

State Review Framework

Oregon Round 2 Report
for Federal Fiscal Year 2010

Final 9-22-2011

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I. EXECUTIVE SUMMARY

Major Issues

The SRF review of Oregon identified the following major issues:

- **Clean Air Act Program.** The SRF review of Clean Air Act programs in Oregon involved two agencies: the Oregon Department of Environmental Quality (ODEQ) and the Lane Regional Air Pollution Authority (LRAPA). The major issues for LRAPA are:
 - Minimum data requirements (MDR) are not complete in the national data system;
 - The data reported in AFS is not accurately entered and maintained;
 - MDRs are not timely entered into AFS;
 - Compliance determinations are accurately made but not timely entered in AFS;
 - Accurate HPV determinations are made but the information is not timely entered in AFS.
- **Clean Water Act/National Pollutant Discharge Elimination System Program.** Although its use has greatly diminished since the last SRF, ODEQ's use of Mutual Agreement and Orders (MAOs) to provide interim effluent limits and no action assurance for future violations continues to be a major issue.
- **Resource Conservation and Recovery Act Program.** The ODEQ hazardous waste program has shown a downward trend in the designation of cases of Significant Non-Compliance (SNC) over the past three years, which culminated in zero designations in Federal Fiscal Year 2010. File documentation that EPA reviewed indicated that cases that met the SNC criteria were not designated.

Summary of Programs Reviewed

I. Clean Air Act (CAA) Program - ODEQ

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

- ODEQ and EPA should hold formal monthly discussions on the status of existing or potential HPVs.

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

- Data in the national data base is complete;
- Data reported in the national system is not always accurately entered and maintained;
- Minimum Data Requirements are entered timely;
- ODEQ met the requirements of its Program Partnership Agreement;
- ODEQ conducted all of its scheduled FCEs;
- In general, the majority of CMRs were well documented;
- Compliance determinations are accurately made and promptly reported in AFS;
- Enforcement actions include corrective action(s) that will return facilities to compliance

in a specific time frame;

- Timely and appropriate enforcement actions are taken;
- ODEQ documents its penalty calculations and includes gravity and economic benefit (EB) where appropriate;
- ODEQ documents receipt of penalties.

IA. Clean Air Act Program – LRAPA

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

- MDRs are not complete in the national data system;
- The data reported in AFS is not accurately entered and maintained;
- MDRs are not entered timely entered into AFS;
- The scheduled CMS SM80 FCE commitment was not met;
- Compliance determinations are accurately made but not timely entered in AFS;
- Accurate HPV determinations are made but the information is not timely entered in AFS.

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

- LRAPA met its Work Plan commitment but is behind schedule in completing its SM80 FCE commitment;
- All FCEs met the definition of an adequate FCE per the CMS policy;
- Enforcement activities include corrective action(s) that will return a facility to compliance in a timely manner;
- In general, LRAPA takes timely and appropriate enforcement actions;
- LRAPA documents its penalty calculations and includes both gravity and EB when appropriate;
- LRAPA documents receipt of penalties and the difference between initial and final assessed amounts.

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

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

- ODEQ's use of MAOs to provide interim effluent limits and no action assurance for future violations continues to be a major issue.

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

- Data Completeness (for WENDB elements only);
- Data Accuracy;
- Timeliness of Data Entry;
- Completion of Commitments;
- Inspection Coverage;
- Quality of Inspection or Compliance Evaluation Reports;
- Identification of Alleged Violations;
- Identification of SNC;
- Enforcement Actions Promote Return to Compliance;

- Timely and Appropriate Action;
- Penalty Calculation Method;
- Final Penalty Assessment and Collection.

III. Resource Conservation and Recovery Act (RCRA) Program

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

- Incomplete inspection reports lack sufficient documentation of compliance at the facility;
- When referring violators for enforcement, there is insufficient designation of SNC.

The good practices include:

- Consistent application of the revised state enforcement regulations in Division 12 of the Oregon Administrative Rules to document the assessment of gravity and EB in penalty calculations.

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

- Data completeness, accuracy, and timeliness issues need correction;
- Planned inspections and coverage met SRF requirements;
- Accurate and timely violation determinations met SRF requirements;
- Violations returned to compliance met SRF requirements;
- Timely and appropriate enforcement actions met SRF requirements;
- Penalty collection met SRF requirements.

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 – ODEQ**

With the exception of one local air pollution control agency, the three (3) covered programs are implemented by ODEQ. The agency is comprised of headquarter media program offices (i.e., air, water, land quality) responsible for program development and management. Most of ODEQ’s programs are delivered through regional and field offices. The policy-making body is the Oregon Environmental Quality Commission (EQC), which adopts regulations proposed by ODEQ.

ODEQ’s implementation of the compliance assurance program is carried out by three regional offices (Northwest, Western, and Eastern), their affiliated field offices, and the Office of Compliance and Enforcement (OCE) located in the Portland headquarters office. The Air Quality Division Administrator, the Water Quality Division Administrator, the Land Quality Administrator, the OCE Manager, and each of the three Regional Office Administrators, report to the ODEQ Deputy Director. The Eastern Regional Office is headquartered in Bend with field offices in The Dalles, Hermiston, and Pendleton. The Western Regional Office is headquartered in Eugene with field offices in Salem, Coos Bay, Grants Pass (closed in Spring 2011), and Medford. The Northwest Regional Office is located in Portland, with field offices in Warrenton, Tillamook, and Gresham.

Media program managers located in each regional office, who report to the respective Regional Administrators, generally oversee permitting and compliance for their respective programs. The media program compliance managers in each region do not report to a single media program manager but operate in a matrix-managed environment to collaborate in implementing elements of the compliance assurance program, other than formal enforcement. The regional offices

conduct complaint response, provide compliance/technical assistance, plan and conduct inspections, document inspections, determine violations, classify violations, and determine the appropriate enforcement response. Requests for formal enforcement (orders, agreements, and penalty assessments) are made by the inspectors, with optional review by Regional Administrators, to OCE. Informal enforcement (e.g. warning letters and pre-enforcement notices) and issuance of MAOs related to permit compliance schedules is managed by the regions.

In some instances, EPA has observed inconsistent approaches to implementing NPDES programs across the state due to differences in the ODEQ regional offices. For example, the Western Region has developed its own NPDES inspection procedures (in a memo dated June 22, 2009) that include the requirement to draft inspection reports within three working days of the inspection. The other two regions do not have guidance on timeliness of inspection report writing. Another example is that the Northwest Region uses its own spreadsheet to track storm water informal enforcement actions instead of the Notices of Noncompliance (NON) database that other regions use. However, ODEQ attempts to create statewide consistency in its matrix management structure through the development of Internal Management Directives (IMDs), the Enforcement Guidance, and media-specific Program Management Team (PMT) meetings and communications.

OCE has on-board, legally-trained staff that do not report to the Attorney General's Office (AG) but do consult the AG's office on legal issues. With support from the regional office inspectors, the Environmental Law Specialists in OCE develop cases, calculate penalties, issue orders, and negotiate or litigate the matter to resolution through the state's administrative contested-case hearing process. OCE also ensures payment of penalties. Responsibility for ensuring compliance with the action rests with the respective regional office.

- **Compliance/enforcement program structure – ODEQ**

ODEQ's rules governing the procedures for enforcement response, including civil penalty assessments and orders, are codified in Division 12 of Oregon Administrative Rules. The Division 12 rules are applicable to the programs subject to this SRF review and include general and media-specific violation classification guides (minor to major) and matrices for calculation of civil penalties. The rules and guidelines specifically identify economic benefit as one element to be addressed in a penalty action. Division 12 specifies that ODEQ may use EPA's BEN computer model to calculate economic benefit of non-compliance and must use it upon request of a respondent. In June 2005, the ODEQ Director issued an internal Management Directive on the Penalty Factor for Economic Benefit, which outlines the kinds of information and factors to be considered. ODEQ staff also shared a recent (July 2007) OCE memo that provides additional information about calculation of economic benefit.

The Division 12 rules underwent revisions in 2006. ODEQ also developed a statewide Enforcement Guidance for Field Staff that incorporates the new Division 12 process. Upon discovery of a violation, ODEQ generally issues a Warning Letter or Pre-Enforcement Notice, in part, to identify and correct violations as quickly as possible. The Pre-Enforcement Notice notifies a violator that a civil penalty will likely be issued. A MAO is a legally binding enforcement document that sets out the settlement terms. It may or may not include a civil penalty. If a penalty is included, the MAO will contain an "exhibit" attachment that describes and classifies the violation, and the formula used to derive the gravity component (in accordance with the State's civil penalty policy). Economic benefit is then added. Contested cases are heard

by administrative law judges available through the Oregon Central Hearings Panel.

The majority of ODEQ's formal enforcement is accomplished through administrative actions (as contrasted to judicial actions). ODEQ uses a formal process for each action, preparing for potential adjudication (i.e., contested case hearing) in all matters pursued, either for relatively straightforward violations with small penalties or complex matters with potentially larger penalties.

- **Agency Structure – LRAPA**

LRAPA is located in Springfield, Oregon and is a local air enforcement agency with jurisdiction within Lane County, which is located in Western Oregon's Willamette Valley. LRAPA is comprised of a Board of Directors, a Director, and technical and support staff. The compliance assurance function falls within the Operations program. The Board of Directors appoints the Director of the agency, who has overall authority to appoint and direct the LRAPA staff. The Director makes policy recommendations to the board and is responsible for implementing board decisions. The Director has the decision-making authority, and is responsible for all air enforcement actions.

The LRAPA Board of Directors is a nine-member board that meets monthly to establish policy and adopt regulations. Board members are appointed by their respective city councils and the Lane County Board of Commissioners.

LRAPA also has a Citizens Advisory Committee that advises the board and staff on a variety of air quality issues, rules, and policies. The committee is comprised of local interested citizens representing specific areas of interest, including agriculture, community planning, fire suppression, industry, public health, and the general public.

- **Compliance/enforcement program structure - LRAPA**

LRAPA manages the CAA programs (including the stationary source permitting/compliance program) for Lane County. LRAPA is independent from ODEQ and is not overseen by ODEQ. However, LRAPA is included in periodic CAA PMT discussions to promote consistency and collaboration.

State statute authorizes only the Oregon EQC, and not LRAPA, to adopt penalty schedules for various types of air violations. LRAPA must use those matrices to determine the amount of a civil penalty for a particular type of violation. LRAPA, however, does retain discretion to mitigate or reduce a civil penalty in a specific case.

LRAPA staff conduct compliance inspections, develop enforcement cases, respond to citizen complaints, and provides education and technical assistance to permitted facilities and citizens as needed. For complicated legal issues, legal assistance is provided by an outside law firm. The Director approves or disapproves each proposed enforcement action taken by LRAPA. Any negotiations of assessed civil penalty assessments with a respondent are conducted by the Director.

- **Roles and responsibilities – ODEQ**

ODEQ operates under federal and state laws and a State Implementation Plan (SIP) approved by EPA, the Oregon legislature, and the EQC. Under this authority, ODEQ maintains compliance with environmental laws.

ODEQ consults with the Attorney General's office on an as-needed base when complex legal enforcement cases arise, and the Oregon Department of Justice represents ODEQ in the uncommon cases in which there is judicial enforcement or judicial appeal.

Through a Memorandum of Understanding (MOU), the Oregon Department of Agriculture (ODA) regulates agricultural field burning and operates a smoke management program in the Willamette Valley. The MOU authorizes ODA to operate the field burning program and perform any function of the EQC or ODEQ relating to the operation and enforcement of the field burning program except as specifically reserved by the Agreement, the rules of the EQC, or ORS 468A.555 to 468A.620. The MOU delineates the roles and responsibilities for implementation of the state's field burning laws. ODEQ also coordinates with local fire departments in responding to and enforcing open burning laws. Typically, the fire Departments will submit a report to ODEQ outlining their observations and other information and evidence, and ODEQ will take the lead on enforcement.

ODEQ also is authorized to implement the majority of the NPDES program. ODA is responsible for administering and managing the compliance and enforcement aspects of the NPDES Animal Feeding Operations (AFO) through a Memorandum of Understanding with ODEQ, which was last updated in December 2009.

- **Roles and responsibilities – LRAPA**

LRAPA was established under Oregon Statute 449 (now 468A) and approved by the Oregon Sanitary Authority (now the EQC), effective January 1, 1968, to exercise the functions vested by statute within the boundaries of Lane County.

As mentioned above, Oregon statute authorizes only the EQC, and not LRAPA, to adopt penalty schedules for various types of air violations. LRAPA must use those matrices to determine the amount of a civil penalty for a particular type of violation. LRAPA, however, does retain discretion to mitigate or reduce a civil penalty in a specific case.

LRAPA's staff in the compliance and enforcement program are the Director, Merlyn Hough; Operations Manager, Sandra Lopez; Inspectors, John Morrissey and Tom Freeman; and Enforcement Coordinator, Colleen Wagstaff.

Inspectors develop enforcement cases according to LRAPA rules, federal regulations, and consistent with agency policies and EPA guidelines. For each enforcement case, an inspector and the enforcement coordinator draft proposed enforcement orders that include a notice of violation and civil penalty assessment with supporting documentation (e.g., inspection report, photos, etc.), for the LRAPA Director's consideration and approval. Major inspector responsibilities include:

- Investigating compliance at permitted facilities and complaints at facilities and operations, permitted or not, from citizens and other concerned parties;
- Conducting Title V and SM80 inspections according to the EPA CMS plan;
- Developing enforcement cases for violations identified during investigations;
- Applying the penalty matrix, economic benefit, etc. to assess fines;
- Providing education and technical assistance to permitted facilities and citizens as needed;
- Conducting asbestos abatement approvals and inspection;
- Issuing open burning permits and conducting inspections;

- Conducting Area Sources (Federal NESHAPS implementation) identification, assistance, and enforcement;
- Reviewing required submittals, including Title V compliance certifications and deviation reports; source test results; emission event reporting; NSPS and NESHAPS reporting;
- Conducting rulemaking activities (e.g., updated Penalty Matrix, expedited enforcement, asbestos rule);
- Representing LRAPA during appeal hearings.

The Enforcement Coordinator is responsible for program administration. Major responsibilities of the enforcement coordinator include:

- Creating the enforcement file, file tracking, entry into LRAPA enforcement program;
- Preparing a monthly enforcement report for LRAPA Board, HPV report for Paul Koprowski, and annual compliance/enforcement report;
- Preparing notices to the respondent of violation and civil penalty assessment from the inspector reports, serving notices, and tracking responses, timelines, contested cases and final disposition;
- Collecting fines, helping negotiate settlements, preparing default orders, filing liens;
- Conducting AFS -direct entry of MDR (e.g., FCE, HPV, source tests, Title V compliance certifications, etc.);
- Backing up inspectors on asbestos, open burning, and complaint response;
- Preparing information for LRAPA's annual and monthly compliance enforcement report;
- Compiling 105 grant data including inspection rates, fines collected, and complaint response rates;
- Working closely with the LRAPA attorney and providing documents and notices needed for contested case proceedings (e.g., Appeals, Hearings).

The Director approves or disapproves each proposed enforcement action taken by LRAPA. Only the Director negotiates civil penalty assessments with a respondent.

The Operations Manager provides supervisory support, is responsible for meeting EPA commitments, reviews enforcement recommendations, and resolves ambiguous situations or circumstances. The Operations Manager also implements program changes in response to rule changes or EPA SRF results.

Legal Support handles contested cases, explains the application of the law (e.g., legal entry, LRAPA authority), and provides ad-hoc assistance as needed on complicated issues.

- **Local agencies included/excluded from review:**

LRAPA was reviewed as a separate entity and is included in this report. EPA and LRAPA develop a Section 105 Grant Work Plan every two years, which includes compliance and enforcement activities. LRAPA is accountable to EPA for fulfilling the plan commitments. LRAPA and EPA also have in place a Compliance and Assurance Agreement that define the roles and responsibilities of EPA and LRAPA with respect to implementation of the compliance/assurance and enforcement priorities of the SIP and federal air quality regulations in Lane County. LRAPA's air enforcement rules are delineated in Title 15 – Enforcement Procedures and Civil Penalties (referred to as Title 15). LRAPA also has adopted permitting regulations for Title V.

- **Resources: - ODEQ**

CAA: In fiscal year 2010, ODEQ had a total of 14.4 full-time equivalent (FTE) compliance and enforcement employees working in their Title V program. In 2010, ODEQ personnel were required to take seven furlough days off. The reduced work time has resulted in slower processing of permitting and enforcement actions. However, ODEQ has still been able to meet its commitments to EPA. Below is a breakout of the ODEQ Title V FTE by individual regions:

Northwest Region	3.8
Western Region	4.8
Eastern Region	4.3
Headquarters	1.5

NPDES: In fiscal year 2010, ODEQ had approximately 60 FTE that were dedicated to the NPDES permit program, however, ODEQ only operated with 49 FTE. ODEQ has approximately 52 FTE dedicated to the NPDES program for the 2011-2013 biennium, signed by the Governor on June 28, 2011. ODA has nine FTE in the CAFO program. There are six regions for ODA inspections with four regional offices in Tillamook County, Southern, Central and Eastern Oregon, with the remaining regions housed in Salem headquarters. An organizational chart for the ODEQ Water Quality Program and a map of the ODA CAFO geographic boundaries are included in Appendix H of this report.

RCRA: In fiscal year 2010, the hazardous waste program had approximately 35 FTE available, of which 27 were directly charging to the program and the remaining eight were pro-rated to other programs for administration, laboratory, and legal support. Staff included nine compliance inspectors and five toxic use reduction (TUR) specialists. RCRA inspectors, specialists, and managers work in ODEQ regional/field offices in Portland, Gresham, Eugene, Medford, Salem, Bend, and Pendleton. Inspectors and specialists in each region primarily work on facilities in their own regions but some inter-regional visits are scheduled to ensure statewide coverage. The following table displays the staff locations.

ODEQ Office	Inspectors	TUR Specialists
Portland	2	2
Gresham	1	
Eugene	1	
Medford		1
Salem	2	1
Bend	1	1
Pendleton	2	
TOTAL	9	5

- **Resources – LRAPA**

The LRAPA resources available for compliance and monitoring activities vary because, as a Local Agency, there is crossover in work areas such as permitting, inventory, and special projects (e.g., data systems). With that in mind, it is estimated that LRAPA has 3.3 FTE available for enforcement and compliance. The following table describes how the FTE are distributed.

FTE	Position	Description
2	Environmental Specialist III	Inspectors
0.5	Environmental Technician III	Enforcement Coordinator
0.2	Environmental Technician I	Asbestos Coordinator
0.2	Student, Administrative Support, Environmental Technicians	Complaints Entry (phones)
0.1	Technical Services Manager	Jerry Boyum (source test review)
0.2	Operations Manager	Sandra Lopez
0.1	Director	Merlyn Hough

LRAPA is short at least one entry level FTE to perform functions such as addressing complaints and conducting minor facility inspections. Although this position was removed from LRAPA's budget as a cost savings measure, it is a key position because it would free up more experienced inspectors to address the more complex Title V facilities.

ODEQ provides important resources to LRAPA in the form of rulemaking, guidance, regional managers meetings and calls, and guidance. Legal resources are provided by an outside law firm. LRAPA has a longstanding working relationship with the firm.

Major obstacles to implementation include:

- Understaffing due to cumulative revenue losses from the state, federal, local government and facility shutdowns (e.g., loss in permit fees), which is a result of the economic downturn in recent years;
 - New and increasing federal work on top of an already challenging existing workload without the addition of staff. For example, a large number of regulated facilities in Lane County are subject to the recent influx of federally adopted Area Source NESHAPs rules (due to court action).;
 - FCE obligations that dilute the amount of FTE time available to focus on high priority rules, requirements or emission units, such as the Major Source Plywood and Boiler MACTS and Area Source Boiler GACT.
 - As a local agency, on-demand complaint response is a very important service to provide. Highly qualified inspectors spread themselves thin due to staff shortages.
 - Lack of tools to improve efficiency in the field (e.g., online data, report entry, and transmittal).
- **Staffing/training - ODEQ**
ODEQ has written employment policies and procedures to hire and maintain qualified staff, and posts all position openings on a public accessed state-wide website to recruit qualified candidates. ODEQ has a code of professional conduct, communication and customer service credos, and a performance management system to prepare an annual work plan with periodic (at least quarterly) checks on job performance and an annual performance evaluation. ODEQ uses a wide variety of tools to help ensure all staff comply with state and federal environmental laws.

CAA: All ODEQ Air Quality (AQ) inspectors receive technical assistance and training both by internal trainers and industry partners. ODEQ/AQ sponsors periodic inspector forums (annual or semi-annual) to ensure staff receive standardized training on various topics over a period of three days.

