person: Deanna Bloodworth

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Process Documentation
Office of Environmental Services

7. Identification of the principal clients and users of the program and the specific service or benefit derived by such persons or organizations.

Benefits	Clients
Objective 1: Improved air quality protection	<ul style="list-style-type: none"> • Citizens of the state • Regulated Community • USEPA • DEQ Staff
Objective 2: Improved solid waste disposal and hazardous waste TSD resources	
Objective 3: Improved water quality protection	
Objective 4: Improved efficiency of permitting administration	

8. Identification of potential external factors that are beyond the control of the entity and that could significantly affect the achievements of its goals or objectives:

External factors include:

- Loss of personnel; training new personnel takes several years.
- Refresher training of staff and public to use TEMPO integrated data management system.
- New or additional statutory requirements requiring more manpower or resources
- Budget constraints
- Legal challenge of statutes/regulations/Permitting Decisions
- Permit renewals will significantly increase the workload of the staff.
- Problems with suppliers
- Increased requests for services.

9. Statutory requirement or other authority:

- Environmental Quality Act (Title 30, Subtitle II); R.S. 30:2011, 2022 A and B, 2022.1, 2023, 20117.
- 42 U.S.C. §6901 et seq. (Resource Conservation and Recovery Act)
- CERCLA 42 U.S.C. §9601 et seq. (Comprehensive Environmental Response, Compensation, and Liability Act of 1980)
- Clean Air Act, Clean Water Act, Nuclear Regulatory Commission
- DEQ state regulations: LAC Title 33 Environmental Quality Regulations and Environmental Quality Act, Title 30.
- LAC 33:I.

- LAC 33:V.
- LAC 33:VII.
- LAC 33:XI.
- CFR 40 Parts 260 through 281

10. Description of any program evaluation used to develop objectives and strategies:

- Permitting process is under review by EPA. Each state is either authorized, approved or delegated to issue permits that must meet federal standards as well as comply with LAC 33: I, III, V, VII, IX and XV.
- Management reviews the current situation and adaptation of needed changes.

11. Explanation of how duplication of effort will be avoided when the operations of more than one program are directed at achieving a single goal, objective or strategy:

No duplication of effort exists.

12. Description of how the performance indicators are used in management decision making an doter agency processes:

Performance indicators are used:

- To identify areas where resources (human, financial, technical, etc.) are deficient so management can allocate funds and staff appropriately.
- To evaluate and distribute workload among the staff more evenly and efficiently.
- Management staff will use this information to set priorities with regard to funding and allocation of personnel to accomplish the listed objectives and strategies.
- Areas that are found to be deficient will get more attention.
- The department will also use this information to keep the regulated community and the public more informed of agency performance.

**Office of Management & Finance
Five Year Strategic Plan**

July 1, 2011 – June 30, 2016

Agency Number: 13-855
Program: Support Services Program
Program Authorization: La. R.S. 36:8; R.S. 36:231-239; R.S. 39:1543-1544; R.S. 39:1472; R.S. 30:1-51 et. seq.

Mission:

The mission of the Support Services Program is to provide effective and efficient support and resources to all the Department of Environmental Quality (DEQ) Offices and external customers necessary to carry out the mission of the department.

Goal:

The goal of the Support Services Program is to administer and provide effective and efficient support and resources to all DEQ Offices and external customers.

Objective 1:

The Support Services Program, through the financial and administrative services activity, will ensure and facilitate the financial and administrative means for all departmental programs to achieve their mandated objectives by providing 100% of the required and necessary business services annually July1, 2011 through June 30, 2016.

State Outcome Goals: Natural Resources and Transparent, Accountable, and Effective Government

This activity supports the Natural Resources and the Transparent, Accountable, and Effective Government State Outcome Goals by providing the financial information and the tools necessary for the department's decision makers to make the best decisions in operating the department's programs in support of conserving, restoring, and preserving our natural resources. The services provided by this activity ensure that the information and services provided comply with all state and Federal laws, and also complies with department policies and procedures. This activity also supports the efforts towards providing transparency and accountability, in that it prepares, analyzes, compiles, and processes the data for the activities within the DEQ and submits the data to the control agencies. This ensures that taxpayer dollars are well spent and that the information provided is accurate and reliable.