NPDES: ODEQ has position descriptions with specifications for minimum education and work experience and credentials (if applicable) to qualify for a position as a NPDES inspector or permit writer, environmental engineer, permit coordinator, manager, administrative assistant, etc. For the NPDES program, ODEQ provides specific permitting and inspection training, as well as state-specific training in many subprograms, particularly ODEQ's Internal Management Directives and Enforcement Guidance. However, the basic training for permit writers is EPA's NPDES Permit Writers' workshop, and inspectors take EPA's NPDES Compliance Inspection course. Due to the recent state budget crisis, it is expected that ODEQ will reduce its NPDES workforce by 8 FTE (60 to 52) for the 2011-2013 biennium.

The ODA CAFO Program uses competitive recruitment when staff vacancies occur. They utilize an interview panel that consists of permitted operators, program staff, advisory committee representatives, or industry representatives. All inspectors take EPA Basic Inspector Training and related, updated courses as offered. All inspectors attend the Western States Project regional enforcement trainings. Staff participate in National Resources Conservation Service nutrient management and Farm Bill program trainings. The program manager will periodically conduct facility inspections with staff. Some staff maintain American Society of Agronomy, Certified Crop Advisor or Certified Agronomist credentials. Staff participate in (formerly national, now regional) annual CAFO roundtable meetings and attend specific-subject technical training (e.g., BMP implementation, soil physics, water movement in soil, bacterial contaminants in water, bacterial source tracking, surface and ground water regulation policy, cross-media impacts of air-water). The ODA CAFO Program is currently fully staffed and expects to be fully staffed for the 2011-2013 biennium.

RCRA: ODEQ experienced three vacancies in 2010 due to the departure of two TUR specialists and the untimely death of one inspector. The staffing shortage reduced inspections by 25% from the average of the previous five years (2010 = 195; average 2005-09 = 261.)

- **Staffing/training - LRAPA**

At the current rate, LRAPA expenditures in the next fiscal year are expected to exceed revenue. Already, there have been cuts made to employee retirement, decisions not to fill vacated positions, and no data support for compliance, enforcement, and permitting. Further, the City of Springfield and Lane County have cut LRAPA out of their respective budgets, which raises questions about the long term viability of LRAPA.

LRAPA's Director has testified in recent months (March-May 2011) before the Oregon Legislature, Lane County, and the City of Springfield making a strong case for the importance of continued funding and the return-on-investment of LRAPA's work. However, ultimately, LRAPA experienced substantial revenue reductions from all three state and local governments. LRAPA also applied for two EPA Community-Scale Air Toxics Air Monitoring grants to help support its air monitoring network but these applications were not selected.

Looking forward, LRAPA plans to continue to work with Lane County and Springfield during FY12 to restore LRAPA funding for FY13. LRAPA also will work with ODEQ in the 2013 Oregon Legislature to increase funding for the FY 2013-2015 biennium. In addition, LRAPA is currently working with Region 10 to have their Section 105 grant Maintenance of Effort adjusted due to their reduction in resources. LRAPA's request for adjustment is currently under review by EPA. Finally, in EPA's most recent discussions with LRAPA, LRAPA's Director assured Region 10 that LRAPA continues to receive sufficient Title V fees to support their CAA

stationary source compliance monitoring and enforcement program and will continue to meet the obligations required under EPA's CAA Compliance Monitoring Strategy (CMS).

LRAPA does not have a program for hiring and maintaining qualified staff. For training, LRAPA takes advantage of training provided by the ODEQ training and WESTAR. Related trainings that have been attended in the last two years include:

- Spring of 2010 & 2011: Opacity Recertification (2 inspectors, 1 permit writer)
- Fall 2009 & 2010: Oregon DEQ Inspectors Forum (2 inspectors, 1 permit writer)
- Winter 2009 & 2010: Asbestos Refresher (1 inspector, 1 coordinator)
- November 2010: Western States Project Training Conference (1 inspector)
- Spring 2011: DEQ NESHAP Training: - Metal Fab, Coatings/Paint Stripping, & Plating/Polishing (2 inspectors)
- July 2009: EPA Region 10 HPV training (1 inspector).

- **Data reporting systems/architecture - ODEQ**

ODEQ maintains an enforcement database to track formal enforcement actions and milestones. The database contains information such as source identification, violation class and penalties, enforcement status, supplemental environmental projects (SEPs) schedules, and accounting information. ODEQ tracks informal written warnings it issues for all violations identified. Prior to FY 06, these warnings were titled "Notices of Noncompliance" and were tracked in various NON databases. Since FY 06, ODEQ has issued informal written warnings called "Warning Letters" for violations that are not anticipated to result in formal action, "Warning Letter with Opportunity to Correct" for violations that will not result in formal enforcement if corrected according to a specified schedule, or "Pre-Enforcement Notices" for violations that will result in formal enforcement. ODEQ collects these three types of informal documents in an electronic library.

CAA: On a daily basis, ODEQ/AQ staff document all MDR source actions in an internal ODEQ/AQ data system. ODEQ/AQ headquarters performs a monthly batch load using the universal interface (UI) to report all required MDR actions to AFS. ODEQ submits to EPA a yearly CMS plan listing FCE inspections completed for all major/SM facilities with the Oregon universe. ODEQ headquarters also verifies, updates, and continually monitors source actions in AFS.

NPDES: ODEQ currently has six systems to manage implementation of its NPDES program while ODA has one system to track the CAFO program. A description of each system is included in Appendix H of this report. The different systems are summarized as follows:

- Water Quality Source Information System (WQSIG) – stores facility identification and administrative permit information for all Oregon water quality facilities and permits. ODEQ uses this system to track all NPDES permits, permit applications and permit activity, pretreatment information, and inspection dates. WQSIG is used to provide permit and facility information to the DMS/DMR system.
- Discharge Monitoring System (DMS) – is intended to store information on permit features, schedules, permit limits, required monitoring, and DMR data for individually permitted facilities. DMS data feeds into PCS and also produces a monthly DMR evaluation report that is used by the permit writers to track reporting violations.
- Enforcement Database – this system is used to track ODEQ's civil and criminal enforcement actions and ODEQ's timeliness in pursuing and completing them. It contains information such as enforcement status, source identification information, supplemental environmental

projects (SEPs) schedules and accounting information, violations class, and penalties. Formal enforcement actions are manually entered into PCS.

- Inspection Wizard – this system is used by the inspector to enter all required 3560 information, including SEV codes. This data is sent in a batch card file to a server directory and then to PCS.
- Sharepoint – houses the Permit Document Repository where permit, compliance, and enforcement documents for major and traditional non-major individual NPDES facilities may be accessed as PDFs. ODEQ eventually plans to scan to the permit repository compliance and enforcement documents for wet weather and other general permits.
- NON database – tracks all informal enforcement actions (Warning Letters and Pre-Enforcement Notices) except the Northwest Region’s stormwater program, which has their own spreadsheet for the same purpose. Informal enforcement actions are manually entered into PCS.
- ODA has a CAFO database that tracks all facility data, inspection, and enforcement information. It currently does not connect to any other system; however, the database has the capability to export data to upload into other systems.

ODEQ currently enters all required WENDB data elements into PCS either through batch uploads from state systems or manual entry into PCS. Certain WQSI data is uploaded through DMS to PCS. This includes all major permit level information (e.g., facility name, address, effluent limits, etc.), DMRs, and inspection dates. Major facility enforcement actions (informal and formal) are manually entered into PCS as triggered when the documents are added to the Permit Document Repository. No traditional non-major facility information (e.g., DMRs, enforcement) is uploaded or manually entered into PCS, other than basic facility data. No data (permit, DMRs, enforcement, etc.) on general permits (storm water construction, storm water industrial, CAFOs) is entered into PCS. ODEQ has proposed plans for EPA 2010 STAG monies as a funding source to upload PCS data to ICIS. ODEQ will continue uploading data for major individual facilities. ODEQ plans to maintain/enter manually or upload information into ICIS for majors and minors (wet weather and other minors) with existing resources. ODEQ has EPA grant monies to develop and implement eDMR that should relieve current manual PCS data entry work for application elsewhere, such as ICIS data management.

RCRA: ODEQ uses state databases and a translator program to convert required data elements from the state generator annual reporting compliance tracking data system to RCRAInfo. Changes to RCRAInfo, which occurred when the system was upgraded to a new version number, have caused delays in ODEQ’s ability to translate state data to the national system. When translation is not working or for some enforcement, permitting, and corrective action data that do not automatically translate, ODEQ enters the data directly into RCRAInfo. Region 10 and ODEQ coordinate information using the RCRA Data Management Agreement that was last revised in 2003.

- **Data reporting systems/architecture - LRAPA**

LRAPA reports MDRs directly into EPA’s AFS data base system. LRAPA stores data in multiple systems with varying levels of access. Data for compliance and enforcement are obtained from separate stand-alone systems and spreadsheets. Hence, LRAPA’s in-house system is inefficient for both time and data retrieval. Further, LRAPA does not have the ability to modify the stand-alone systems because they are written in old code (similar to EPA AFS). There is inadequate budget to make many improvements to existing systems in the next two years. In addition to trying to secure future funding, LRAPA has been streamlining and

implementing changes to improve efficiency. For example, LRAPA plans to purchase Lakes Environmental Software, which will assist in the management and electronic tracking of data elements (allowing for query and routine status checks) to ensure specific tasks are completed in a timely manner. LRAPA will need to manage staffing and workload issues to tailor this software to its compliance and enforcement program.

B. MAJOR STATE PRIORITIES AND ACCOMPLISHMENTS

• Priorities - ODEQ

CAA: ODEQ inspection and compliance priorities are the core program requirements negotiated with Region 10 and included in the Performance Partnership Agreement (PPA). ODEQ also maintains an internal management directive that specifies which violations and circumstances should result in penalty. The internal management directive generally prioritizes operating or modifying without a permit, exceeding certain significant emission limits, NSR/PSD violations, failing to use the proper pollution control equipment, violations which resulted in environmental damage, and chronic violations. In applying those priorities, it is ODEQ's belief that they typically issue more penalties than would be required under EPA's HPV policy.

NPDES: ODEQ Strategic Directions for 2006-2011 include improving Oregon's air and water. ODEQ considers compliance monitoring and enforcement critical to its regulatory mission and is committed to continued investment in these activities as part of an integrated strategy for the core programs. For water quality, ODEQ will address EPA national priorities according to the ODEQ-EPA Region 10 PPA and the Memorandum of Agreement. ODEQ also received direction from the Oregon Legislature through the Blue Ribbon Committee priorities. ODEQ will continue to focus its reduced resources on the NPDES permit issuance backlog. In addition to sustaining the TMDL, Standards, and other NPDES subprograms and permit issuance and compliance oversight of state-only, no discharge Water Pollution Control Facility permits, ODEQ will continue to strive for meeting inspection commitments given reduced resources and the permitting focus. ODEQ will continue to make strides in developing and implementing compliance and enforcement data bases and electronic reporting of compliance monitoring for major NPDES permit sources and non-major individual and general NPDES permits including wet weather (storm water, CAFO, SSO, and CSO) sources in addition to maintaining PCS. ODEQ has recently been awarded an EPA grant to migrate PCS data to ICIS-NPDES.

RCRA: The purpose of the ODEQ hazardous waste program is to protect human health and the environment by reducing the generation and ensuring safe management of hazardous waste and toxic chemicals. The program achieves its priority to reduce toxic chemicals and hazardous waste by:

- Helping businesses develop toxic use and hazardous waste reduction plans or implement environmental management systems;
- Providing on-site technical assistance to roughly 25 to 30 percent of businesses that that generate most of the hazardous wastes;
- Offering training sessions to businesses;
- Distributing educational resources to help reduce household toxic-containing products; and
- Assisting in the development of the agency-wide Toxics Reduction Strategy that includes identifying priority chemicals and possible actions to address them. This is an emerging and growing priority for the program.

The program meets its priority to safely manage hazardous waste generated by businesses by:

- Focusing its hazardous waste regulatory and staff resources primarily on the roughly 530 businesses that generate most of the hazardous waste;
- Inspecting and investigating complaints at about 25 to 30 percent of these and other businesses annually to ensure the safe handling of hazardous waste;
- Regulating, through permits and inspections, the many facilities that handle wastes, including: the hazardous waste disposal facility near Arlington; 33 active municipal and industrial landfills; closed landfills; transfer stations; composting facilities; one incinerator; and one energy recovery facility – to make sure they are operated or maintained to prevent releases. This also includes oversight of operations at the Umatilla Chemical Agent Disposal facility, which is responsible for incinerating the remaining bulk containers and blister agent processing at the Umatilla Chemical Agent Disposal Facility; and
- Reviewing and renewing all commercial hazardous waste treatment, storage and disposal facility permits.

- **Priorities - LRAPA**

LRAPA has not actually established priorities per se. However, complaint response is prioritized regardless of existing workload. Currently, there is no prioritization system for complaint response or a good screening procedure for the intake of calls. Hence, most of this workload falls to the two existing inspectors.

Although LRAPA does not have a written list of priorities, goals, or a mission statement, it is understood that LRAPA has a duty to maintain an effective compliance and enforcement program. The following is a summary of what LRAPA's inspectors believe LRAPA's priorities should be for compliance and enforcement:

1. Enforcement of actual emission exceedance events whether from the open burning of prohibited materials or emission event at a facility; enforcement of repeat or significant monitoring, record-keeping, reporting, operational, or permitting requirement deficiencies; compliance priorities on education of facilities that are newly subject to area source requirements or new permitting requirements.
2. Inspection of Title V sources every two years at a minimum; SM80 inspections every 5 years at a minimum, inspections of at least 15% of NESHAPS Asbestos abatement projects; responses to complaints from public; asbestos awareness presentations; rule writing and revisions; inspections for permit issuance; and enforcing rules.

- **Accomplishments - ODEQ**

CAA: ODEQ operates a recognition program that uses ECO Biz certification as a way to acknowledge small businesses in the automotive and landscaping services industry that use pollution prevention (P2) techniques to meet or exceed compliance with industry standards. In addition, ODEQ has established registration as an alternative to permitting for Area Source NESHAPS sources that are ECO Biz certified or otherwise exceed environmental standards.

ODEQ staff communicate frequently with regulated sources, and provide technical assistance and workshops to help sources maintain compliance. As a result, Oregon has a high level of compliance and there are few HPV and other violations compared to other states. ODEQ also has negotiated agreements with some large industrial sources that exceed federal or state requirements with monitoring and community involvement. For example, sources have

voluntarily agreed to additional monitoring and semi-annual community meetings to discuss compliance information.

NPDES: In 2010, ODEQ launched the Water Quality Electronic Document Repository (DR) to improve public access to water quality permits and other permitting documents (e.g., permit evaluation reports, fact sheets, permit modifications) and to improve understanding of facilities in a particular watershed or community and what the facilities are allowed to do in addition to requirements that dischargers need to follow to ensure protection of human health and the environment. The DR is accessible by completing a brief form on the ODEQ Web site at www.deq.state.or.us/wqpermitsearch. The public can review nearly four hundred NPDES individual permits and fifty sources requiring individual state Water Pollution Control Facility permits that discharge to land with a potential of reaching state waters. ODEQ water quality staff use an internal SharePoint version of the DR to code EPA’s Permit Compliance System data base for permit requirements and enforcement actions. ODEQ instituted the DR with available state funds and a \$125,000 grant from EPA.

RCRA: For the first time, the hazardous waste program gathered program statistics to begin a standing annual report that summarizes all the program’s accomplishments. The summary of accomplishments includes Toxics Use and Hazardous Waste Reduction (TUHWR) program activities. Results from the 2010 Annual Hazardous Waste Program Activity Summary show: 752 phone calls, 165 technical assistance site visits, 108 complaints, 38 hazardous waste training workshops with about 1,050 personnel trained, 132 hazardous waste inspections, 28 EcoBiz certification technical assistance visits, and 72 Warning Letters (WLs) and 13 Pre-enforcement Notices (PENs). The Summary also shows that regional staff assisted 43 businesses with their Reduction Plan or integrating requirements into the environmental management system, and assisted 154 businesses with the First Implementation Summary and or Second Implementation Summary. In 2008, DEQ added 174 businesses to the TUHWR Reporting system. More than 98% of those businesses completed First and Second Implementation Summaries. Many of those businesses reported reducing more than 190,000 pounds of hazardous waste, which saved about \$183,000, and reducing more than three 3 million pounds of toxics, which saved more than \$6 million dollars.

• **Accomplishments - LRAPA**

In the last two years, LRAPA's most significant accomplishments involve the work performed by its inspectors and enforcement coordinator who always attempt to stay on top of new regulations and administrative requirements regardless of workload issues. It is an effort to remain current with new and changing requirements, in addition to managing questions and concerns from the regulated community and public. An incredible amount of work and effort is required of these three LRAPA positions. The following is some output information from 2009 and 2010:

Enforcement

Total for:	NON’s	NCP’s	Fines Collected	Complaints
CY 2009	37	28	\$53,786	815
CY 2010	57	39	\$27,941	696

Permitting

Total for:	Permitted Sources	Permits with activity*	Inspections
CY 2009	173	121	60
CY 2010	237**	163	50

*'Includes modifications, renewals, etc.

**' Added GDF permitted sources

- **Best practices - ODEQ**

CAA: ODEQ inspects Synthetic Minor (SM) permits including SM80s more frequently than required by national guidance. These inspections are done in Oregon every three or four years depending on permit type, versus every five years as is done in other states. ODEQ also requires frequent source testing by facilities beyond what is required under national guidance and has an active report review and complaint response program to ensure facilities remain in compliance. ODEQ keeps staff trained by conducting twice yearly air quality inspector training forums and by sending staff to Western States Enforcement Training and CARB training when resources permit.

NPDES: ODEQ has developed a “Permit Document Repository” that stores electronically (via PDF) all permits, fact sheets, DMRs, MAOs, enforcement actions, etc. It is internally accessible to ODEQ staff and enables immediate access to files to more than one individual at a time. ODEQ’s state database, DMS, provides compliance officers a monthly printout of each NPDES facility with individual permits, and a “DMR evaluation report” that identifies DMR, permit, and compliance schedule violations. This enables ODEQ to act on violations in a timely manner. ODEQ’s Enforcement Guidance and attached appendices provide detailed guidance on follow-up enforcement actions based on the severity of the violation (Class I [most severe], II, or III [least severe]) and exact citations in the Oregon Administrative Rules. Templates are provided for warning letters and pre-enforcement notices. Internal management directives are given on the penalty factor for economic benefit, assessment of multiple penalties, supplemental environmental projects, self-policing, disclosure, and penalty mitigation. Such detailed guidance provides a consistent, efficient, and strong foundation for pursuing enforcement actions.

RCRA: Hazardous waste staff participated in two, separate five-day Kaizen (also known as process improvement) events to suggest ways ODEQ can improve its inspection and compliance activities. The first event was focused on ways to streamline and standardize ODEQ’s follow-through on compliance activities for environmental violations. As determined by the group, the goal was “to analyze, improve and standardize compliance processes from start of compliance activity to enforcement referral.” The second event was solely focused on the program’s inspection process and resulted in identifying several improvements, including a “future conditions” map and templates to assist inspectors. These process events will have a positive effect on the program.

- **Best practices - LRAPA**

LRAPA believes that their best practices involve their outreach, whether individualized or broadcast, and the knowledge that LRAPA will respond and follow-through in situations that require compliance education or enforcement. LRAPA also keep staff informed by participating in the ODEQ inspector forum and training.

- **Element 13**

No information submitted.

C. PROCESS FOR SRF REVIEW

Describe key steps in the reviews of each media program, including:

- **Review period:** Federal FY2010 (October 1, 2009-September 30, 2010)
- **Key dates:**

CAA

- Initial State/LRAPA notification on December 22, 2010;
- Data pull from OTIS on December 21, 2011 for ODEQ and December 22, 2011 for LRAPA. ODEQ submitted the corrected data on January 26, 2011; LRAPA submitted corrected data on February 2, 2011;
- ODEQ on-site review conducted February 14-18, 2011; LRAPA on-site review conducted on February 15, 2011;
- Draft report sent to ODEQ and LRAPA on June 16, 2011;
- ODEQ comments on draft report received on July 18, 2011; LRAPA comments received on July 14, 2011.

NPDES

- Initial State notification on December 27, 2010;
- Data pull from OTIS on February 28, 2011;
- PDA on March 4, 2011;
- On-site review conducted April 13-15, 2011;
- Draft report sent to ODEQ on June 2, 2011;
- ODEQ comments on draft report received on July 1, 2011.

RCRA

- Initial State notification on December 27, 2010;
- Data pull from OTIS on January 19, 2011;
- PDA, along with the Table of Selected Files for on-site review, sent to ODEQ on March 3, 2011;
- On-site review conducted April 19- 20, 2011;
- Draft report sent to ODEQ on June 3, 2011;
- ODEQ comments on draft report received on July 8, 2011.

- **Communication with the state:**

CAA: On October 28, 2010, the SRF review was discussed with ODEQ during the EPA/Oregon annual planning meeting. LRAPA was not in attendance. The PDA was discussed with both agencies during the on-site file review. A conference call was held with LRAPA on August 2, 2011, to discuss the report's findings and to negotiate corrective actions.

CWA: Frequent communications between state and EPA staff were maintained during the review, usually through emails or phone calls. A kickoff meeting was felt unnecessary since this

was Round 2 of the SRF and ODEQ was already familiar with the process. A timeline of events was provided on February 4, 2011, and dates adjusted as needed. A meeting on preliminary file review findings was held with ODEQ and ODA at the end of the on-site review on April 15, 2011. ODEQ and ODA were provided a draft report on June 2, 2011, as an opportunity for them to comment on draft findings and recommendations.

RCRA: The SRF plan was discussed with state hazardous waste managers during the regularly scheduled quarterly PPA progress meetings held on September 16 and December 2, 2010, and March 28, 2011. The file review site visits included discussions with state program and enforcement staff. In order to save travel costs and streamline the file review, Region 10 did not select any files from the Eastern Regional Office in this Round 2 of SRF. Approximately 10% of the file selection universe for 2010 was in the Eastern Region, as described in Appendix F. Region 10 and ODEQ program managers agreed that it was not cost effective to add a day of travel to review only a few files in the Eastern Regional Office this time. The draft report was shared with hazardous waste program managers on June 3, 2011, and Region 10 provided a briefing on the initial findings at the hazardous waste all-staff Summit Meeting in Portland on June 8, 2011.

- **List state and regional lead contacts for review:**

State and Local Contacts

CAA: Cindy Troup (ODEQ Program Operations), Les Carlough (ODEQ Office of Compliance and Enforcement), Sandra Lopez (LRAPA Operations Manager).

NPDES: Jim Billings (ODEQ), Les Carlough (ODEQ), Melissa Kays (ODA).

RCRA: Andree Pollock (ODEQ Land Quality Division), Les Carlough (ODEQ).

Region 10 Contacts

CAA: Rindy Ramos (Office of Compliance and Enforcement), Paul Koprowski (Office of Air, Waste, & Toxics).

NPDES: Eva DeMaria and Robert Grandinetti (Office of Compliance and Enforcement).

RCRA: Mike Slater (Office of Air, Waste, and Toxics), Cheryl Williams (Office of Compliance and Enforcement).

III. STATUS OF OUTSTANDING RECOMMENDATIONS FROM PREVIOUS REVIEWS

CAA: During the first SRF review of Oregon’s CAA compliance and enforcement programs, Region 10, with ODEQ and LRAPA, identified several actions to be taken by each agency to address issues found during the review. All the actions were completed prior to beginning the current SRF Round 2 review. Appendix A contains a comprehensive list of completed actions for reference.

NPDES: During the first SRF review of ODEQ’s NPDES compliance and enforcement programs, Region 10 and ODEQ identified a number of actions to be taken to address issues found during the review. The table below shows the action that has not been completed at the time of the current SRF review. Appendix A contains a comprehensive list of completed and outstanding actions for reference.

State	Status	Due Date	Media	Element	Title	Finding
OR - Round 1	Long Term Resolution	12/31/2011	CWA	Return to Compliance	Comprehensive file reviews and use of MAOs	Enforcement actions address single violations only without comprehensive file review; concerns about use of MAO enforcement agreements

RCRA: During the first SRF review of Oregon’s RCRA compliance and enforcement programs, Region 10 and ODEQ identified four actions to be taken to address issues found during the review. All the actions were completed prior to beginning the current SRF Round 2 review. Appendix A contains a comprehensive list of completed actions for reference.

IV. FINDINGS

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

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

CAA Program - ODEQ

CAA/ODEQ Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.

1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The data in the national data base is complete.
	Explanation	Element 1 assesses the completeness of the data in the national data system (AFS) relating to the facility universe, number of enforcement actions, NESHAP subparts, etc. ODEQ reviewed the official data pull and made several corrections, mainly to the NESHAP metrics. EPA does not believe the discrepancies (corrections) were major in scope. During the file review, the reviewers noticed several discrepancies in activity dates between AFS and the file dates. However, the discrepancies are not significant.
	Metric(s) and Quantitative Value(s)	Data Metric 1B2S – 9 Data Metric 1C1S – 65 Data Metric 1C2S – 13 Data Metric 1C3S – 63 Data Metric 1C5S – 60% Data Metric 1D1S – 61 Data Metric 1D2S – 61 Data Metric 1EOS – 10
	State Response	No response.
	Recommendation(s)	No further action necessary.

CAA/ODEQ Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

2-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Data reported in the national system is not always accurately entered and maintained.

	Explanation	<p>Of the 20 files reviewed, 6 contained minor data entry errors. Of the 6 files, 5 were discrepancies in activity dates between AFS and the file reviewed. For the sixth file, AFS did not indicate that T-V certifications deviations had been reported by the source.</p> <p>The following is a list of the discrepancies:</p> <p>1) T-V cert dated 2/25/2010 for Boise Cascade (4102900004) listed deviations. AFS entry indicates no deviations. 2) Co-Gen II, LLC (410900002) - AFS indicates Onsite FCE conducted 6/9/10 however inspection report indicates facility had been shut down since January 2010. Should have been coded as a PCE. 3) AFS indicates that a formal enforcement action was issued for Collins Products, LLC (4103500013) on 10/08/09 however the source file contains a different date for the Notice of Civil Penalty Assessment and Order. The Notice in the file is dated September 29, 2009. 4) The AFS data used for the file selection indicated that Conagra Foods Lamb Weston (4104900032) was a major source and its compliance status 'in violation' for two quarters. This was a data error. The source is a SM80 and was not in violation during FFY2010. 5) There was a conflict between the FCE date in AFS, the facility inspection date, and the CMR date for Northwest Pipeline GP (4105900112). The reviewer was unable to determine the correct FCE date. The inspection was conducted on 4/13/10, the AFS FCE date was 4/29/10 and the CMR was dated 6/11/10. 6) There was a conflict between the FCE date in AFS and the date on the Air Quality Inspection Report for Equilion Enterprises (4105102478). AFS indicates that a FCE was conducted on 9/20/2010 but the inspection report has an inspection date of 10/20/2010.</p> <p>Even though the file review uncovered several data discrepancies, EPA does not believe a formal recommendation is required. The majority of the errors were not major.</p>
	Metric(s) and Quantitative Value(s)	<p>File Review 2c – 70% (14 of 20 files) Data Metric 2AO: National Goal<=50%, National Average 46.5%, ODEQ 25.5% Data Metric 2B1: National Goal 0%, National Average 1.2%, ODEQ 0%</p>
	State Response	<p>ODEQ is committed to ongoing training and attention to improving data entry accuracy.</p>
	Recommendation(s)	<p>No further action required.</p>

CAA/ODEQ Element 3 — Timeliness of Data Entry: Degree to which the Minimum Data Requirements are timely.		
3-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	<p>Minimum Data Requirements are entered timely.</p>
	Explanation	<p>The National Goal for the percent HPVs entered <=60 days after designation is 100% and the National Average is 36%. ODEQ meets the National Goal of 100%.</p> <p>The National Goal for the percent compliance monitoring related MDR actions</p>

		<p>reported <=60 days after designation is 100% and the National Average is 63.1%. ODEQ is significantly above the national average at 81% but below the National Goal.</p> <p>The National Goal for the percent enforcement-related MDR actions reported <=60 days after designation is 100% and the National Average is 74.2%. ODEQ is above the National Average at 75% but below the National Goal.</p>
	Metric(s) and Quantitative Value(s)	Data Metric 3A0S National Goal 100%, National Average 36.0%, ODEQ 100% Data Metric 3B1S National Goal 100%, National Average 63.1%, ODEQ 81.0% Data Metric 3B2S National Goal 100%, National Average 74.2%, ODEQ 75.0%
	State Response	No response.
	Recommendation(s)	No further action necessary.

CAA/ODEQ Element 4 — Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements are met and any products or projects are completed.

		<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
4-1	This finding is a(n)	
	Finding	ODEQ met its PPA commitments.
	Explanation	<p><u>Traditional CMS Plan</u> ODEQ committed to conduct FCEs at all of its CMS major sources for the CMS cycle 09/10. For the 2 year CMS cycle 09/10, 114 sources were flagged in AFS. During that same period, ODEQ conducted 109 FCEs for a completion percentage of 95.6%. The National Goal is 100% and the National Average is 89.5%.</p> <p>For the review period, FFY 2010, ODEQ committed to conduct FCEs for 59 of its CMS majors. ODEQ met that commitment and conducted all scheduled FCEs (100%).</p> <p>ODEQ committed to conduct FCEs at all of its 17 SM80 sources during the SM80 CMS cycle (FFT07 to FFY11). In January 2010, ODEQ requested to modify its SM80 plan and inspection the SM80s originally scheduled for FFY11 in FFY10. This modification was granted. Subsequently, by the end of FFY10, ODEQ had inspected 100% of its SM80 universe. This is equal to the National Goal and above the National Average of 92.3%.</p> <p><u>CAA Stationary Source Commitments</u> Appendix A, Objective 6 of the Oregon Department of Environmental Quality and US EPA Region 10 2008-2010 Performance Partnership Agreement (July 1, 2008 to June 30, 2010) commits ODEQ to Maintain an effective compliance assurance program that contributes to prevention and reduction of pollution and protection of public health. Outcome measures are high rates of compliance with regulations and permits and maintain a credible deterrent to non-compliance. Outputs are 1) the compliance component of the air programs will be conducted in accordance with the compliance</p>

		assurance agreement dated May 2002. ODEQ will submit the biennial Compliance Monitoring Strategy, with annual updates by June 1st. (Completed – ongoing activity). 2) ODEQ will complete the follow-up on items identified in the State Review Framework (Completed – Round 1 commitments). 3) ODEQ will propose the expedited enforcement rule for adoption in October 2008. ODEQ will determine whether any AQ programs will use the expedited enforcement process and will notify EPA by December 2008. (Completed)
	Metric(s) and Quantitative Value(s)	File Review Metric 4a: planned inspections completed - yes File Review Metric 4b: planned commitments completed - yes
	State Response	ODEQ will keep EPA informed about its decisions about establishing expedited enforcement offer programs in the air program. Currently, ODEQ is considering adopting EEO programs for drycleaners, open burning, and asbestos. No final decisions on those have been made at this time.
	Recommendation(s)	No further action necessary.

CAA/ODEQ Element 5 — Inspection Coverage: Degree to which state completed the universe of planned inspections/compliance evaluations.

		<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
5-1	This finding is a(n)	
	Finding	ODEQ conducted all of its scheduled FCEs
	Explanation	<u>Traditional CMS Plan</u> ODEQ committed to conduct FCEs at all of its CMS major sources for the CMS cycle 09/10. For the 2 year CMS cycle 09/10, 114 sources were flagged in AFS. During that same period, ODEQ conducted 109 FCEs for a completion percentage of 95.6%. The National Goal is 100% and the National Average is 89.5%. For the review period, FFY 2010, ODEQ committed to conduct FCEs for 59 of its CMS major. ODEQ met that commitment and conducted all scheduled FCEs (100%). For the review period, FFY 2010, ODEQ committed to conduct FCEs for 59 of its CMS major. ODEQ met that commitment and conducted all scheduled FCEs (100%). ODEQ committed to conduct FCEs at all of its 17 SM80 sources during the SM80 CMS cycle (FFT07 to FFY11). In January 2010, ODEQ requested to modify its SM80 plan and inspection the SM80s originally scheduled for FFY11 in FFY10. This modification was granted. Subsequently, by the end of FFY10, ODEQ had inspected 100% of its SM80 universe. This is equal to the National Goal and above the National Average of 76.0%.
	Metric(s) and Quantitative Value(s)	5A1 National Goal 100%, National Average 89.5%, ODEQ 95.6% (2 FY cycle). FFY 2010 ODEQ 100% 5B1 National Goal 80%, National Average 92,3%, ODEQ 100%
	State Response	No response
	Recommendation(s)	No further action necessary.

CAA/ODEQ Element 6 — Quality of Inspection or Compliance Evaluation Reports: Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.

		<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
6-1	This finding is a(n)	
	Finding	In general, the majority of CMRs were well documented.
	Explanation	<p>The purpose of this element is to evaluate the quality of documentation of a FCE.</p> <p>As an outcome of Round 1 of the SRF, ODEQ modified their inspection reports and created a “DEQ Air Quality Inspection Report” which includes a FCE Inspection Report Checklist table. This was developed to better document a FCE. It was noted during the file review that not all inspectors are using this new report format: Crown Cork & Seal Company (4105102332) and Shore Terminals, LLC (4105102029).</p> <p>16 of the 16 FCEs reviewed (93.75%) had documentation in the files to show that they contained all of the elements of a FCE, per the CMS Policy. For one file, A FCE was entered into AFS partly based on a facility inspection dated 6/8/2010 for Co-Gen II, LLC, (4101900002). This facility was shut down during the inspection. Its operational status in AFS had been changed to ‘shut down’ in April 2010. Even though it was not possible to view the plant while operating, all remaining requirements for an FCE were met.</p> <p>Three FCE files contained CMRs that had a check mark in the compliance status column indicating that a source was ‘in compliance’ with a particular record keeping requirement. Under the ‘notes’ column of the CMR, statements such as “All required records are kept and were available for inspection” were entered. It is not clear from these ‘general’ compliance statements whether or not the files were reviewed, and how the compliance determination was made. A more detailed comment would improve the quality of the CMR.</p>
	Metric(s) and Quantitative Value(s)	File Review Metric 6a – 16 FCE files File Review Metric 6b – 100% File Review Metric 6c – 100%
	State Response	ODEQ will take further measures to ensure that inspectors use the proper FCE forms for documentation.
	Recommendation(s)	No further action necessary

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

		<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements
7-1	This finding is a(n)	

		<input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Compliance determinations are accurately made and promptly report in AFS.
	Explanation	<p>The element is intended to determine the accuracy of compliance determinations and the timeliness of their entry into AFS.</p> <p>17 of the 17 CMRs reviewed (100%) led to an accurate compliance determination.</p> <p>All of the CMRs except for one, which was for a facility not in operation, met the requirements delineated in Section IX of EPA’s 2001 CMS policy. All CMRs contained general facility information, inventory and description of regulated emission units and processes, applicable requirements, description of compliance monitoring activities, compliance/ enforcement history and observations and supporting documentation (stack test results, CEM report reviews) where appropriate. The CMR for the one facility not in operation contained all the CMR requirements except for emission unit observations.</p> <p>In addition, compliance monitoring activities are promptly reported in AFS. ODEQ is below the National Goal of 100% but above the National Averages.</p>
	Metric(s) and Quantitative Value(s)	File Review Metric 7a - 100% File Review Metric 7b – 100% (4 of 4) Data Review Metric 3B1 – National Goal – 100%, National Average – 57.9%, ODEQ – 81% Data Review Metric 3B2 – National Goal – 100%, National Average – 68%, ODEQ 75%.
	State Response	No response.
	Recommendation(s)	No further action necessary

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

		<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
8-1	This finding is a(n)	
	Finding	Accurate HPV determinations are made and the information is timely entered into AFS, however, ODEQ and Region 10 do not hold monthly HPV discussions
	Explanation	<p>Of the 4 files reviewed that contained HPV determinations, all 4 were accurately determined to be a HPVs.</p> <p>The goal for High Priority Violation Discovery Rate – Per Major Source is 3.3%.</p>

	<p>ODEQ's meets the goal (3.4%).</p> <p>The goal for High Priority Violation Discovery Rate – Per Synthetic Minor Source is .25%. ODEQ doesn't meet the goal (0%).</p> <p>The goal for the Percent Formal Actions With Prior HPVs – Majors is 33.9%. ODEQ's percentage is 100%.</p> <p><u>Issue:</u> ODEQ submits monthly HPV reports to R10 for review and comment. For the review period, 11 of 12 monthly reports were submitted. However, as required by EPA's <u>Policy on Timely and Appropriate Enforcement Response to High Priority Violations</u>, ODEQ/EPA did not hold formal monthly discussions to discuss the status of existing or potential HPVs. Other states in Region 10's jurisdiction submit monthly reports and hold bi-monthly HPV calls. EPA and ODEQ need to establish the same procedure.</p>
Metric(s) and Quantitative Value(s)	<p>File Review Metric 8f – 100%</p> <p>Data Metric 8AO (Review Indicator) – > ½ National Average (3.3%), ODEQ – 3.4%</p> <p>Data Metric 8BO (Review Indicator) – > ½ National Average (.25%). ODEQ – 0%</p> <p>Data Metric 8CO (Review Indicator) - > ½ National Average (33.9%). ODEQ – 100%</p>
State Response	<p>ODEQ remains willing to discuss its HPV determinations with EPA and looks forward to resuming the routine HPV discussions beginning by October 15, 2011. The current PPA does not specify how often the HPV check-ins must occur and only refers to doing them “periodically” which ODEQ and regional EPA contacts have interpreted to mean annually or as needed in response to the monthly HPV reports. We have discussed HPVs as part of the annual compliance meetings, most recently on October 28, 2010.</p> <p>We don't believe there has been any significant disagreement in applying the HPV policy and note that EPA was in 100% agreement with ODEQ on the HPV sources evaluated in this audit. As noted above, the percentage of synthetic minor sources identified as HPV was lower in Oregon than the national average. We do not think it makes sense to say that ODEQ does not meet the national “goal” – which allows more HPVs – given that the goal of compliance is to <i>reduce</i> the number of HPVs and given that EPA was in agreement with all ODEQ's HPV determinations. A better interpretation of that data is that ODEQ's compliance and enforcement program appears to be effective in compelling compliance among synthetic minor sources.</p>
Recommendation(s)	<p>By October 15, 2011, EPA and ODEQ shall start holding bimonthly HPV calls and ODEQ will continue to submit monthly HPV updates.</p>

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

9-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
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	Finding	Enforcement actions include corrective action that will return facilities to compliance in a specific time frame.
	Explanation	Two files were reviewed that contained a formal action issued during the review period. One source, Vigor Industrial (4105103224) had already returned to compliance. The violation was for an emission limit violation that had already been corrected. It was issued a Notice of Civil Penalty Assessment and Order. The other file, Collins Products, LLC (4103500013) was issued a Mutual Agreement and Order which included a compliance schedule.
	Metric(s) and Quantitative Value(s)	File Review Metric 9a, 2 files File Review Metric 9b, 1 of 1 files, 100%
	State Response	No response.
	Recommendation(s)	No further action necessary

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

		<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
10-1	This finding is a(n)	
	Finding	Timely and appropriate enforcement actions are taken.
	Explanation	Both of the HPV files reviewed contained were addressed within 270 days. One contained a Mutual Agreement and Order and the other contained a Notice of Civil Penalty Assessment and Order. Both files contained the proper enforcement action.
	Metric(s) and Quantitative Value(s)	File Review Metric 10b – 2 of 2 files, 100% File Review Metric 10c – 2 of 2 files, 100% Date Review Metric (review indicator) 10A – National Average – 36.5%, ODEQ – 33.3%
	State Response	No response.
	Recommendation(s)	No further action necessary

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

		<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements
11-1	This finding is a(n)	

		<input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	ODEQ documents its penalty calculations and includes both gravity and economic benefit when appropriate.
	Explanation	<p>ODEQ assesses gravity according to its Civil Penalty Formula which considers a base penalty (determined by the violation class), prior significant actions in the same media as the violation at issue, respondent’s history of correcting prior significant actions, whether the violation was repeated or ongoing, the mental state of respondent, and the source’s efforts to correct the violation. EPA’s BEN model is used to calculate economic benefit.</p> <p>Two files reviewed contained penalty calculation documentation: Vigor Industrial (4105103224) and Collins Products, LLC (4103500013).</p> <p>EB and gravity were evaluated for both sources assessed a penalty. Gravity was assessed for both sources but not EB. It was the state’s determination that EB was not appropriate. EPA agrees with their assessment.</p>
	Metric(s) and Quantitative Value(s)	File Review Metric 11a – 100%
	State Response	ODEQ has a very defined and detailed process for calculating penalties. A penalty formula is set out in the rules and considers multiple factors, including: the seriousness of the law violated; the magnitude of the environmental risk or impact; a “matrix” determination which is a proxy for sophistication of the violator; the amount of previous enforcement and previous efforts to correct violations; the duration or number of occurrences of the violation; whether the violation was caused negligently, intentionally, recklessly, or flagrantly; current efforts to correct the violation; and economic benefit as calculated with the EPA BEN model which is explicitly adopted into the rules. When ODEQ issues a penalty, it always includes a summary worksheet that explains how the penalty formula applies and how the penalty is calculated. We believe that the ODEQ system sets a national standard for good practice and that, given the 100% agreement with the application of the formula in the cases audited, the finding for this element should be “Good Practice.”
	Recommendation(s)	No further action necessary

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

		<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
12-1	This finding is a(n)	
	Finding	ODEQ documents receipt of penalties.