Strategies:

- 1.1 Provide assistance to Divisions with financial support services including budgeting, accounts receivable, accounts payable, and grant reporting.
- 1.2 Maximize grant funding and improve the quality of DEQ contracts.
- 1.3 Improve management of DEQ resources by securing goods and services in the most effective, efficient and economical manner.
- 1.4 Continue to update and create policies to form a strong organizational structure and assist in the fulfillment of DEQ's mission and goals.
- 1.5 Monitor and promote cost effectiveness of programs and streamlining of activities.
- 1.6 Coordinate the training needs for the department.
- 1.7 Provide financial assistance in support of municipal wastewater treatment and through the processing of loan applications and making loans for construction or new or upgraded facilities.

Performance Indicator:

Outcome: Percent of completed business transactions.

Objective 2:

The Support Services Program, through the human resources activity, will provide 100% of comprehensive Human Resource Management services for the DEQ management and employees through the development and administration of human resources policies and procedures.

State Outcome Goal: Natural Resources

The human resources (HR) activity supports the Natural Resources State Outcome goal, as an integral part of the department's mission to protect the environment, by assuring compliance with State Civil Service rules, and state and Federal laws, in order for the department to fulfill its overall mission and goals through its employees. HR program activities are consistently evaluated in response to changes from these entities or to changes in employment law.

Strategies:

- 1.1 Provide a comprehensive human resources management program for DEQ.
(Fulfills requirement for Act 1078, 2003.)

Performance Indicator

Outcome: Percent of completed business transactions.

Objective 3:

The Support Services Program through the information services activity will provide 100% of the technical tools, expertise and service for data collection, information management and decision making in support of DEQ fulfilling its mission July 1, 2011 through June 2016.

State Outcome Goal: Natural Resources

The information services (IS) activity supports the Natural Resource State Outcome Goal by providing the computer technology the department employees need in support of the department's overall mission and goal of conserving, restoring, and preserving natural resources. IS provides technical support, software support, query tools, and adequate data storage necessary so that both the department staff and the public have available the information necessary to allow for better decision making regarding the environment.

Strategies:

- 1.1 Provide the technical tools and expertise for data collection, information management and decision support to aid the department in fulfilling its mission.

Performance Indicators

Outcome: Percent of information technology transactions completed.
 Process 100% of public records requests regarding departmental operations.

Performance Indicator Documentation

Program: Office of Management and Finance

Activity: Financial Services

Objective 1: The Management and Finance Program through the financial services activity will facilitate the financial and administrative means for all departmental programs to achieve their mandated objectives by providing 100% of the required and necessary business services annually July 1, 2011 through June 30, 2016.

Indicator Name: Percentage of completed business transactions.

Indicator LaPAS PI Code: 6939.

21. Type and Level: Outcome; Key.
22. Rationale: The indicator measures the success of the Financial Services division to provide sufficient administrative support service to allow the DEQ program offices to perform their missions.
23. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting.
24. Clarity: This indicator name clearly identifies what is being measured.
25. Validity, Reliability and Accuracy: This indicator has not been audited.
26. Data Source, Collection and Reporting: All business transactions are tracked in accordance with standard accounting procedures.
27. Calculation Methodology: The number of completed business transactions is divided by the total requests received.
28. Scope: The indicator is aggregated for the entire department.
29. Caveats: None
30. Responsible Person: Denise Stafford
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Performance Indicator Documentation

Program: Office of Management and Finance

Activity: Human Resources

Objective 2: The Management and Finance Program through the human resources activity will provide 100% of comprehensive Human Resources Management services for the DEQ management and employees through the development and administration of HR policies and procedures July 1, 2011 through June 30, 2016.

Indicator Name: Percentage of completed business transactions.

Indicator LaPAS PI Code: New.