	Explanation	ODEQ's Office of Compliance and Enforcement tracks the receipt of assessed penalties. Both files reviewed documented the receipt of payment. Because in both cases, the initial penalty assessed was the amount paid by the source, the file reviewers were not able to make a determination of the adequacy of documentation between an initial penalty and a final penalty. There was no difference between the initial amount and the final amount. Neither source contested the penalty.
	Metric(s) and Quantitative Value(s)	File Review Metric 12 d-100%
	State Response	No Response.
	Recommendation(s)	No further action necessary

CAA Program - LRAPA

CAA/LRAPA Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.

		<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
1-1	This finding is a(n)	
	Finding	MDRs are not complete in AFS.
	Explanation	Element 1 assesses the completeness of the data in the national data system (AFS) relating to the facility universe, number of enforcement actions, NESHAP subparts, etc. LRAPA reviewed the official data pull and made numerous corrections. However, as noted in Element 2, four of six files (66.7%) reviewed during the file review contained some type of data entry error. This makes EPA tend to believe that numerous data entries need to be corrected in AFS.
	Metric(s) and Quantitative Value(s)	Data Metric 1C1S - 15 Data Metric 1C2S - 18 Data Metric 1C4S – 100% (however, Region 10 believes the universe is not accurately reported) Data Metric 1C5S – 0% Data Metric 1C6S – 100% (however, Region 10 believes the universe is not accurately reported) File Review Metric 2c (33.3% of the files reviewed were accurate)
	State Response	LRAPA has entered all of its enforcement actions in AFS, with restricted data elements sent to Region 10 for entry. However, AFS is not user friendly and EPA Region 10 has had to provide support (telephone and email), including providing a list of all action codes; answering to our ad hoc questions; and data entry for restricted access elements (ex, HPV, CMS, and operating status). Due to a staff retirement, LRAPA's AFS entry duties changed hands a couple of years ago. Our previous coordinator did not train our current data coordinator. Without the benefit of training or written in-house procedure, our current data coordinator is self-

		<p>taught. The learn as-you-go approach is limited because the older AFS codes are not consistent with current air program practices standards. Therefore, we believe the best way to resolve this "learn-as-you-go approach" is for our data coordinator to travel to Region 10 for training. Hands on training and observe/job shadow Region 10's AFS coordinator.</p> <p>The training would increase our reporting efficiency hence training timeliness is important to LRAPA. We suggest this training occur in August.</p>
	Recommendation(s)	<p>By November 18, 2011, Region 10 shall provide AFS data entry training for LRAPA's AFS data Manager (a review of the data corrections submitted during the data correction phase of the SRF shall be a part of the training). The training shall be conducted in EPA's regional office and include "hands-on" training.</p>

CAA/LRAPA Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

		<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
2-1	This finding is a(n)	
	Finding	The data reported in AFS is not accurately entered and maintained.
	Explanation	<p>Two of the 6 files reviewed (33.3%) contained documentation to confirm that the MDRs were reported accurately into AFS. One file contained a FCE, one contained a FCE and a formal enforcement action, one contained a PCE and a formal enforcement action, and two contained only a formal enforcement action.</p> <p><u>The following is a list of discrepancies:</u> For Navistar, Inc. (formerly Monaco Coach – 4103905160) the date in AFS for a PCE conducted on 12/14/09 could not be verified. It was not evident from the file review what activity this date represents. Also, a Stipulated Final Order (10-3161) issued on 5/18/10 with a \$600 penalty paid on 5/26/2010 was not entered into AFS. 2) For Rosboro, LLC. Vaughn Lam Complex – 4103900550, the file has a Notice of Civil Penalty Assessment (3-3158) dated 4/23/10, however, the activity in AFS is dated 3/18/10. Also, the compliance status in AFS was not changed for this source. 3) For University of Oregon – 4103908557, the Notice of Violation/Notice of Civil Penalty Assessment (09-3162) is dated 3/1/10. AFS indicates that this activity occurred on 12/7/09. A Notice of Non-Compliance (NON 3162) was signed on for the violation which occurred on 12/7/09. 4) For Weyerhaeuser Company Coburg – 410399524, the file review indicates that 2 Notice of Non-Compliance Numbers 3191 and 3183 were issued on 4/15/10 and a Notice of Violation – Notice of Civil Penalty Assessment (number 10-3183) was issued on 8/12/2010 with a \$2,800 penalty. AFS indicates that 2 formal enforcement actions were taken. One on 3/9/10 with no penalty and one on 8/12/10 for \$2,800. It is not clear what violation the formal action in AFS dated 3/9/10 covers. It should also be noted that the facility has been shutdown since approximately 8/28/08 but it is still listed as 'operating' in AFS.</p> <p>LRAPA does not enter HPV activities into AFS. LRAPA submits HPV update reports to Region 10 and Region 10 enters this information. During the fiscal year under review, these reports were not submitted on a regular basis.</p> <p>LRAPA reports their MDRs directly into EPA's AFS data base system.</p>

		Data is stored in multiple systems with varying levels of access. Data for compliance and enforcement is obtained from separate standalone systems and spreadsheets. Hence, their in-house system is inefficient for both time and data retrieval. Further, LRAPA does not have the ability to modify the stand-alone systems because they are written in old code (similar to EPA AFS). There is inadequate budget to make many improvements to existing systems in the next two years. In addition to trying to secure future funding, LRAPA has been streamlining and implementing changes to improve efficiency. For example, LRAPA plans to purchase Lakes Environmental Software, which will assist in the management and electronic tracking of data elements (allowing for query and routine status checks) to ensure specific tasks are completed in a timely manner. LRAPA will need to manage staffing and workload issues to tailor this software to its compliance and enforcement program.
	Metric(s) and Quantitative Value(s)	File Review Metric 2c – 33.3% Data Review Metric 2AO – National Goal <=50%, National Average 46.5%, LRAPA 9% Data Review Metric 2B1 – National Goal 0%, National Average 1.2%, LRAPA 0%
	State Response	LRAPA believes a full day of training would correct the above deficiencies. See the response to Element #1.
	Recommendation(s)	<ol style="list-style-type: none"> 1. By November 18, 2011, Region 10 shall provide AFS data entry training for LRAPA’s AFS data Manager (a review of the data corrections submitted during the data correction phase of the SRF shall be a part of the training). The training shall be conducted in EPA’s regional office and include “hands on” training. 2. By September 5, 2011, LRAPA shall submit to Region 10 monthly HPV updates even if there has not been a change in HPV status. 3. By October 15, 2011, LRAPA and EPA shall start holding bi-monthly HPV calls. 4. Within 30 days of the AFS training, but no later than December 17, 2011, LRAPA shall perform a ‘root cause’ analysis of their data entry issues identified in the SRF report and establish standard operating procedures (SOPs) to address the deficiencies. The analysis and SOPs shall be submitted to Region 10 for a 15-day review and comment period.

CAA/LRAPA Element 3 — Timeliness of Data Entry: Degree to which the Minimum Data Requirements are timely.

3-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Minimum data requirements are not entered timely.
	Explanation	<p>The National Goal for the percent HPVs entered in AFS within 60 days of day zero is 100% and the National Average is 36.0%. LRAPA’s average is 0%.</p> <p>The National Goal for the percent compliance monitoring related MDR actions reported in AFS within 60 days of occurrence is 100% and the National Average is 63.1%. LRAPA’s percent is 10.7% and is significantly below the national goal and average.</p>

		<p>The National Goal for the percent enforcement related MDR actions reported in AFS within 60 days of occurrence is 100% and the National Average is 74.2%. LRAPA's average is 25% and is significantly below the National Goal and National Average.</p> <p>LRAPA does not enter HPV activities into AFS. LRAPA submits HPV update reports to Region 10 and Region 10 enters this information. During the fiscal year under review, these reports were not submitted on a regular basis.</p> <p>LRAPA reports their minimum data requirements (MDR) directly into EPA's AFS data base system.</p> <p>Data is stored in multiple systems with varying levels of access. Data for compliance and enforcement is obtained from separate standalone systems and spreadsheets. Hence, their in-house system is inefficient for both time and data retrieval. Further, LRAPA does not have the ability to modify the stand-alone systems because they are written in old code (similar to EPA AFS). There is inadequate budget to make many improvements to existing systems in the next two years. LRAPA is purchasing over the counter LAKES software, however, workload issues and insufficient staff will make it difficult to tailor this software for LRAPA's compliance and enforcement program.</p>
	Metric(s) and Quantitative Value(s)	<p>Data Metric 3A0 National Goal 100%, National Average 36%, LRAPA 0%</p> <p>Data Metric 3B1 National Goal 100%, National Average 63.1%, LRAPA 10.7%</p> <p>Data Metric 3B2 National Goal 100%, National Average 74.2%, LRAPA 25.0%</p>
	State Response	<p>We agree with EPA's assessment, our entry has not been timely. We are unclear as to what Region 10's expectations are for timelines by data element.</p> <p>We track several dates for each enforcement action, which data element or action is EPA specifically referring to as "designation" and as a MDR "action" in the above explanation.</p> <p>NOTE: EPA and LRAPA have had several conversations about this issue and LRAPA now has a better understanding of EPA's expectations.</p>
	Recommendation(s)	<ol style="list-style-type: none"> 1. By November 18, 2011, Region 10 shall provide AFS data entry training for LRAPA's AFS data Manager (a review of the data corrections submitted during the data correction phase of the SRF shall be a part of the training). The training shall be conducted in EPA's regional office and include "hands on" training. 2. By September 5, 2001, LRAPA shall submit to Region 10 monthly HPV updates even if there has not been a change in HPV status. 3. By October 15, 2011, LRAPA and EPA shall start holding bimonthly HPV calls.

CAA/LRAPA Element 4 — Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements are met and any products or projects are completed.

4-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
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	Finding	LRAPA met its Work Plan commitments but is behind schedule in its commitment to conduct FCEs at all of its SM80 sources.
	Explanation	<p><u>Traditional CMS Plan</u> LRAPA committed to conduct FCEs at all of its CMS major sources for the CMS cycle 09/10. For the 2 year CMS cycle 09/10, 16 sources were flagged in AFS. During that same period, LRAPA conducted 16 FCEs for a completion percentage of 100%. The National Goal is 100% and the National Average is 89.5%.</p> <p>For the review period, FFY 2010, LRAPA committed to conduct FCEs for 11 of its CMS major. During FFY 2010, LRAPA conducted 10 of those FCE for a completion percentage of 90.9%. The National Goal is 100% and the National Average is 89.5%.</p> <p>LRAPA committed to conduct FCEs at all of its 11 SM80 sources during the SM80 CMS cycle (FFT07 to FFY11). For the 5-year SM80 cycle, 11 sources are flagged in AFS. As of the end of FFY 2010, FCEs had been conducted for 5 sources leaving 6 FCEs to be completed in FFY 2011 in order to meet their CMS commitment.</p> <p><u>CAA Stationary Source Commitments</u> In LRAPA's 105 Grant Work Plan, they committed to; 1) conduct compliance verification and enforcement actions; address violations in a timely, fair, and consistent manner; calculate penalties according to penalty matrix; negotiate settlements; issue enforcement orders; conduct contested case hearings; 2) submit list of scheduled inspections of significant sources to EPA; 3) implement the Compliance Assurance Agreement; and 4) respond to citizen complaints. LRAPA has satisfied these ongoing commitments.</p>
	Metric(s) and Quantitative Value(s)	File Review Metric 4a: planned inspections completed - no (did not meet SM80 schedule) File Review Metric 4b: planned commitments completed - yes
	State Response	AFS entry for SM80's is incomplete because LRAPA does not have access to enter its data for 3 SM80's. EPA is correct, initially LRAPA committed to conduct FCEs for 11 of its CMS major. However, mid-cycle LRAPA requested a revision to its commitment from 11 to 10.
	Recommendation(s)	No further action necessary at this time. LRAPA has satisfied its Work Plan commitments and, as of September 14, 2011, conducted five of the remaining six FCEs. LRAPA has confirmed that it will conduct the remaining FCE before the end of the fiscal year, thereby reaching the 100% mark for the 5-year CMS cycle. In addition, the recommendation under Element 5 will help assure that all future CMS FCEs will be conducted in a timely manner.

CAA/LRAPA Element 5 — Inspection Coverage: Degree to which state completed the universe of planned inspections/compliance evaluations.

5-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
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Finding	LRAPA conducted 10 of its 11 scheduled CMS major FCEs but did not meet the scheduled CMS SM80 commitment.
Explanation	<p><u>Traditional CMS Plan</u> LRAPA committed to conduct FCEs at all of its CMS major sources for the CMS cycle 09/10. For the two year CMS cycle 09/10, 16 sources were flagged in AFS. During that same period, LRAPA conducted 16 FCEs for a completion percentage of 100%. The National Goal is 100% and the National Average is 89.5%.</p> <p>For the review period, FFY 2010, LRAPA committed to conduct FCEs for 11 of its CMS major. During FFY 2010, LRAPA conducted 10 of those FCE for a completion percentage of 90.9%. The National Goal is 100% and the National Average is 89.5%.</p> <p>LRAPA committed to conduct FCEs at all of its 11 SM80 sources during the SM80 CMS cycle (FFT07 to FFY11). For the 5-year SM80 cycle, 11 sources are flagged in AFS. As of the end of FFY 2010, FCEs had been conducted for 5 sources leaving 6 FCEs to be completed in FFY 2011 in order to meet their CMS commitment.</p>
Metric(s) and Quantitative Value(s)	<p>File Review Metric 4a & 4b Data Metric 5A1 National Goal 100%, National Average 89.5%, LRAPA 100% (2 FY cycle). FFY 2010 LRAPA 90.9%</p> <p>Data Metric 5B1 National Goal 80%, National Average 92,3%, LRAPA 45.5%</p>
State Response	See Element 4 response.
Recommendation(s)	Starting at the end of first quarter FY12, and every quarter for one year, Region 10 will send LRAPA the current compliance monitoring status of sources covered by the agreed upon CMS plan for a seven day review. If needed, the CMS plan will be updated at that time.

CAA/LRAPA Element 6 — Quality of Inspection or Compliance Evaluation Reports: Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.

6-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
Finding	All FCEs met the definition of an adequate FCE per the CMS Policy.	
Explanation	3 FCEs were reviewed. One was conducted off-site for a source that had shut down (Weyerhaeuser Company Coburg – 4103900524).	All three of the FCEs met the definition of an FCE per the CMS policy and all three CMRs met the requirements of EPA’s CMS policy. The one off-site FCE for the closed facility met all the applicable requirements of a FCE. The facility had been closed since 2008 but still held a valid Title V permit. During the FCE it was

		discovered that the source violated some record keeping requirements. This violation was a Non-HPV violation and LRAPA took the appropriate enforcement action.
	Metric(s) and Quantitative Value(s)	File Review Metric 6a – 3 files File Review Metric 6b – 100% File Review Metric 6c – 100%
	State Response	FCE for shutdown gated sources present entry/access issues when the source is unmanned.
	Recommendation(s)	No further action necessary. Even though the one off-site FCE did not meet the strict reading of the definition of an adequate CMR in the CMS policy, it should still be considered adequate. All of the applicable criteria were evaluated except for observations of the plant in operation. Since the plant had been shut down since 2008, a reasonable assumption can be made that all applicable process related emission units were in compliance.

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

		<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
7-1	This finding is a(n)	
	Finding	Compliance determinations are accurately made but not promptly reported in AFS.
	Explanation	<p>Four of four CMRs reviewed led to an accurate compliance determination. Two were for FCEs, one was for a PCE, and another was for an offsite FCE. The CMR for the offsite FCE was considered to be adequate because the plant had been shut down since 2008.</p> <p>Even though the one off-site FCE did not meet the strict reading of the definition of an adequate CMR in the CMS policy, it should still be considered adequate. All of the applicable criteria were evaluated except for observations of the plant in operation. Since the plant had been shut down since 2008, a reasonable assumption can be made that all applicable process related emission units were in compliance.</p> <p>LRAPA is significantly below the National Goal (100%) and National Average (57.9%) for reporting compliance monitoring related MDR actions reported <= 60 days after designation. LRAPA is also significantly below the National Goal (100%) and National Average (68%) for reporting enforcement related MDR actions <= 60 days after designation.</p>
	Metric(s) and Quantitative Value(s)	File Review Metric 7a – 100% Data Review Metric 3B1 – National Goal – 100%, National Average – 57.9%, LRAPA – 10.7% Data Review Metric 3B2 – National Goal – 100%, National Average – 68%, LRAPA – 25.0%.

	State Response	See responses to the above elements.
	Recommendation(s)	<ol style="list-style-type: none"> 1. By November 18, 2011, Region 10 shall provide AFS data entry training for LRAPA's AFS data Manager (a review of the data corrections submitted during the data correction phase of the SRF shall be a part of the training). The training shall be conducted in EPA's regional office and include "hands on" training. 2. Within 30 days of the AFS training, but no later than December 17, 2011, LRAPA shall perform a 'root cause' analysis of their data entry issues identified in the SRF report and establish standard operating procedures (SOPs) to address the deficiencies. The analysis and SOPs shall be submitted to Region 10 for a 15-day review and comment period.

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

8-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Accurate HPV determinations are made but the information is not timely entered into AFS.
	Explanation	<p>Of the four files reviewed that contained HPV determinations, all four were accurately determined to be a HPVs.</p> <p>The goal for High Priority Violation Discovery Rate – Per Major Source is 3.3%. LRAPA meets the goal (5.6%).</p> <p>The goal for High Priority Violation Discovery Rate – Per Synthetic Minor Source is .25%. LRAPA doesn't meet the goal (0%).</p> <p>The goal for the Percent Formal Actions With Prior HPVs – Majors is 33.9%. LRAPA's percentage is 50%.</p> <p><u>Issue:</u> LRAPA doesn't submit monthly HPV reports to R10 on a regular basis. Also, as required by EPA's <u>Policy on Timely and Appropriate Enforcement Response to High Priority Violations</u>, LRAPA/EPA did not hold formal monthly discussions to discuss the status of existing or potential HPVs. Other states in R10's jurisdiction submit monthly reports and hold bi-monthly HPV calls. EPA and LRAPA need to establish the same procedure.</p> <p>Regular monthly communications (HPV updates) and bi-monthly HPV calls will improve the accuracy and timeliness of HPV data entry.</p>
	Metric(s) and Quantitative Value(s)	<p>File Review Metric 8f – 100%</p> <p>Data Metric 8AO (Review Indicator) – > ½ National Average (3.3%), LRAPA 5.6%</p> <p>Data Metric 8BO (Review Indicator) – > ½ National Average (.25%), LRAPA 0%</p> <p>Data Metric 8CO (Review Indicator) - > ½ National Average (33.9%), LRAPA 50%</p>
	State Response	Upon LRAPA determination of a HPV, LRAPA will email Region 10 the HPV data elements for EPA entry. LRAPA does not have HPV entry access. Also, see responses to the above elements.

	Recommendation(s)	<ol style="list-style-type: none"> 1. By November 18, 2011, Region 10 shall provide AFS data entry training for LRAPA’s AFS data Manager (a review of the data corrections submitted during the data correction phase of the SRF shall be a part of the training). The training shall be conducted in EPA’s regional office and include “hands on” training. 2. By September 5, 2001, LRAPA shall submit to Region 10 monthly HPV updates even if there has not been a change in HPV status. 3. By October 15, 2011, LRAPA and EPA shall start holding bimonthly HPV calls. 4. Within 30 days of the AFS training, but no later than December 17, 2011, LRAPA shall perform a ‘root cause’ analysis of their data entry issues identified in the SRF report and establish standard operating procedures (SOPs) to address the deficiencies. The analysis and SOPs shall be submitted to Region 10 for a 15-day review and comment period.
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CAA/LRAPA Element 9 — Enforcement Actions Promote Return to Compliance: Degree to which enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.

		<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
9-1	This finding is a(n)	
	Finding	Enforcement actions include corrective action that will return facilities to compliance in a timely manner
	Explanation	<p>Five files were reviewed that contained formal enforcement actions. Four of the five included some form of compelling action to return the source to compliance in a timely manner. One of the five had already returned to compliance.</p> <p>The enforcement actions included either a Notice of Violation – Notice of Civil Penalty Assessment or a Stipulated Final Order.</p>
	Metric(s) and Quantitative Value(s)	<p>File Review Metric 9a, 5 files</p> <p>File Review Metric 9b, 100% (4 of 4 files)</p>
	State Response	
	Recommendation(s)	No further action necessary

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

		<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
10-1	This finding is a(n)	
	Finding	In general, LRAPA takes timely and appropriate actions.

	Explanation	During the period in review, 50% of LRAPA’s HPV actions were taken in a timely manner. Of the 2 HPV files reviewed, both files contained timely and appropriate actions.
	Metric(s) and Quantitative Value(s)	File Review Metric 10b – 2 of 2 files, 100% File Review Metric 10c – 2 of 2 files, 100% Date Review Metric (review indicator) 10A – National Average – 36.5%, LRAPA – 50%
	State Response	
	Recommendation(s)	No further action necessary

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

		<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
11-1	This finding is a(n)	
	Finding	LRAPA documents its penalty calculations and includes both gravity and economic benefit when appropriate.
	Explanation	LRAPA assesses gravity according to its Civil Penalty Formula which considers a base penalty (determined by the violation class), prior significant actions in the same media as the violation at issue, respondent’s history of correcting prior significant actions, whether the violation was repeated or ongoing, the mental state of respondent, and the source’s efforts to correct the violation. EPA’s BEN model is used to calculate economic benefit. Economic benefit was always considered. Of the five files reviewed that contained a penalty, gravity was always assessed. Economic benefit was assessed as appropriate.
	Metric(s) and Quantitative Value(s)	Review Metric 11a – 100%
	State Response	
	Recommendation(s)	No further action is necessary.

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

		<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention
12-1	This finding is a(n)	

		<input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	LRAPA documents receipt of penalties and the difference between initial assessed amounts and final assessed amounts.
	Explanation	Of the five enforcement responses that included a penalty, two paid the initial assessed amount. The other three adequately documented the difference between the initial assessed amount and the final amount. For the five files that contained penalty actions, all five included documentation indicating that the penalties had been paid. Penalty receipt documentation is located in the enforcement/compliance monitoring files.
	Metric(s) and Quantitative Value(s)	File Review Metric 12c – 100% (3 of 3 files) File Review Metric 12d – 100% (5 of 5 files)
	State Response	
	Recommendation(s)	No further action necessary

NPDES Program

NPDES Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.

		<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The Minimum Data Requirements are complete.
	Explanation	The minimum required WENDB elements are entered into PCS, including major facility data, permit limits, DMRs, inspection dates, and enforcement actions. Non-judicial penalty amounts are not entered, but this is not a required WENDB element. Facility data and inspection dates are entered into PCS for traditional non-major s, but nothing else for the traditional non-majors. Storm water and CAFO data are not entered into PCS. However, traditional non-major, storm water, and CAFO data are not required WENDB elements. ODEQ maintains and tracks minor data in state systems. ODA tracks CAFOs in its own CAFO database.
	Metric(s) and Quantitative Value(s)	1b1 - % of major individual permits with correctly coded limits: 68/68 = 100% 1b2 - % of major individual permits with DMR entry rate based on MRs expected: 343/343 = 100% 1b3 - % of major individual permits DMR entry rate based on DMRs expected: 65/65 = 100% 1b4 - % major individual permits manual RNC/SNC override rate: 1/3 = 33%
	State Response	
	Recommendation(s)	None.

NPDES Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

2-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Data reported in the national system is accurately entered and maintained with the exception of the actual date of formal enforcement action.
	Explanation	<p>ODEQ tracks a number of dates within their state Enforcement Database, including date issued, response date, settled date, date paid, and date closed. ODEQ has been entering the <i>issue</i> date of formal enforcement actions (the date when a formal enforcement action is sent) into PCS, when the more appropriate date should be the <i>settled</i> date, the date that the MAO is signed. ODEQ also enters dates of Pre-Enforcement Notices (PENs) as informal actions into PCS. However, because PENs are usually the start of formal enforcement, this date should not be entered at all. These would be easy corrections for ODEQ to make in PCS.</p> <p>Ten of twelve files reviewed contained documentation to confirm that WENDB elements were accurately entered into PCS. The two files with data that did not match what was reported in PCS appeared to be related to coding errors or incorrectly entering data. This likely requires just a simple fix in coding or data entry.</p>
	Metric(s) and Quantitative Value(s)	2a – degree to which the minimum data requirements are accurate: 1/1 = 100% 2b - % of files reviewed where data is accurately reflected in the national data system: 10/12 = 83%
	State Response	
	Recommendation(s)	None.

NPDES Element 3 — Timeliness of Data Entry: Degree to which the Minimum Data Requirements are timely.

		<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
3-1	This finding is a(n)	
	Finding	Data verification deadline was 2/16/11. The preliminary data analysis (PDA) was conducted on data pulled on 2/28/11 (which was based on data around 2 months old) and showed significant difference from the frozen (official) data set which was based on data entered and verified by 2/16/11.
	Explanation	OTIS appeared up-to-date on facility level data during the PDA, but not necessarily on DMR or enforcement data. However, by the time of the data verification deadline, most required WENDB elements appeared to be complete and accurate within OTIS. The exception was formal enforcement actions, which ODEQ acknowledged was not up-to-date, and has since been corrected.
	Metric(s) and Quantitative Value(s)	NA
	State Response	
	Recommendation(s)	None.

NPDES Element 4 — Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements are met and any products or projects are completed.

		<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
4-1	This finding is a(n)	
	Finding	ODEQ has not met the commitment to convert Core Data from PCS to ICIS nor implemented eDMR.
	Explanation	Although ODEQ has not yet converted to ICIS, it is entering all required WENDB elements into PCS and therefore getting all required data into the national system. Although eDMR has not been implemented, it is part of the current 2010-2012 PPA.
	Metric(s) and Quantitative Value(s)	File review metric 4A: planned inspections completed – yes File review metric 4B: planned commitments completed – no, however, ODEQ is addressing the issues as explained above.
	State Response	
	Recommendation(s)	None.

Element 5 — Inspection Coverage: Degree to which state completed the universe of planned inspections/compliance evaluations.

5-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	ODEQ is largely meeting the CMS requirement for inspections of majors and traditional non-majors. It is also conducting a significant number of storm water industrial and construction inspections. ODA conducts inspections of all CAFOs every 10 months.
	Explanation	31 of 68 majors and 60 of 304 traditional non-majors were inspected. However, ODEQ did not meet the CMS commitment for conducting 10% of MSGP, 10% of CGP over 5 acres, and 5% of CGP 1-5 acres. The reviewers believe that ODEQ still achieved a significant number of storm water inspections in this sector because of the difficulty tracking such transitory facilities.
	Metric(s) and Quantitative Value(s)	5a - % of NPDES majors inspected: $31/68 = 46\%$ 5b - % NPDES traditional non-majors inspected: $60/304 = 20\%$ 5c - % storm water facilities inspected: $MSGP\ 49/1154 = 4.2\%$; $CGP\ 1+\ acre(s) = 149/1465 = 10.2\%$
	State Response	
	Recommendation(s)	None.

NPDES Element 6 — Quality of Inspection or Compliance Evaluation Reports: Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.

6-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	A large majority of inspection reports were found to be complete, provided sufficient documentation to lead to an accurate compliance determination, and were timely.
	Explanation	<p>22 of 24 inspection reports were found to be complete. A majority of reports included a checklist of the permit schedules to identify as "In Comp" or "Not In Comp" and then a very short narrative of what was reviewed during the facility inspection. While considered "complete", it was often the bare minimum and rarely contained any other documentation such as photos or facility required reports. A significant number of reports did not contain the entry/departure time but was still considered complete as this was the only missing information. The two files that were found incomplete either did not have a narrative or did not have photos to document the violation observed. Photos were found with the enforcement action, but should have been part of the inspection report.</p> <p>23 of 24 files were found to provide sufficient documentation to lead to an accurate compliance determination. The one file that failed to provide sufficient documentation did not contain a narrative or checklist. A significant number of inspections found the facility to be "in compliance" thus the standard for documentation is not as high as would be expected for inspections that found violations.</p> <p>23 of 24 inspection reports were timely, with an average of 9 days taken to complete a report. However, it must be noted that a significant number of inspection reports were one page long, which included the permit schedule checklist and small narrative area. The longest period to complete a report was 56 days. A large majority were completed within 7 days.</p>
	Metric(s) and Quantitative Value(s)	6b - % of inspection reports reviewed that are complete: $22/24 = 92\%$ 6c - % of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination: $23/24 = 96\%$ 6d - % of inspection reports reviewed that are timely: $23/24 = 96\%$
	State Response	
	Recommendation(s)	None.

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

7-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements
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		<input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Compliance determinations are accurately made and promptly reported in the national database for all majors.
	Explanation	1 of 7 majors (14.3%) had unresolved compliance schedule violations. This was much less than the national average of 21.7%. However, this violation was resolved by Q1 FY11. Zero facilities had unresolved permit schedule violations. 22 of 68 major facilities (or 32.4%) had DMR violations compared to the national average of 52.4%. 24 of 24 inspection reports (or 100%) reviewed led to an accurate compliance determination.
	Metric(s) and Quantitative Value(s)	7b - % of facilities with unresolved compliance schedule violations: 1/7 = 14.3% 7c - % of facilities with unresolved permit schedule violations: 0/1 = 0% 7d - % major facilities with DMR violations: 22/68 = 32.4% 7e - % of inspection reports or facility files reviewed that led to accurate compliance determinations: 24/24 = 100%
	State Response	
	Recommendation(s)	None.

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

		<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
8-1	This finding is a(n)	
	Finding	SNC violations are accurately identified and entered into the national system in a timely manner.
	Explanation	The 4 inspections that found violations accurately identified the violation. However, all 4 facilities are minors and states are not required to enter minor SEVs into PCS/ICIS and are not required to identify them as SNC. 2 of 74 major facilities (or 2.7%) were found in SNC during the reporting year. This is significantly below the national percentage of 23.9%
	Metric(s) and Quantitative Value(s)	8a1 – Active major facilities in SNC during reporting year: 2 8a2 – % of active major facilities in SNC during the reporting year: 2/74 = 2.7% 8b - % of single event violation(s) that are accurately identified as SNC or Non-SNC: 4/4 = 100% 8c - % of single event violation(s) identified as SNC that are reported timely: NA
	State Response	
	Recommendation(s)	None.

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

9-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	A majority of state enforcement responses return facilities in SNC or non-SNC to compliance.
	Explanation	2 of 2 major facilities that received an enforcement response returned the facility in SNC to compliance. 12 of 13 facilities that received an enforcement response returned the facility in non-SNC violation to compliance. One of the facilities that did not return to compliance is currently undergoing a second enforcement action.
	Metric(s) and Quantitative Value(s)	9a – number of enforcement actions reviewed: 15 9b - % of enforcement responses that have returned or will return a source in SNC to compliance: 2/2 = 100% 9c - % of enforcement responses that have returned or will return a source with non-SNC violations to compliance: 12/13 = 92%
	State Response	
	Recommendation(s)	None.
9-2	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Although the file review for SRF Round 2 did not include an example of such, ODEQ still uses MAOs to provide facilities with interim effluent limits and no action assurance for future violations.
	Explanation	A number of files reviewed included facilities that had effective MAOs, which were issued prior to the FY10 review period. In some instances, permits were reissued and yet had old MAOs with interim limits still in effect. Although its use appears to have greatly diminished, it is still a major issue. ODEQ believes MAOs are the best mechanism in which to encourage primarily minor municipalities with aging or degraded facilities to comply with permit limits as best they possibly can with limited resources. However, EPA disagrees and believes facilities that have difficulty complying with water quality based effluent limits should be provided with interim limits and compliance schedules within the permit itself. In addition, in no way should ODEQ relieve a facility of its responsibility for future violations. Rather, ODEQ should retain its enforcement discretion and not provide no action assurance language in their orders. ODEQ does agree that MAOs were historically issued somewhat freely at the Regional Offices' discretion. ODEQ is now in the midst of moving the authority to issue MAOs from the Regional Offices to the Office of Compliance and Enforcement and developing an Internal Management Directive that provides guidance on when MAOs can be issued, under what circumstances, and under very limited conditions. The Enforcement Guidance will be updated to reflect these changes in the use of MAOs. In addition, a status update on ODEQ's use of MAOs that provide interim limits will be included in the annual PPA meetings.

	Metric(s) and Quantitative Value(s)	Not Applicable.
	State Response	<p>In response to the first-round SRF recommendations, ODEQ submitted a letter on March 31, 2008, describing advice from our Attorney General’s Office that describes the purposes for which ODEQ uses MAOs, and the legal bases for those uses. A brief summary is that ODEQ uses MAOs in two distinct circumstances: (i) as a settlement of penalties and/or compliance order and (ii) “in lieu of a permit” in extremely rare and unusual circumstances as provided in state rule. The two primary concerns EPA voices in this audit and our response are:</p> <p><u>Whether ODEQ may use MAOs to establish “interim” effluent limitations:</u> First, as noted in the March 31, 2008 letter, a MAO does not amend the permit regardless of whether it settles ODEQ’s enforcement of some of it. While we think our agency is in the best position to chart an enforcement path, after previous discussions with EPA, ODEQ drafted and has begun to use boilerplate language in MAOs that clarifies that the MAO does not eliminate the possibility of EPA or citizen enforcement of the permit. Second, it was our understanding that EPA and ODEQ both interpret 40 C.F.R. 122.47 to allow compliance schedules and interim limitations in NPDES permits to allow time for compliance with new or newly applicable WQBELs, but that compliance schedules and interim limitations in permits must not be used to bring facilities into compliance with existing WQBELs. For a complete description of when compliance schedules are appropriate, please refer to DEQ’s Internal Management Directive on the Use of Compliance Schedules, at http://www.deq.state.or.us/wq/pubs/imds/ComplianceSchedule.pdf. EPA reviewed and commented on that IMD.</p> <p><u>Whether DEQ may promise reduced or no DEQ enforcement for future violations as part of its MAOs:</u> We appreciate Region 10 supplying us with the March 3, 1995, EPA policy statement from Steve Hermann, which discourages any “no action assurance” outside of formal enforcement. We agree with that policy, believe that our strategy is consistent with it, and have trained staff on similar principles. Our agency almost never guarantees reduced or no enforcement outside formal enforcement; probably the most recent circumstances are a limited-duration drought-related amnesty policy for certain dischargers during a summer emergency in 2001, and a limited duration amnesty policy to encourage registration of underground injection control storm water facilities in 2008. However, when seeking a settlement and final compliance order in a formal MAO, ODEQ may promise to settle limited future permit violations in exchange for an agreement to take certain steps toward compliance, to meet immediately attainable effluent goals, and in some cases to agree to certain enforcement remedies (<i>e.g.</i>, limited appeal rights on penalties imposed for violation of the MAOs and moratoria on new construction and sewage hookups) which ODEQ could not otherwise demand. Furthermore, as a strategic matter, we believe that re-calibrating the enforcement consequences for the small community sewerage systems, which constitute the majority of the entities with MAOs,^[1] enhances both deterrence and compliance. By putting a possibility of penalty for failure to meet compliance requirements and effluent levels that are within the community facility’s current control, we:</p> <ul style="list-style-type: none"> • Create a legitimate risk of penalty for continued failure (as opposed to the unlikely massive daily penalties for violating permit limitations that the community facility is physically unable to meet), • Create community support and lender priority because of the clearer risk of penalty, clearer path to success, and in some cases restrictions on development, • Create a cooperative spirit which aids in the study, evaluation, and design

^[1] Use of MAOs to settle past or future violations at non-municipal facilities is already very limited under ODEQ policy and practice.

		<p>phases,</p> <ul style="list-style-type: none"> • Create a defined compliance order with specified and enforceable milestones, and • Make it more likely that we will be able to reach a final compliance order without unnecessary legal posturing, appeal and delay. <p>While we understand that EPA may have a different perspective, we believe our strategy is within our delegated authority, does not interfere with timely and appropriate handling of significant non-compliers, is responsive to political and economic realities, and has proven to be effective.</p> <p>As discussed in the EPA findings above, ODEQ is currently updating its internal management directive, including its “Enforcement Guidance,” to clarify under what circumstances MAOs should be used. While ODEQ only issued ten MAOs of the kind at issue in the last nineteen months (compared to ten per month in some years long past), the changes to the directives are likely to further reduce the use of MAOs. We agree to send EPA copies of the revised internal management directives (including the “Enforcement Guidance”), revised templates, and other documents which may demonstrate our practice with MAOs.</p>
	Recommendation(s)	<p>By December 31, 2011, ODEQ will submit the drafts of the IMD for MAOs and the updated Enforcement Guidance to EPA for comment. As part of the annual PPA meetings, EPA and ODEQ will include a discussion on MAOs that provide interim limits and/or no action assurance for future violations. To prepare for the discussion, ODEQ will submit to EPA: (1) an updated list of MAOs, which provide interim limits that are still in effect; (2) a list of MAOs that provide interim limits that were issued in the previous year; and (3) a list of the MAOs that provide interim limits that were closed in the previous year.</p>

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

		<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
10-1	This finding is a(n)	
	Finding	Timely and appropriate enforcement actions are taken.
	Explanation	<p>2 of 2 enforcement responses that address SNC were taken in a timely manner. Both facilities were sent enforcement actions within 3 months of the violation. The reviewers found these responses appropriate to the violations.</p> <p>13 of 13 enforcement responses reviewed appropriately addressed non-SNC violations.</p> <p>N/A - enforcement responses for non-SNC violations were taken in a timely manner. ODEQ has not established a state-wide timeframe for addressing non-SNC violations. However, ODEQ responded in a timely manner, often within 3 months of the date of violation, for most informal enforcement. For formal enforcement, all responses were within the recommended 55 days of discovery.</p>

	Metric(s) and Quantitative Value(s)	10 a - % major facilities without timely action: 0/74 = 0% 10b - % of enforcement responses reviewed that address SNC that are taken in a taken in a timely manner: 2/2 = 100% 10 c - % of enforcement responses reviewed that address SNC that are appropriate to the violations: 2/2 = 100% 10d - % of enforcement responses reviewed that appropriately address non-SNC violations: 13/13 = 100% 10e - % enforcement responses for non-SNC violations where a response was taken in a timely manner: NA
	State Response	
	Recommendation(s)	None.

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

11-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Penalty calculations considered and included appropriate gravity and economic benefit.
	Explanation	6 of 7 penalty calculations considered and included appropriate gravity and economic benefit. One case did not consider economic benefit. This was a CAFO case and ODA does not have the statutory authority to pursue economic benefit in the penalties it has imposed.
	Metric(s) and Quantitative Value(s)	11a – % of penalty calculations that consider and include where appropriate gravity and economic benefit: 6/7 = 86%
	State Response	
	Recommendation(s)	None.

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

12-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Differences between initial and final penalty are documented in the file. A large majority of the actions have documentation that the final penalty was collected.

	Explanation	6 of 6 penalties reviewed documented the difference and rationale between the initial and final assessed penalty. 7 of 7 enforcement actions with penalties documented the collection of the penalty. ODEQ's accounting department usually sends OCE a copy of a "Civil Penalty Receipt" that documents collection or there might be a copy of the check itself within the files. ODA's cashier date stamps the civil penalty document when payment is received.
	Metric(s) and Quantitative Value(s)	12a - % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty: 6/6 = 100% 12b - % of enforcement actions with penalties that document collection of penalty: 7/7 = 100%
	State Response	
	Recommendation(s)	None.

RCRA Program

RCRA Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.

1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	All data elements complete. No Significant Non-Compliers were designated in FY 2010, metric 1E1 is zero.
	Explanation	Region 10 and ODEQ agreed that the data accurately reflect the universe and program activities for 2010. The preliminary data analysis was based on data pulled from OTIS on February 9, 2011. There were some data changes made during the data verification process established for RCRAInfo. The final analysis is based on the OTIS Official Frozen Data that was pulled from RCRAInfo as of February 18, 2011, and refreshed on March 9, 2011.
	Metric(s) and Quantitative Value(s)	Metric 1E1 - 0
	State Response	None required.
	Recommendation(s)	None required.

RCRA Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

2-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	25% of files reviewed had minor data errors in RCRAInfo.
	Explanation	Region 10 evaluated the RCRAInfo data in Comprehensive Compliance Monitoring Reports pulled on April 5, 2011, for each compliance file reviewed. Six of the 24 files had information that was not correct in the database. For example, one inspection was entered as a CEI type but the file documented a telephone call response to a complaint. Also, three of the enforcement files included final orders that were not in RCRAInfo. Although 25% looks like a high error rate, it stems from only minor errors in each file and is not to the overall error rate for all data.
	Metric(s) and Quantitative Value(s)	Data metric 2A1S – number of sites SNC-determined on day of formal action: = 0 File metric 2C -- % of files reviewed where mandatory data are accurately reflected in the national data system: = 75%
	State Response	<p>At the time relevant to the audit, ODEQ relied on various staff to forward hard copies of case documents for entry into RCRAInfo. Prior to the SRF review, ODEQ developed a MS Access application that tracks formal enforcement actions and related inspection information. The application pulls enforcement actions from the database used by the Office of Compliance and Enforcement. That data is then manually linked to the site visit information stored in the hazardous waste compliance database OHWIME. The tracking application allows ODEQ to monitor the changes in enforcement status and the status of data entry into RCRAInfo. ODEQ has been using this system on a monthly basis starting with formal actions issued in 2010 and will continue to update and refine the process.</p> <p>ODEQ has corrected most of the noted data errors and is working to correct the remainder.</p>
	Recommendation(s)	ODEQ can resolve this finding by more attention to detail and better communication with the enforcement staff when cases are completed to record final orders with penalties in RCRAInfo.