1. Type and Level: Outcome; Key.
2. Rationale: The indicator measures the success of the Human Resources division to provide sufficient personnel administrative support service to allow the DEQ program offices to perform their missions.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: All business transactions are tracked in accordance with standard human resources and civil service procedures.
7. Calculation Methodology: The number of completed business transactions is divided by the total requests received.
8. Scope: The indicator is aggregated for the entire department.
9. Caveats: None
10. Responsible Person: Denise Stafford

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Performance Indicator Documentation

Program: Office of Management and Finance

Activity: Information Services

Objective 3: The Management and Finance Program through the information services activity will provide 100% of the technical tools, expertise and service for data collection, information management and decision making in support of DEQ fulfilling its mission July 1, 2011 through June 30, 2016.

Indicator Name: Percentage of information technology transactions completed.

Indicator LaPAS PI Code: New.

1. Type and Level: Outcome; Key.
2. Rationale: The indicator measures the success of the Information Services division to provide sufficient technical information support service to allow the DEQ program offices to perform their missions.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: All information technology transactions are tracked in an internal database, managed by the Information Services Division
7. Calculation Methodology: The number of transactions completed is divided by the total number requested.
8. Scope: The indicator is aggregated for the entire department.
9. Caveats: None
10. Responsible Person: Denise Stafford

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Performance Indicator Documentation

Program: Office of Management and Finance

Activity: Information Services

Objective 3: The Management and Finance Program through the information services activity will provide 100% of the technical tools, expertise and service for data collection, information management and decision making in support of DEQ fulfilling its mission July 1, 2011 through June 30, 2016.

Indicator Name: Process 100% of public records requests regarding departmental operations.

Indicator LaPAS PI Code: New.

1. Type and Level: Outcome; Key.
2. Rationale: The indicator measures the success of the Information Services division to provide sufficient support service to allow requests for public records to be successfully accommodated.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: All requests for public records are tracked through the Electronic Data Management System and can be collected upon request.
7. Calculation Methodology: The number of requests filled for public records is divided by the total number of requests for public records received.
8. Scope: The indicator is not aggregated.
9. Caveats: None
10. Responsible Person: Denise Stafford

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Process Documentation
Office of Management and Finance

13. Identification of the principal clients and users of the program and the specific service or benefit derived by such persons or organizations.

Benefits	Clients
Objective 1: Efficient, comprehensive and professional business functions facilitating the successful technical operations of the department.	DEQ Program areas
Objective 2: Efficient, comprehensive and professional human resources support facilitating the successful personnel management of the departmental operations.	DEQ Program areas
Objective 3: Efficient, comprehensive and professional technical information support services facilitating the successful application and use of state of the art electronic media.	DEQ Program areas Citizens of the state and regulated community.

14. Identification of potential external factors that are beyond the control of the entity and that could significantly affect the achievement of its goals or objectives.

- Changed or additional Federal or State mandates

15. Statutory requirement or other authority: Environmental Quality Act.

16. Description of any program evaluation used to develop objectives and strategies:
Management review of the current situation and adaptation of needed changes.

17. Explanation of how duplication of effort will be avoided when the operations of more than one program are directed at achieving a single goal, objective or strategy:
No duplication of effort exists.

18. Description of how the performance indicators are used in management decision making an doter agency processes:

Performance indicators are used to:

- identify areas where existing resources are insufficient,
- reallocate resources to areas in need,
- identify areas where additional resources must be requested.

Clean Water State Revolving Fund Program
Five Year Strategic Plan
July 1, 2011 – June 2016

Agency Number: 21-860

Program Name: Clean Water State Revolving Fund Program

Program Authorization: La. R.S. 30:2001 et seq., La. R.S. 30:2078-2088, La. R.S. 30:2011 (A)(3) and (D)(23), PL-92-500, Clean Water Act, As Amended PL-100-4, 1987, Amendments to Clean Water Act

Vision

The health and welfare of the citizens and the environment of the state of Louisiana will benefit from the assistance provided by the Revolving Fund. The principal clients and users of the Clean Water State Revolving Fund Program are eligible borrowers who operate sewage treatment facilities in the state. These borrowers benefit from low interest financing to make improvements to their wastewater treatment systems.