RCRA Element 3 — Timeliness of Data Entry: Degree to which the Minimum Data Requirements are timely.

3-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required

	Finding	One SNC designation was entered with the initial order 336 days after the compliance inspection.
	Explanation	There was just one case on which to base this finding so it is not an area for improvement on its own. However, it is related to the inaccuracy of Oregon's SNC designations that is an area for state improvement. The delay in entering the SNC data meant that the status reports for Oregon's enforcement program were inaccurate for as long as the data was not reported.
	Metric(s) and Quantitative Value(s)	Data metric 3A -- % SNCs entered more than 60 days after designation = 100%.
	State Response	As suggested in the recommendation, the response for this element will be addressed with Element 8. See Element 8 for milestones and timeline.
	Recommendation(s)	Address this finding along with Element 8 for accurate and timely identification of Significant Non-Compliers

RCRA Element 4 — Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements are met and any products or projects are completed.

		<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
4-1	This finding is a(n)	
	Finding	All TSDF and LQG commitments in the 2010 PPG work plan were met.
	Explanation	ODEQ completed 4 TSDF inspections and 33 of the 155 LQGs in the 2009 biennial report universe were inspected during Federal Fiscal Year 2010. Additional information on compliance and enforcement projects completed is available in the Performance Partnership Agreement Final Report included as Attachment 1.
	Metric(s) and Quantitative Value(s)	File review metric 4A: planned inspections completed - yes File review metric 4B: planned commitments completed - yes
	State Response	None required.
	Recommendation(s)	None required.

RCRA Element 5 — Inspection Coverage: Degree to which state completed the universe of planned inspections/compliance evaluations.

		<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
5-1	This finding is a(n)	
	Finding	ODEQ met the three hazardous waste program goals and exceeded the national average in 2 of 3 measures.
	Explanation	As noted above, ODEQ inspected all 4 TSD Facilities in 2010 and completed inspections at 21% of the LQG facilities that reported for the 2009 Biennial Report, exceeding the goal of 20% but lagging the national average of 24%. The five year LQG inspection goal is impossible to achieve because it measures the past performance against the 2009 Biennial Report Universe of LQGs, some of which were not in the universe to be inspected for five years. Oregon exceeded the national average of 61.7% by inspecting 122 of the 155 LQGs listed (78.7%). It is possible to measure the five year goal using the 97 LQGs on the 2005 BRS list

		that were also on the 2009 list. ODEQ inspected all but 3 of those 97 LQGs over the five years ending in 2010 reaching 97% of the 100% goal.
	Metric(s) and Quantitative Value(s)	Data metric 5AS -- % inspection coverage for operating TSDFs = 100% Data metric 5BS -- % inspection coverage for LQGs = 21.3% Data metric 5CS -- % inspection coverage for LQGs (5 FYs) = 78.7% or, based on 2005 BRS list = 96.9%
	State Response	By December 1, 2011, ODEQ will have inspected these three facilities and will notify Region 10 that the inspections have been completed.
	Recommendation(s)	Inspect the 3 LQGs not inspected during the five years ending September 30, 2010. Union Pacific RR ORD982658742 JH Baxter ORD009032400 Sherwin Williams ORD000602490

RCRA Element 6 — Quality of Inspection or Compliance Evaluation Reports: Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.

6-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The ODEQ standard practice did not consistently include completing, signing, and dating Compliance Evaluation Inspection reports.
	Explanation	<p>Region 10 randomly selected 24 files for review, 22 of which included Compliance Evaluation Inspections (Appendix F, File Selection). Region 10 found 77% of the reports were complete and provided sufficient documentation to determine compliance at the facility.</p> <p>Five files did not sufficiently document the inspection coverage with complete inspection reports. The details described in Appendix G, File Review Analysis, included files with inspectors' notes, photos and other information without completed inspection reports that detailed the facility areas inspected and evidence acquired. For these cases, the violations were detailed in the inspectors' Warning Letters (WL) or Pre-Enforcement Notices (PEN) rather than in complete inspection reports. The RCRA SRF standard is that complete inspection reports need to document the conditions observed by the inspectors and the information acquired through interviews of facility personnel. That documentation needs to be completed before developing the letters and notices that are sent to the violators.</p> <p>In addition to not having complete inspection records for metric 6B, the lack of signed and dated inspection reports also made it difficult to determine the timely completion of inspections for metric 6C. In order to calculate timeliness, Region 10 used the WL or PEN date as the inspection complete date in cases where the signed and dated inspection reports were not found. The ODEQ expectation is that inspections will be</p>

		completed in 30 days (see referral tracking timeline) and 68% of the files we reviewed met that timeline.
	Metric(s) and Quantitative Value(s)	File metric 6B -- % inspection reports reviewed that are complete and provide sufficient documentation to determine the compliance at the facility = 77% (17/22) File Metric 6C -- % inspection reports completed within a determined time frame = 68% (15/22) of inspection reports (by WL or PEN date) completed within 30 day DEQ expectation, average delay time 33 days.
	State Response	By December 1, 2011, ODEQ will have reviewed its templates and processes to ensure proper signing and dating of signatures and will submit a final response plan with implementation milestones and timelines to Region 10.
	Recommendation(s)	Implement a standard inspection report format or checklist that includes space for inspectors to sign and date when it is complete. Region 10 and ODEQ will develop a timeline and milestone for implementation by December 1, 2011.

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

7-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Compliance determinations were accurate and reported timely to the national database.
	Explanation	<p>Region 10 found one file out of 22 reviewed that was a response to a citizen complaint that had little support for the compliance determination in the file. However, the respondent did take corrective action based on the ODEQ warning letter.</p> <p>Also, as noted in RCRA Element 6, Region 10 was concerned that incomplete inspection reports did not adequately document the basis for some violations. Inspectors' notes, photos and other information need to be documented in a complete report to ensure there is an objective basis for citing violations. Region 10 used a broad interpretation of the SRF to consider all the file information, not only the inspection report, for metric 7A.</p> <p>For metric 7B, one other file included a warning letter that was not entered into RCRAInfo for more than one year but the violations were minor and returned to compliance in 45 days.</p>
	Metric(s) and Quantitative Value(s)	File metric 7A -- % of accurate compliance determinations based on inspection reports = 96% (21/22) File metric 7B -- % of violation determinations in the files reviewed that are reported

		timely to the national database (within 150 days): = 96% (21/22)
	State Response	None required
	Recommendation(s)	None required

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

8-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required																																				
	Finding	Oregon made no new Significant Non-Complier designations in 2010 and three of the files reviewed met SNC criteria.																																				
	Explanation	<p>ODEQ did not meet the data review indicator level for SNC designations, which is one-half the national average of 2.5%. Region 10 investigated ODEQ's process for determining SNC violators through supplemental file selection and review. Three files reviewed included information about the violations that met the ODEQ SNC Program Implementation Policy (2001-PO-005) criteria. The lack of SNC data in 2010 continued a downward trend in the past three years that runs counter to the progress that was made since ODEQ established the hazardous waste SNC policy in 2001, as illustrated in the chart below.</p> <table border="1"> <caption>SNC Designation Data (2000-2010)</caption> <thead> <tr> <th>Year</th> <th>New SNC</th> <th>In SNC</th> </tr> </thead> <tbody> <tr><td>2000</td><td>0</td><td>0</td></tr> <tr><td>2001</td><td>3</td><td>3</td></tr> <tr><td>2002</td><td>3</td><td>6</td></tr> <tr><td>2003</td><td>5</td><td>9</td></tr> <tr><td>2004</td><td>3</td><td>10</td></tr> <tr><td>2005</td><td>7</td><td>12</td></tr> <tr><td>2006</td><td>5</td><td>9</td></tr> <tr><td>2007</td><td>8</td><td>11</td></tr> <tr><td>2008</td><td>3</td><td>9</td></tr> <tr><td>2009</td><td>2</td><td>10</td></tr> <tr><td>2010</td><td>0</td><td>6</td></tr> </tbody> </table>	Year	New SNC	In SNC	2000	0	0	2001	3	3	2002	3	6	2003	5	9	2004	3	10	2005	7	12	2006	5	9	2007	8	11	2008	3	9	2009	2	10	2010	0	6
Year	New SNC	In SNC																																				
2000	0	0																																				
2001	3	3																																				
2002	3	6																																				
2003	5	9																																				
2004	3	10																																				
2005	7	12																																				
2006	5	9																																				
2007	8	11																																				
2008	3	9																																				
2009	2	10																																				
2010	0	6																																				
	Metric(s) and Quantitative Value(s)	Data metric 8AS – SNC identification rate: = 0/195; national average 2.5% Data metric 8BS -- % SNC determinations made within 150 days: = 0/0; national																																				

		<p>average 82.8%</p> <p>Data metric 8CS -- % formal actions taken that received a prior SNC listing: = 12.9%; national average 61.3%</p> <p>File metric 8D -- % violations in files reviewed that were accurately determined to be SNC (or not SNC): = 86% (19/22)</p>
	State Response	<p>Whether a facility is a SNC is based on a narrative test (in both the state and federal systems) which makes definitive application difficult. Reasonable minds may differ about whether a facility is a SNC in some cases. Nonetheless, ODEQ agrees that improvements could be made to how ODEQ identifies, records, and tracks SNCs. ODEQ proposes the following milestones and timeline:</p> <ul style="list-style-type: none"> • By December 1, 2011, ODEQ will ensure that there is a clear single current state SNC policy which is available to all hazardous waste staff, and will report to Region 10 about what changes were made, if any. • By March 1, 2012, ODEQ will review and make such improvements to its referral form to encourage adequate evaluation of SNC criteria by inspector and enforcement staff, and will report to Region 10 about what changes were made. • By September 1, 2012, (whenever the next annual hazardous waste summit meeting for all staff is scheduled) ODEQ will ensure that inspectors and enforcement staff doing hazardous waste enforcement are trained in interpreting and applying the SNC policy, and will report to Region 10 that the training was concluded.
	Recommendation(s)	<p>Region 10 will review the implementation of ODEQ's response timeline and verify that the policy is complete on December 1, 2011, referrals are updated by March 1, 2012, and that training occurs by September 1, 2012.</p>

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

9-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	ODEQ enforcement responses consistently returned violations to compliance.
	Explanation	There were 22 files with violations cited by ODEQ in this review. One file was missing documentation that the Conditionally Exempt Generator had taken steps to correct a violation involving mercury containing lamps. This was not an issue.
	Metric(s) and Quantitative Value(s)	<p>File metric 9B -- % enforcement responses that have or will return a source in SNC to compliance: = 100% (2/2)</p> <p>File metric 9C -- % enforcement responses that have or will return secondary violators to compliance: = 95% (19/20)</p>

	State Response	None required.
	Recommendation(s)	None required.

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

10-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	ODEQ enforcement responses reviewed were timely and appropriate.
	Explanation	Region 10 reviewed one case that took 1,155 days to resolve even though the initial state order was issued in 198 days. The respondent delayed compliance and used every avenue available to contest the ODEQ findings in this case. This one case was an outlier and no findings are needed for this review.
	Metric(s) and Quantitative Value(s)	Data metric 10AS -- % SNC with formal actions/referrals taken within 360 days: = 0/0, no SNCdesignations in 2010 Data metric 10BS – No activity indicator for number of formal actions: = 39 File metric 10C -- % enforcement responses reviewed that are taken in a timely manner: = 96% (21/22) File metric 10 D -- % enforcement responses reviewed that are appropriate to the violations: = 100% (22/22)
	State Response	None required.
	Recommendation(s)	None required.

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

11-1	This finding is a(n)	<input checked="" type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required

	Finding	All 12 penalty actions reviewed were documented with gravity and economic benefit criteria using state regulations.
	Explanation	ODEQ consistently applied the enforcement regulations from Oregon Administrative Rules, Division 12 to show the calculation of gravity based penalties that included consideration of the economic benefit of non-compliance, using the BEN program where applicable. The relevant section of state rules is copied below: OAR 340-012-0026 ... (5) The department assesses civil penalties based on the class of violation, the magnitude of violation, the application of the penalty matrices and aggravating and mitigating factors, and the economic benefit realized by the respondent.
	Metric(s) and Quantitative Value(s)	File metric 11A -- % penalty calculations that consider and include appropriate gravity and economic benefit: = 100% (12/12)
	State Response	None required.
	Recommendation(s)	Good Practice: Creating a state regulation that codifies the penalty assessment criteria inherent in EPA's RCRA penalty policy makes it clear to ODEQ and regulated entities what will be the basis for penalty calculations. This is a good practice because states have a firm basis for their penalties in their own regulations rather than in EPA policy.

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

		<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	All seven penalty files reviewed with contested penalties included documentation of the basis for changes in penalties and collections.
	Explanation	ODEQ documented additional information obtained in penalty negotiations and the rationale for differences between the initial and final penalties. Collections were documented in 8 of 10 files and the two cases that have not been collected included documents that described the state's lien filings.
	Metric(s) and Quantitative Value(s)	File metric 12A -- % of penalties reviewed that document the difference and rationale between initial and final assessed penalty: = 100% (7/7) File Metric 12B -- % of files that document collection of penalty: = 80% (8/10)
	State Response	None required.

	Recommendation(s)	None required.
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V. ELEMENT 13 SUBMISSION

No information submitted.

APPENDIX A: STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

CAA Program – ODEQ and LRAPA

During the first SRF review of Oregon’s Clean Air Act compliance and enforcement programs, Region 10, with ODEQ and LRAPA, identified a number of actions to be taken by each agency to address issues found during the review. The table below shows the status of progress toward completing those actions (file generated on 6/9/11).

State	Agency	Status	Due Date	Media	Element	Title	Finding
OR - Round 1	ODEQ	Completed	1/31/2008	CAA, CWA, RCRA	Penalties Collected	Analyze 2007 penalties for EB and discuss with EPA	some penalties without economic benefit considered
OR - Round 1	ODEQ & LRAPA	Completed	6/30/2009	CAA	Insp Universe	SM80 Universe	SM 80 FCE frequency missed
OR - Round 1	ODEQ & LRAPA	Completed	6/30/2010	CAA	Violations ID'ed Appropriately	FCE Documentation	incomplete FCE documentation
OR - Round 1	ODEQ & LRAPA	Completed	12/31/2008	CAA	Violations ID'ed Timely	FCE reporting timeframe	timeliness of CMR evaluations
OR - Round 1	LRAPA	Completed	2/14/2008	CAA	SNC Accuracy	HPV Determinations	No HPVs discovered FY 04-FY05
OR - Round 1	ODEQ	Completed	12/24/2007	CAA	Timely & Appropriate Actions	HPV Enforcement Timeline	not meet HPV enforcement timeline
OR - Round 1	LRAPA	Completed	11/29/2007	CAA	Penalty Calculations	EB Calculations	economic benefit not calculated

NPDES Program

During the first SRF review of Oregon’s NPDES compliance and enforcement programs, Region 10 and ODEQ 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 (file generated on 5-5-2011).

State	Status	Due Date	Media	Element	Title	Finding
OR - Round 1	Completed	9/29/2008	CWA	Violations ID'ed Appropriately	Inspector training	Incomplete inspection documentation
OR - Round 1	Completed	9/29/2008	CWA	Violations ID'ed Timely	Inspector training	Need for appropriate post-inspection follow-up
OR - Round 1	Completed	4/29/2008	CWA	SNC Accuracy, Timely & Appropriate Actions, Data Timely, Data Accurate, Data Complete	PCS data, SNC data	State data not in PCS or ICIS-NPDES
OR - Round 1	Long Term Resolution	12/31/2011	CWA	Return to Compliance	Comprehensive file reviews and use of MAOs.	Enforcement actions address single violations only w/o comprehensive file review; concerns about use of MAO enforcement agreements
OR - Round 1	Completed	1/31/2008	CAA, CWA, RCRA	Penalties Collected	Analyze 2007 penalties for EB; report and discuss with EPA	some penalties without economic benefit considered

RCRA Program

During the first SRF review of Oregon’s RCRA compliance and enforcement programs, Region 10 and ODEQ identified four actions to be taken to address issues found during the review. The table below shows the status of progress toward completing those actions (file generated 5/19/11).

State	Status	Due Date	Media	Element	Title	Finding
OR - Round 1	Completed	9/29/2009	RCRA	SNC Accuracy	SNC identification	below national benchmark for SNC designation
OR - Round 1	Long Term Resolution	9/29/2009	RCRA	Return to Compliance	schedules with penalties where not in compliance	Some formal enforcement without required compliance schedule
OR - Round 1	Completed	9/29/2009	RCRA	Timely & Appropriate Actions	more timely SNC enforcement response	timely enforcement below national benchmark
OR - Round 1	Completed	1/31/2008	CAA, CWA, RCRA	Penalties Collected	Analyze 2007 penalties for EB; report and discuss with EPA	some penalties without economic benefit considered
OR - Round 1	Completed	11/29/2007	RCRA	Penalties Collected	final penalty action reporting	some penalties not reported correctly as final penalty actions

APPENDIX B: OFFICIAL DATA PULL

CAA Program

The Official Data Pull was sent to ODEQ and LRAPA on December 22, 2010 for their review and correction.

**ODEQ SRF
Matrix Data
Dated
12/21/2010
Appendix B**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oregon 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	State			118	NA	NA	NA				
A01A1C	Title V Universe: AFS Operating Majors (Current)	Data Quality	Combined			118	NA	NA	NA				
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			118	NA	NA	NA				
A01A2C	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	Combined			118	NA	NA	NA				
A01B1S	Source Count: Synthetic Minors	Data Quality	State			18	NA	NA	NA				

	(Current)												
A01B1C	Source Count: Synthetic Minors (Current)	Data Quality	Combined			18	NA	NA	NA				
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			10	NA	NA	NA				
A01B2C	Source Count: NESHAP Minors (Current)	Data Quality	Combined			10	NA	NA	NA				
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			10	NA	NA	NA				
A01B3C	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	Combined			10	NA	NA	NA				
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			66	NA	NA	NA				
A01C1C	CAA Subprogram Designations: NSPS (Current)	Data Quality	Combined			66	NA	NA	NA				
A01C2S	CAA Subprogram	Data Quality	State			14	NA	NA	NA				

	Designations: NESHAP (Current)												
A01C2C	CAA Subprogram Designations: NESHAP (Current)	Data Quality	Combined				14	NA	NA	NA			
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State				62	NA	NA	NA			
A01C3C	CAA Subprogram Designations: MACT (Current)	Data Quality	Combined				62	NA	NA	NA			
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	86.3%	96.6%	57	59	2				
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	47.5%	21.4%	3	14	11				
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	92.8%	100.0%	53	53	0				

A01C6C	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	Combined	100%	90.9%	98.1%	53	54	1				
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			60	NA	NA	NA				
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			60	NA	NA	NA				
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			5	NA	NA	NA				
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			26	NA	NA	NA				
A01E0C	Historical Non-Compliance Counts (1 FY)	Data Quality	Combined			26	NA	NA	NA				
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			8	NA	NA	NA				
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			6	NA	NA	NA				
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			5	NA	NA	NA				
A01G2S	HPV: Number of New	Data Quality	State			4	NA	NA	NA				

	Sources (1 FY)												
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	58.1%	100.0%	5	5	0				
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	89.5%	100.0%	5	5	0				
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	91.0%	100.0%	5	5	0				
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State				4	NA	NA	NA			
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State				3	NA	NA	NA			
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State				\$12,000	NA	NA	NA			
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0			0	NA	NA	NA			
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	44.6%	20.8%	5	24	19				
A02A0C	Number of HPVs/Number	Data Quality	Combined	<= 50%	43.8%	20.8%	5	24	19				

	of NC Sources (1 FY)												
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.4%	0.0%	0	73	73				
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State				2	NA	NA	NA			
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	36.0%	100.0%	5	5	0				
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	63.1%	81.7%	303	371	68				
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	74.2%	75.0%	9	12	3				

A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	88.6%	95.6%	109	114	5				
A05A1C	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	Combined	100%	88.8%	95.6%	109	114	5				
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	85.1%	95.8%	114	119	5				
A05A2C	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	Combined	100%	85.4%	95.8%	114	119	5				
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	91.6%	100.0%	16	16	0				
A05B1C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	Combined	20% - 100%	92.0%	100.0%	16	16	0				

A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	92.2%	88.9%	16	18	2				
A05B2C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	Combined		92.5%	88.9%	16	18	2				
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		81.4%	88.9%	16	18	2				
A05C0C	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	Combined		81.7%	88.9%	16	18	2				
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		29.1%	8.3%	11	132	121				
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State				6	NA	NA	NA			
A05E0C	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	Combined				6	NA	NA	NA			
A05F0S	CAA Stationary Source	Informational Only	State				2	NA	NA	NA			

	Investigations (last 5 FY)												
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.0%	100.0%	117	117	0				
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	22.9%	39.4%	26	66	40				
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	46.6%	50.0%	1	2	1				
A07C2E	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0 / 0	0 / 0	0	0	0				
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	6.3%	3.4%	4	118	114				
A08A0E	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	EPA		0.5%	0.0%	0	118	118				
A08B0S	High Priority Violation Discovery Rate	Review Indicator	State	> 1/2 National Avg	0.4%	0.0%	0	18	18				

	- Per Synthetic Minor Source (1 FY)												
A08B0E	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0.0%	0.0%	0	18	18				
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	69.8%	100.0%	3	3	0				
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	50.5%	33.3%	2	6	4				
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 National Avg	40.9%	50.0%	1	2	1				
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		36.4%	37.5%	3	8	5				
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State				4	NA	NA	NA			
A12B0S	Percent Actions at HPVs With	Review Indicator	State	>= 80%	88.3%	66.7%	2	3	1				

Penalty (1 FY)											
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**LRAPA SRF Data
Matrix Dated
December 22, 2010**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OregonMetric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			18	NA	NA	NA		
A01A1C	Title V Universe: AFS Operating Majors (Current)	Data Quality	Combined			18	NA	NA	NA		
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			17	NA	NA	NA		
A01A2C	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	Combined			17	NA	NA	NA		
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			17	NA	NA	NA		
A01B1C	Source Count: Synthetic Minors (Current)	Data Quality	Combined			17	NA	NA	NA		
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			0	NA	NA	NA		
A01B2C	Source Count: NESHAP Minors (Current)	Data Quality	Combined			0	NA	NA	NA		

A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State				3	NA	NA	NA		
A01B3C	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	Combined				3	NA	NA	NA		
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State				4	NA	NA	NA		
A01C1C	CAA Subprogram Designations: NSPS (Current)	Data Quality	Combined				4	NA	NA	NA		
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State				0	NA	NA	NA		
A01C2C	CAA Subprogram Designations: NESHAP (Current)	Data Quality	Combined				0	NA	NA	NA		
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State				11	NA	NA	NA		
A01C3C	CAA Subprogram Designations: MACT (Current)	Data Quality	Combined				11	NA	NA	NA		
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	86.3%	0.0%		0	1	1		
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after	Data Quality	State	100%	47.5%	0 / 0		0	0	0		

	10/1/2005										
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	92.8%	100.0%	1	1	0		
A01C6C	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	Combined	100%	90.9%	100.0%	1	1	0		
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State				9	NA	NA	NA	
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State				11	NA	NA	NA	
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State				11	NA	NA	NA	
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State				0	NA	NA	NA	
A01E0C	Historical Non-Compliance Counts (1 FY)	Data Quality	Combined				0	NA	NA	NA	
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State				2	NA	NA	NA	
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State				2	NA	NA	NA	
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State				1	NA	NA	NA	
A01G2S	HPV: Number of	Data Quality	State				1	NA	NA	NA	

	New Sources (1 FY)										
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	58.1%	100.0%	1	1	0		
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	89.5%	100.0%	1	1	0		
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	91.0%	100.0%	1	1	0		
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			5	NA	NA	NA		
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			4	NA	NA	NA		
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$9,700	NA	NA	NA		
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		1	NA	NA	NA		
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	44.6%	0 / 0	1	0	NA		
A02A0C	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	Combined	<= 50%	43.8%	0 / 0	2	0	NA		
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.4%	0.0%	0	8	8		
A02B2S	Stack Test Results at Federally-Reportable	Data Quality	State			0	NA	NA	NA		

	Sources - Number of Failures (1 FY)										
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	36.0%	0.0%	0	1	1		
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	63.1%	11.3%	6	53	47		
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	74.2%	28.6%	2	7	5		
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	88.6%	88.2%	15	17	2		
A05A1C	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	Combined	100%	88.8%	88.2%	15	17	2		
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	85.1%	63.2%	12	19	7		
A05A2C	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	Combined	100%	85.4%	63.2%	12	19	7		
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	91.6%	45.5%	5	11	6		

A05B1C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	Combined	20% - 100%	92.0%	45.5%	5	11	6		
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	92.2%	58.3%	7	12	5		
A05B2C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	Combined		92.5%	58.3%	7	12	5		
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		81.4%	94.1%	16	17	1		
A05C0C	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	Combined		81.7%	94.1%	16	17	1		
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		29.1%	25.0%	1	4	3		
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State				4	NA	NA	NA	
A05E0C	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	Combined				4	NA	NA	NA	
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State				0	NA	NA	NA	
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.0%	94.4%	17	18	1		
A07C1S	Percent facilities in noncompliance that have had an FCE,	Review Indicator	State	> 1/2 National Avg	22.9%	0.0%	0	12	12		

	stack test, or enforcement (1 FY)										
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	46.6%	0 / 0	0	0	0		
A07C2E	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0 / 0	0 / 0	0	0	0		
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	6.3%	5.6%	1	18	17		
A08A0E	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	EPA		0.5%	0.0%	0	18	18		
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.4%	0.0%	0	17	17		
A08B0E	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0.0%	0.0%	0	17	17		
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	69.8%	50.0%	1	2	1		
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	50.5%	100.0%	1	1	0		
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2	Review Indicator	State	> 1/2 National Avg	40.9%	0.0%	0	1	1		

	FY)										
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		36.4%	50.0%	2	4	2		
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State				5	NA	NA	NA	
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	88.3%	100.0%	2	2	0		

NPDES Program

Note: The Official Data Pull was made on 5/9/11 after the Preliminary Data Analysis (3/4/11) and on-site File Review (4/12/11-4/15/11).



OTIS State Review Framework Results

CWA Data for Oregon (Review Period Ending: FY10)

Please note: For display purposes, some important explanatory details about the data metrics are not included on the metrics results screen. To see detailed information about each data metric, refer to the data metrics informational spreadsheet or data metrics plain language guide when reviewing the data - all SRF guidance is available on the [OTIS SRF documents page](#). The [data problems page](#) indicates any known data metrics issues.

					Production FY 2010 Data (Data Refresh Dates)				Frozen FY 2010 Data (Frozen Refresh Dates)			
Metric	Metric Type	Agency	National Goal	National Average	Oregon (Metric=x/y) ⁰	Count (x)	Universe (y)	Not Counted (y-x)	Oregon (Metric=x/y) ⁰	Count (x)	Universe (y)	Not Counted (y-x)
1. Data completeness. degree to which the minimum data requirements are complete. 1 Recommendation(s)												
A	Active facility universe: NPDES major individual permits (Current)	Combined			68	NA	NA	NA	68	NA	NA	NA
	Active facility universe: NPDES major general permits (Current)	Combined			0	NA	NA	NA	0	NA	NA	NA

	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			319	NA	NA	NA	319	NA	NA	NA
	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			629	NA	NA	NA	629	NA	NA	NA
	Major individual permits: correctly coded limits (Current) ¹	Goal	Combined	≥ 95%	89.8%	91.2%	62	68	6	100.0%	68	68	0
	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr) ²	Goal	Combined	≥ 95%	93.7%	100.0%	343	343	0	100.0%	343	343	0
B	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr) ³	Goal	Combined	≥ 95%	96.9%	100.0%	65	65	0	100.0%	65	65	0
	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			33.3%	1	3	2	33.3%	1	3	2
	Non-major individual permits: correctly coded limits (Current) ⁴	Informational Only	Combined			2.2%	7	319	312	2.2%	7	319	312
C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr) ⁵	Informational Only	Combined			17.0%	33	194	161	17.0%	33	194	161
	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr) ⁶	Informational Only	Combined			10.9%	5	46	41	10.9%	5	46	41
	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			0.9%	3	319	316	0.9%	3	319	316
D	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY) ⁷	Informational Only	Combined			0 / 0	0	0	0	0 / 0	0	0	0
	Violations at non-majors: DMR non-	Informational Only	Combined			0	NA	NA	NA	0	NA	NA	NA

	receipt (3 FY)											
	Informal actions: number of major facilities (1 FY)	Data Quality	State		21	NA	NA	NA	21	NA	NA	NA
			EPA		1	NA	NA	NA	1	NA	NA	NA
	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State		25	NA	NA	NA	25	NA	NA	NA
			EPA		1	NA	NA	NA	1	NA	NA	NA
E	Informal actions: number of non-major facilities (1 FY)	Data Quality	State		0	NA	NA	NA	0	NA	NA	NA
			EPA		10	NA	NA	NA	10	NA	NA	NA
	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State		0	NA	NA	NA	0	NA	NA	NA
			EPA		11	NA	NA	NA	11	NA	NA	NA
	Formal actions: number of major facilities (1 FY)	Data Quality	State		5	NA	NA	NA	1	NA	NA	NA
			EPA		0	NA	NA	NA	0	NA	NA	NA
	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State		5	NA	NA	NA	1	NA	NA	NA
			EPA		0	NA	NA	NA	0	NA	NA	NA
F	Formal actions: number of non-major facilities (1 FY)	Data Quality	State		0	NA	NA	NA	0	NA	NA	NA
			EPA		0	NA	NA	NA	0	NA	NA	NA
	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State		0	NA	NA	NA	0	NA	NA	NA
			EPA		0	NA	NA	NA	0	NA	NA	NA
	Penalties: total number of penalties (1 FY) ⁸	Data Quality	State		0	NA	NA	NA	0	NA	NA	NA
			EPA		0	NA	NA	NA	0	NA	NA	NA
	Penalties: total penalties (1 FY) ⁹	Data Quality	State		\$0	NA	NA	NA	\$0	NA	NA	NA
			EPA		\$0	NA	NA	NA	\$0	NA	NA	NA
G	Penalties: total collected pursuant to civil judicial actions (3 FY) ¹⁰	Data Quality	State		\$0	NA	NA	NA	\$0	NA	NA	NA
			EPA		\$0	NA	NA	NA	\$0	NA	NA	NA
	Penalties: total collected pursuant to administrative actions (3 FY) ¹¹	Informational Only	State		\$0	NA	NA	NA	\$0	NA	NA	NA
			EPA		\$8,000	NA	NA	NA	\$8,000	NA	NA	NA
	No activity indicator - total number of penalties (1 FY) ¹²	Data Quality	State		\$0	NA	NA	NA	\$0	NA	NA	NA
			EPA		\$0	NA	NA	NA	\$0	NA	NA	NA
2. Data accuracy. degree to which the minimum data requirements are accurate.												
1 Recommendation(s)												
A	Actions linked to violations: major facilities (1 FY)	Data Quality	State	≥ 80%	100.0%	5	5	0	100.0%	1	1	0
			EPA	≥ 80%	0 / 0	0	0	0	0 / 0	0	0	0
3. Timeliness of data entry. degree to which the minimum data requirements are complete.												

[1 Recommendation\(s\)](#)

A Comparison of Frozen Data Set Compare the production data results under Element 1 to the frozen data. Please see [Plain Language Guide](#) for details.

5. Inspection coverage. degree to which state completed the universe of planned inspections/compliance evaluations.
0 Recommendations

A	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	62.1%	45.6%	31	68	37	45.6%	31	68	37
			EPA	100%	5.1%	1.5%	1	68	67	1.5%	1	68	67
			Combined	100%	64.4%	45.6%	31	68	37	45.6%	31	68	37
B	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			18.8%	60	319	259	18.8%	60	319	259
			EPA			1.3%	4	319	315	1.3%	4	319	315
			Combined			19.7%	63	319	256	19.7%	63	319	256
B	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			0.0%	0	629	629	0.0%	0	629	629
			EPA			0.0%	0	629	629	0.0%	0	629	629
			Combined			0.0%	0	629	629	0.0%	0	629	629
C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.0%	0	23	23	0.0%	0	23	23
			EPA			8.7%	2	23	21	8.7%	2	23	21
			Combined			8.7%	2	23	21	8.7%	2	23	21

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

[2 Recommendation\(s\)](#)

A	Single-event violations at majors (1 FY)	Review Indicator	Combined			9	NA	NA	NA	9	NA	NA	NA
	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	NA	NA	NA	0	NA	NA	NA
B	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		21.7%	14.3%	1	7	6	14.3%	1	7	6
C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		21.0%	0.0%	0	1	1	0.0%	0	1	1
D	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		52.4%	32.4%	22	68	46	32.4%	22	68	46

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

[1 Recommendation\(s\)](#)

A	Major facilities in SNC (1 FY)	Review Indicator	Combined			2	NA	NA	NA	2	NA	NA	NA
	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		23.9%	2.7%	2	74	72	2.7%	2	74	72

B Wet weather SNC Metric(s) likely to be developed in the future.

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

[1 Recommendation\(s\)](#)

A	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	17.7%	0.0%	0	74	74	0.0%	0	74	74
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 [Save Results \(a comma delimited text file\)](#)

 [Save Results \(Excel file\)](#)

Report Generated on 5/9/2011

[Data Refresh Dates](#)

Note: EPA Regions must archive the state official data set (first results screen) used for a state review, as these data cannot be reproduced at a later date. SRF data metrics results may change as data are updated in AFS, ICIS, PCS, and RCRAInfo. The above data set may be saved in Excel or comma delimited text format by clicking on the appropriate Save Results link above. Drilldown tables that are linked from this page also cannot be exactly reproduced after a new data refresh occurs if the state has entered or changed data. OECA does not require regions to save the drilldown facility lists in order to document their review; however, if potential problem areas are identified through regional analysis or via state dialogue, the region may want to save selected drilldown lists.

General Notes:

- * Blue-shaded rows denote that the metric was pulled manually.
- * The results counts of some metrics contain enforcement sensitive (ES) records/actions. When using the drilldowns, [enforcement sensitive access](#) may be required to view all records/actions included in the results counts.
- * Because of timeout issues, links are not provided to drilldowns that produce more than 1500 records.

Caveats:

- ⁰ State Metric column is generally computed from the value in the Count column (x) divided by the value in the Universe column (y).
- ¹ FY2010 Metric 1B1 ICIS-NPDES data was pulled manually using ICIS data from Feb. 17, 2011. Metric 1B1 data is programmed for PCS states, and uses data from the current IDEA refresh. Because of the mix of manual and programmed data, the percentage shown in national average column reflects the national average for PCS, and not the true national average. Additionally, the SRF Standard Regional Report will not display metric 1B1 data for ICIS-NPDES states.
- ² FY2010 Metric 1B2 data was pulled manually and is based on data pulled from the IDEA January 2011 ICIS-NPDES refresh and PCS DMR Administrative Reports pulled on February 17, 2011.
- ³ FY2010 Metric 1B3 data was pulled manually and is based on data pulled from the IDEA January 2011 ICIS-NPDES refresh and PCS DMR Administrative Reports pulled on February 17, 2011.
- ⁴ FY2010 Metric 1C1 ICIS-NPDES data was pulled manually from ICIS on February 17, 2011. Metric 1C1 data is programmed for PCS states, and uses data from the current IDEA refresh. Additionally, the SRF Standard Regional Report will not display metric 1C1 data for ICIS-NPDES states.
- ⁵ FY2010 Metric 1C2 data was pulled manually and is based on data pulled from the IDEA January 2011 ICIS-NPDES refresh and PCS DMR Administrative Reports pulled on February 17, 2011.
- ⁶ FY2010 Metric 1C3 data was pulled manually and is based on data pulled from the IDEA January 2011 ICIS-NPDES refresh and PCS DMR Administrative Reports pulled on February 17, 2011.
- ⁷ Metric 1D2 data is pulled manually, and is available only for CY2007, CY2008, and CY2009. CY2010 data is not available at this time, and metric 1D2 should not be used for evaluation.
- ⁸ FY2008 Frozen data for metric 1G1S may be inaccurate for ICIS-NPDES states.
- ⁹ FY2008 Frozen data for metric 1G2S may be inaccurate for ICIS-NPDES states.
- ¹⁰ FY2008 Frozen data for metric 1G3S may be inaccurate for ICIS-NPDES states.
- ¹¹ FY2008 Frozen data for metric 1G4S may be inaccurate for ICIS-NPDES states.
- ¹² FY2008 Frozen data for metric 1G5S may be inaccurate for ICIS-NPDES states.

IDEA fields:

SRFG012, SRFG001, SRFG026, SRFG064. SRFG027, SRFG058, SRFG047, SRFG073, SRFG036, SRFG037, SRFG046, SRFG011, SRFG029, SRFG057, SRFG034, SRFG061, SRFG042, SRFG049, SRFG074, SRFG044, SRFG068, SRFG043, SRFG056, SRFG023, SRFG072, SRFG022, SRFG050, SRFG051, SRFG048, SRFG062, SRFG071, SRFG033, SRFG005, SRFG021, SRFG039, SRFG045, SRFG075, SRFG053, SRFG067, SRFG032, SRFG066, SRFG028, SRFG041, SRFG065, SRFG017, SRFG035, SRFG004, SRFG030, SRFG052, SRFG031, SRFG003, SRFG076, SRFG040, SRFG070, SRFG002, SRFG055, SRFG059, SRFG054, SRFG020, SRFG063, SRFG024, SRFG069, SRFG025, SRFG038, SRFG010, SRFG060

IDEA Queries:

0 INPUT NONLINKED SELECT A2G.AGGRID = "S00 CWA*", "SOR CWA*" AND (A2G.SYEAR = 201014 OR NOT A2G.SYEAR GT 0) OUTPUT REPORT SRFCWA PARM DELIMIT_, DETAIL A2G.AGGRID:1:12 DEC 100 A2G.SYEAR A2G.SFACTYP A2G.SRFG012 A2G.SRFG001 A2G.SRFG026 A2G.SRFG064 A2G.SRFG027 A2G.SRFG058 A2G.SRFG047 A2G.SRFG073 A2G.SRFG036 A2G.SRFG037 A2G.SRFG046 A2G.SRFG011 A2G.SRFG029 A2G.SRFG057 A2G.SRFG034 A2G.SRFG061 A2G.SRFG042 A2G.SRFG049 A2G.SRFG074 A2G.SRFG044 RESTRICT A2G.SFACTYP= RECAP AND (A2G.SYEAR = 201014 OR NOT A2G.SYEAR GT 0)

1 INPUT NONLINKED SELECT A2G.AGGRID = "S00 CWA*", "SOR CWA*" AND (A2G.SYEAR = 201014 OR NOT A2G.SYEAR GT 0) OUTPUT REPORT SRFCWA PARM DELIMIT_, DETAIL A2G.AGGRID:1:12 DEC 100 A2G.SYEAR A2G.SFACTYP A2G.SRFG068 A2G.SRFG043 A2G.SRFG056 A2G.SRFG023 A2G.SRFG072 A2G.SRFG022 A2G.SRFG050 A2G.SRFG051 A2G.SRFG048 A2G.SRFG062 A2G.SRFG071 A2G.SRFG033 A2G.SRFG005 A2G.SRFG021 A2G.SRFG039 A2G.SRFG045 A2G.SRFG075 A2G.SRFG053 A2G.SRFG067 A2G.SRFG032 RESTRICT A2G.SFACTYP= RECAP AND (A2G.SYEAR = 201014 OR NOT A2G.SYEAR GT 0)

2 INPUT NONLINKED SELECT A2G.AGGRID = "S00 CWA*", "SOR CWA*" AND (A2G.SYEAR = 201014 OR NOT A2G.SYEAR GT 0) OUTPUT REPORT SRFCWA PARM DELIMIT_, DETAIL A2G.AGGRID:1:12 DEC 100 A2G.SYEAR A2G.SFACTYP A2G.SRFG066 A2G.SRFG028 A2G.SRFG041 A2G.SRFG065 A2G.SRFG017 A2G.SRFG035 A2G.SRFG004 A2G.SRFG030 A2G.SRFG052 A2G.SRFG031 A2G.SRFG003 A2G.SRFG076 A2G.SRFG040 A2G.SRFG070 A2G.SRFG002 A2G.SRFG055 A2G.SRFG059 A2G.SRFG054 A2G.SRFG020 A2G.SRFG063 RESTRICT A2G.SFACTYP= RECAP AND (A2G.SYEAR = 201014 OR NOT A2G.SYEAR GT 0)