Mission

The Clean Water State Revolving Fund Program, administered by the Business, Community Outreach and Incentives Division in conjunction with the Financial Services Division, strives to protect the health and welfare of the citizens of the state, as well as to enhance the environment of the state by providing financial assistance to eligible borrowers for construction of wastewater treatment facilities.

Philosophy

Through these programs, DEQ strives to provide financial assistance to as many eligible systems as possible. Through effective management, the Clean Water State Revolving Fund Program (CWSRF) will provide sustainable financial assistance for wastewater infrastructure needs.

Goal

To protect the health and welfare of the citizens of the state, as well as to enhance the environment of the state, by providing financial assistance to eligible borrowers for construction of new wastewater treatment facilities and improving existing facilities.

Objective 1:

The Clean Water State Revolving Fund Program, through the business, community outreach and incentives activity in conjunction with the financial and administrative services activity, will provide financial assistance in support of municipal wastewater treatment systems through the processing of loan applications and making loans for construction of new or upgraded facilities July 1, 2011 through June 30, 2016.

State Outcome Goal: Natural Resources

This activity advances the state outcome goal of Natural Resources State Outcome Goal to protect human health, to improve the water quality including the viability of Louisiana's rivers, lakes and groundwater and promoting economic development by providing below market rate loans on eligible wastewater municipal projects.

Strategies:

- 1.1 Manage EPA funds and program resources to provide maximum benefit.
- 1.2 Process engineering reviews, environmental reviews, financial reviews, and payment requests in a timely manner to keep projects on schedule.
- 1.3 Provide information/education to communities to stimulate interest in the programs.
- 1.4 Provide SRF loans to qualifying applicants.

Performance Indicator:

Efficiency: Percentage of loan applications reviewed within 60 business days of receipt.

Performance Indicator Documentation

Program: Clean Water State Revolving Fund

Activity: Municipal Loan Fund

Objective 1: The Clean Water State Revolving Fund Program, through the business, community outreach and incentives activity in conjunction with the financial and administrative services activity, will provide financial assistance in support of municipal wastewater treatment systems through the processing of loan applications and making loans for construction of new or upgraded facilities July 1, 2011 through June 30, 2016.

Indicator Name: Percentage of loan applications reviewed within 60 days of receipt.

Indicator LaPAS PI Code: 10583.

1. Type and Level: Efficiency; Key.
2. Rationale: This indicator measures the efficiency in successfully reviewing loan application packages for funding of improved wastewater treatment systems throughout the state.
3. Use: This indicator will be used for internal management purposes as well as for performance-based budgeting.
4. Clarity: This indicator name clearly identifies what is being measured.
5. Validity, Reliability and Accuracy: This indicator has not been audited.
6. Data Source, Collection and Reporting: All loan applications are tracked using an internal and federal databases; information is available upon request.
7. Calculation Methodology: The number of applications reviewed within the timeframe is divided by the total number received in the same timeframe.
8. Scope: The indicator is disaggregated.
9. Caveats: None
10. Responsible Person: Denise Stafford
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Process Documentation

Clean Water State Revolving Fund

1. Identification of the principal clients and users of the program and the specific service or benefit derived by such persons or organizations.

Benefits	Clients
Objective 1: Efficient, timely and accurate processing of revolving loan applications to improve municipal water systems.	Municipal Water Systems Citizens of the state

2. Identification of potential external factors that are beyond the control of the entity and that could significantly affect the achievement of its goals or objectives.

Changed or additional Federal or State mandates

3. Statutory requirement or other authority: Environmental Quality Act.

4. Description of any program evaluation used to develop objectives and strategies:

Management review of the current situation and adaptation of needed changes.

5. Explanation of how duplication of effort will be avoided when the operations of more than one program are directed at achieving a single goal, objective or strategy:

No duplication of effort exists.

6. Description of how the performance indicators are used in management decision making and other agency processes:

Performance indicators are used to:
 identify areas where existing resources are insufficient,
 reallocate resources to areas in need,
 identify areas where additional resources must be requested.