3 INPUT NONLINKED SELECT A2G.AGGRID = "S00 CWA*", "SOR CWA*" AND (A2G.SYEAR = 201014 OR NOT A2G.SYEAR GT 0) OUTPUT REPORT SRFCWA PARM DELIMIT_, DETAIL A2G.AGGRID:1:12 DEC 100 A2G.SYEAR A2G.SFACTYP A2G.SRFG024 A2G.SRFG069 A2G.SRFG025 A2G.SRFG038 A2G.SRFG010 A2G.SRFG060 RESTRICT A2G.SFACTYP= RECAP AND (A2G.SYEAR = 201014 OR NOT A2G.SYEAR GT 0)

4 INPUT NONLINKED SELECT A20.AGGRID = "S00 CWA*", "SOR CWA*" AND (A20.SYEAR = 201014 OR NOT A20.SYEAR GT 0) OUTPUT REPORT SRFCWA PARM DELIMIT_, DETAIL A20.AGGRID:1:12 DEC 100 A20.SYEAR A20.SFACTYP A20.SRFG012 A20.SRFG001 A20.SRFG026 A20.SRFG064 A20.SRFG027 A20.SRFG058 A20.SRFG047 A20.SRFG073 A20.SRFG036 A20.SRFG037 A20.SRFG046 A20.SRFG011 A20.SRFG029 A20.SRFG057 A20.SRFG034 A20.SRFG061 A20.SRFG042 A20.SRFG049 A20.SRFG074 A20.SRFG044 RESTRICT A20.SFACTYP= RECAP AND (A20.SYEAR = 201014 OR NOT A20.SYEAR GT 0)

5 INPUT NONLINKED SELECT A20.AGGRID = "S00 CWA*", "SOR CWA*" AND (A20.SYEAR = 201014 OR NOT A20.SYEAR GT 0) OUTPUT REPORT SRFCWA PARM DELIMIT_, DETAIL A20.AGGRID:1:12 DEC 100 A20.SYEAR A20.SFACTYP A20.SRFG068 A20.SRFG043 A20.SRFG056 A20.SRFG023 A20.SRFG072 A20.SRFG022 A20.SRFG050 A20.SRFG051 A20.SRFG048 A20.SRFG062 A20.SRFG071 A20.SRFG033 A20.SRFG005 A20.SRFG021 A20.SRFG039 A20.SRFG045 A20.SRFG075 A20.SRFG053 A20.SRFG067 A20.SRFG032 RESTRICT A20.SFACTYP= RECAP AND (A20.SYEAR = 201014 OR NOT A20.SYEAR GT 0)

NOT A20.SYEAR GT 0)

6 INPUT NONLINKED SELECT A20.AGGRID = "S00 CWA*", "SOR CWA*" AND (A20.SYEAR = 201014 OR NOT A20.SYEAR GT 0) OUTPUT REPORT SRFCWA PARM DELIMIT_, DETAIL A20.AGGRID:1:12 DEC 100 A20.SYEAR A20.SFACTYP A20.SRFG066 A20.SRFG028 A20.SRFG041 A20.SRFG065 A20.SRFG017 A20.SRFG035 A20.SRFG004 A20.SRFG030 A20.SRFG052 A20.SRFG031 A20.SRFG003 A20.SRFG076 A20.SRFG040 A20.SRFG070 A20.SRFG002 A20.SRFG055 A20.SRFG059 A20.SRFG054 A20.SRFG020 A20.SRFG063 RESTRICT A20.SFACTYP= RECAP AND (A20.SYEAR = 201014 OR NOT A20.SYEAR GT 0)

7 INPUT NONLINKED SELECT A20.AGGRID = "S00 CWA*", "SOR CWA*" AND (A20.SYEAR = 201014 OR NOT A20.SYEAR GT 0) OUTPUT REPORT SRFCWA PARM DELIMIT_, DETAIL A20.AGGRID:1:12 DEC 100 A20.SYEAR A20.SFACTYP A20.SRFG024 A20.SRFG069 A20.SRFG025 A20.SRFG038 A20.SRFG010 A20.SRFG060 RESTRICT A20.SFACTYP= RECAP AND (A20.SYEAR = 201014 OR NOT A20.SYEAR GT 0)

RCRA Program

The OTIS report was printed on May 18, 2011, using the OTIS Official Frozen Data. The RCRAInfo data verification process ended on February 18, 2011. The data were pulled into OTIS on the refresh date of March 9, 2011, and frozen.



OTIS State Review Framework Results

[RCRA Data for Oregon](#) (Review Period Ending: FY10)

Please note: For display purposes, some important explanatory details about the data metrics are not included on the metrics results screen. To see detailed information about each data metric, refer to the data metrics informational spreadsheet or data metrics plain language guide when reviewing the data - all SRF guidance is available on the [OTIS SRF documents page](#). The [data problems page](#) indicates any known data metrics issues.

			Official FY 2010 Frozen Data (Data Refresh Dates)					
Metric	Metric Type	Agency	National Goal	National Average	Oregon (Metric=x/y) ⁰	Count (x)	Universe (y)	Not Counted (y-x)
1. Data completeness. degree to which the minimum data requirements are complete. 0 Recommendations								
A	Number of operating TSDFs in RCRAInfo	Data Quality	State		4	NA	NA	NA
	Number of active LQGs in RCRAInfo	Data Quality	State		165	NA	NA	NA

			Official FY 2010 Frozen Data (Data Refresh Dates)					
Metric	Metric Type	Agency	National Goal	National Average	Oregon (Metric=x/y) ⁰	Count (x)	Universe (y)	Not Counted (y-x)
Number of active SQGs in RCRAInfo	Data Quality	State			391	NA	NA	NA
Number of all other active sites in RCRAInfo	Data Quality	State			2,913	NA	NA	NA
Number of LQGs per latest official biennial report	Data Quality	State			155	NA	NA	NA
Compliance monitoring: number of inspections (1 FY)	Data Quality	State			214	NA	NA	NA
B Compliance monitoring: sites inspected (1 FY)	Data Quality	State			195	NA	NA	NA
Number of sites with violations determined at any time (1 FY)	Data Quality	State			133	NA	NA	NA
C Number of sites with violations determined during the FY	Data Quality	State			100	NA	NA	NA
Informal action: number of sites (1 FY)	Data Quality	State			102	NA	NA	NA
D Informal action: number of actions (1 FY)	Data Quality	State			113	NA	NA	NA
SNC: number of sites with new SNC (1 FY)	Data Quality	State			0	NA	NA	NA
E SNC: number of sites in SNC (1 FY)	Data Quality	State			6	NA	NA	NA

			Official FY 2010 Frozen Data (Data Refresh Dates)					
Metric	Metric Type	Agency	National Goal	National Average	Oregon (Metric=x/y) ⁰	Count (x)	Universe (y)	Not Counted (y-x)
F Formal action: number of sites (1 FY)	Data Quality	State			25	NA	NA	NA
F Formal action: number taken (1 FY)	Data Quality	State			39	NA	NA	NA
G Total amount of final penalties (1 FY)	Data Quality	State			\$173,977	NA	NA	NA
2. Data accuracy. degree to which the minimum data requirements are accurate. 0 Recommendations								
A Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	NA	NA	NA
A Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	NA	NA	NA
B Number of sites in violation for greater than 240 days	Data Quality	State			14	NA	NA	NA
3. Timeliness of data entry. degree to which the minimum data requirements are complete. 0 Recommendations								
A Percent SNCs entered ≥ 60 days after designation (1 FY) ¹	Review Indicator	State			100.0%	1	1	0
B Comparison of Frozen Data Set	Compare the production data results under Element 1 to the frozen data. Please see Plain Language Guide for details.							
5. Inspection coverage. degree to which state completed the universe of planned inspections/compliance evaluations. 0 Recommendations								
A Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.4%	100.0%	4	4	0

			Official FY 2010 Frozen Data (Data Refresh Dates)						
Metric	Metric Type	Agency	National Goal	National Average	Oregon (Metric=x/y) ⁰	Count (x)	Universe (y)	Not Counted (y-x)	
B	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.1%	21.3%	33	155	122
C	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	61.7%	78.7%	122	155	33
D	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			50.4%	197	391	194
	Inspections at active CESQGs (5 FYs)	Informational Only	State			288	NA	NA	NA
	Inspections at active transporters (5 FYs)	Informational Only	State			20	NA	NA	NA
E	Inspections at non-notifiers (5 FYs)	Informational Only	State			0	NA	NA	NA
	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			5	NA	NA	NA
7. Identification of alleged violations. degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information. 0 Recommendations									
C	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			51.3%	100	195	95
8. Identification of SNC and HPV. degree to which the state accurately identifies significant noncompliance & high priority violations and enters information into the national system in a timely manner. 1 Recommendation(s)									
A	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	2.6%	0.0%	0	195	195

			Official FY 2010 Frozen Data (Data Refresh Dates)					
Metric	Metric Type	Agency	National Goal	National Average	Oregon (Metric=x/y) ⁰	Count (x)	Universe (y)	Not Counted (y-x)
B Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	83.2%	0 / 0	0	0	0
C Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	62.3%	12.9%	4	31	27
10. Timely and appropriate action. degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media. 1 Recommendation(s)								
A Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	46.5%	0 / 0	0	0	0
B No activity indicator - number of formal actions (1 FY)	Review Indicator	State			39	NA	NA	NA
12. Final penalty assessment and collection. Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected. 2 Recommendation(s)								
A No activity indicator - penalties (1 FY)	Review Indicator	State			\$173,977	NA	NA	NA
B Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	80.6%	95.0%	19	20	1

 [Save Results \(a comma delimited text file\)](#)

 [Save Results \(Excel file\)](#)

Report Generated on 5/18/2011

[Data Refresh Dates](#)

Note: EPA Regions must archive the state official data set (first results screen) used for a state review, as these data cannot be reproduced at a later date. SRF data metrics results may change as data are updated in AFS, ICIS, PCS, and RCRAInfo. The above data set may be saved in Excel or comma delimited text format by clicking on the appropriate Save Results link above. Drilldown tables that are linked from this page also cannot be exactly reproduced after a new data refresh occurs if the state has entered or changed data. OECA does not require regions to save the drilldown facility lists in order to document their review; however, if potential problem areas are identified through regional analysis or via state dialogue, the region may want to save selected drilldown lists.

General Notes:

* Blue-shaded rows denote that the metric was pulled manually.

* The results counts of some metrics contain enforcement sensitive (ES) records/actions. When using the drilldowns, [enforcement sensitive access](#) may be required to view all records/actions included in the results counts.

* Because of timeout issues, links are not provided to drilldowns that produce more than 1500 records.

Caveats:

⁰ State Metric column is generally computed from the value in the Count column (x) divided by the value in the Universe column (y).

¹ This metric includes SNC entry from 10/19/09 to 10/19/10. The data are updated annually at the end of each fiscal year.

IDEA Queries:

```
0 INPUT NONLINKED SELECT A20.AGGRID = "S00 RCRA*","SOR RCRA*" AND (A20.SYEAR = 201014 OR NOT A20.SYEAR GT 0)
OUTPUT REPORT SRFCRA PARM DELIMIT_, DETAIL A20.AGGRID:1:12 DEC 100 A20.SYEAR A20.SFACTYP A20.SRFG078
A20.SRFG001 A20.SRFG064 A20.SRFG027 A20.SRFG005 A20.SRFG058 A20.SRFG047 A20.SRFG073 A20.SRFG021 A20.SRFG075
A20.SRFG053 A20.SRFG046 A20.SRFG007 A20.SRFG028 A20.SRFG065 A20.SRFG041 A20.SRFG017 A20.SRFG011 A20.SRFG004
A20.SRFG079 RESTRICT A20.SFACTYP= RECAP AND (A20.SYEAR = 201014 OR NOT A20.SYEAR GT 0)
```

```
1 INPUT NONLINKED SELECT A20.AGGRID = "S00 RCRA*","SOR RCRA*" AND (A20.SYEAR = 201014 OR NOT A20.SYEAR GT 0)
OUTPUT REPORT SRFCRA PARM DELIMIT_, DETAIL A20.AGGRID:1:12 DEC 100 A20.SYEAR A20.SFACTYP A20.SRFG009
A20.SRFG029 A20.SRFG031 A20.SRFG003 A20.SRFG040 A20.SRFG002 A20.SRFG055 A20.SRFG019 A20.SRFG059 A20.SRFG049
A20.SRFG074 A20.SRFG044 A20.SRFG068 A20.SRFG013 A20.SRFG069 A20.SRFG023 A20.SRFG015 A20.SRFG025 A20.SRFG038
A20.SRFG051 RESTRICT A20.SFACTYP= RECAP AND (A20.SYEAR = 201014 OR NOT A20.SYEAR GT 0)
```

APPENDIX C: PDA TRANSMITTAL LETTER

Appendices C, D, and E provide the results of the Preliminary Data Analysis (PDA). The Preliminary Data Analysis forms the initial structure for the SRF report, and helps ensure that the data metrics are adequately analyzed prior to the on-site review.

This is a critical component of the SRF process because it allows the reviewers to be prepared and knowledgeable about potential problem areas before 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.

CAA Program

The PDA was not formally sent to either ODEQ or LRAPA prior to the on-site review. They were completed prior to the file selection and on-site review. The PDA was discussed with the respective Agency during the file review opening meeting.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
1200 Sixth Avenue, Suite 900
Seattle, Washington 98101-3140

MAR - 4 2011

OFFICE OF
COMPLIANCE AND ENFORCEMENT

Reply To: OCE-133

Annette Liebe, Manager
Surface Water Management
Water Quality Division
Oregon Department of Environmental Quality
811 SW Sixth Avenue
Portland, Oregon 97204

Dear Ms. Liebe:

On December 27, 2010, EPA Region 10 notified the Oregon Department of Environmental Quality (ODEQ) of its intention to begin the State Review Framework via an opening letter. As noted, the base year for review will be federal fiscal year 2010. Thank you for providing the requested response to the Clean Water Act (CWA) data verification through updates to PCS. We pulled the preliminary reports for the Review from the Online Tracking Information System (OTIS) web site. Unfortunately, due to time constraints, the pull was done prior to the expected data verification refresh, but we were able to incorporate data pulls from ODEQ and Oregon Department of Agriculture's (ODA) databases (conducted by Jim Billings) in our preliminary data analysis. The preliminary data analysis and proposed file selection table are enclosed for your consideration.

This preliminary analysis state data metrics spreadsheet includes blank columns for any state-provided data corrections/discrepancies, which we ask that you complete and return by April 1, 2011. Please provide this information if it is different from the data provided to my staff, Eva DeMaria, by Mr. Billings via emails on February 15 and 25, 2011. The CWA files that have been selected for review are from the Northwest, Western, and Eastern Regional Offices and the ODA. We understand that Mr. Billings will help to consolidate the files from the regional offices and ODA for review in Portland.

We are also interested in obtaining any specific conditions or information that you are aware of that may be relevant to the review (for example, credits under Element 13, special situations regarding data flow, etc.). After reviewing the enclosed information, if there are additional circumstances that Region 10 should consider during the review, please provide that information to us prior to the on-site file review.

Eva DeMaria and Robert Grandinetti, Office of Compliance and Enforcement, will conduct the CWA portion of the Oregon state review framework process. They have arranged to meet April 13-15, 2011, with DEQ staff in Portland and review the inspection and enforcement files listed in the enclosed file selection table. April 20-22, 2011, is also tentatively scheduled as backup dates in the event more time is needed to complete the file review. Region 10 followed

the State Review Framework file selection protocol using the OTIS online file selection tool. We selected 14 files from the Regional Offices. Because ODEQ currently does not enter non-major facility compliance and enforcement data into PCS, and due to possible data quality issues in OTIS, we supplemented the random file selection by selecting an additional 17 facility files from data collected by ODEQ. In addition to the files, we also ask that you provide CWA enforcement program organization charts and any relevant state rules or policies that have been adopted since the last review in September 2007, if not already submitted.

Please note that the enclosed preliminary findings are largely based only on the data metrics results from the OTIS data that was updated on February 28, 2011. Final findings may be significantly different based upon the results of the data verification and file review, along with ongoing discussions with state program staff. If you have any questions about the process that we intend to use, please contact Eva DeMaria or Robert Grandinetti.

All information and material used in this review may be subject to federal and/or state disclosure laws. EPA intends to use this information only for discussions with Oregon DEQ, however, it may be necessary to release information in response to a properly submitted request.

Sincerely,

for 
Kimberly A. Ogle, Manager
NPDES Compliance Unit

Enclosures

1. Preliminary Data Analysis of Oregon's SRF Data Metrics
2. Explanation of File Selection and CWA Table of Selected Files

cc: Les Carlough,
ODEQ Enforcement Office

Jim Billings,
ODEQ Water Quality Program



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10

1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

MAR - 3 2011

OFFICE OF
COMPLIANCE AND ENFORCEMENT

Reply to: OCE-127

Andree Pollock
Manager, Hazardous Waste Program
Oregon Department of Environmental Quality
811 Southwest Sixth Avenue
Portland, Oregon 97204

Dear Mr. Pollock:

In December 2010, EPA Region 10 notified the Oregon Department of Environmental Quality of its intention to begin the State Framework Review via an opening letter. Due to recent changes in the process to include the data verification step, the base year for review will be federal fiscal year 2010. Thank you for providing the requested response to the RCRA data verification through updates to RCRAInfo. We pulled the preliminary reports for the Review from the Online Tracking Information System (OTIS) web site following the February data refresh. The preliminary data analysis and proposed file selection table are attached for your consideration.

This preliminary analysis state data metrics spreadsheet includes blank columns for any state-provided data corrections/discrepancies, which we ask that you complete and return by March 22, 2011. We plan to conduct the upcoming on-site file review after the data review is completed and before April 15, 2011. The RCRA files that have been selected for review are from the Northwest and Western Regional Offices. Mike Slater and Cheryl Williams will arrange the time to visit the offices for the file review.

We are also interested in obtaining any specific conditions or information that you are aware of that may be relevant to the review (for example, credits under Element 13, special situations regarding data flow, etc). After reviewing the enclosed information, if there are additional circumstances that Region 10 should consider during the review, please provide that information to us prior to the on-site file review.

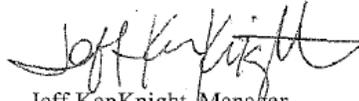
Cheryl Williams, Office of Compliance and Enforcement, and Mike Slater, Office of Air Waste and Toxics, will conduct the RCRA portion of the Oregon state review framework process. They will arrange for travel to Portland and Salem or Eugene to meet with Hazardous Waste and Enforcement staff and review the inspection and enforcement files listed in the attached file selection table. Region 10 followed the State Review Framework file selection protocol using the OTIS online file selection tool. We selected 24 files from the Northwest and Western Regional Offices as they made up the bulk of the facilities in OTIS for 2010. Because there were no new Significant Non-Complier (SNC) designations in OTIS for 2010, we supplemented the random file selection by selecting two of the four formal enforcement actions in 2010 that had received a prior year SNC designation. In addition to the files, we also ask that you provide Hazardous Waste and Enforcement program organization charts and any relevant state rules or policies that have been adopted since the last review in September 2007.

Printed on Recycled Paper

Please note that the enclosed preliminary findings are largely based only on the data metrics results from the OTIS data that was updated on February 8, 2011. Final findings may be different based upon the results of the data verification and file review, along with ongoing discussions with state program staff. If you have any questions about the process that we intend to use, please contact Mike Slater.

All information and material used in this review may be subject to federal and/or state disclosure laws. EPA intends to use this information only for discussions with Oregon DEQ. However, it may be necessary to release information in response to a properly submitted request.

Sincerely,



Jeff KenKnight, Manager
Air and RCRA Compliance Unit

Enclosure 1 – RCRA Table of Selected Files
Enclosure 2 – Preliminary Data Analysis of State's SRF Data Metrics

cc w/ enc: Les Carlough
ODEQ Enforcement Office

Tony Barber
EPA Oregon Operations Office

APPENDIX D: PRELIMINARY DATA ANALYSIS CHART

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

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

CAA Program - ODEQ

Metric	Metric Description	Metric Type	National Goal	National Average	Oregon Metric Prod	Count Prod	Initial Findings
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	100%	47.5%	60.00%	3	The State is above the national average but below the national goal
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	74.2%	75.0%	9	Barely above national average
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator			6	NA	The FCEs were not completed during their assigned CMS cycle. They have since been reflagged
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	> 1/2 National Avg	0.4%	0.0%	0	No HPVs per synthetic minor sources
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator		36.4%	37.5%	3	State is slightly above national average - discuss during file review

A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	>= 80%	88.3%	66.7%	2	A penalty was not assessed for an HPV. Discuss during file review.
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CAA Program - LRAPA

Metric	Metric Description	Metric Type	National Goal	National Average	LRAPA Metric Prod	Count Prod	Initial Findings
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality			0	NA	Verify during file review
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	100%	47.5%	0 / 0	0	No FCEs were conducted at Neshap facilities
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only			11	NA	Need to research issue during file review
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality			0	NA	Discuss during file review
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	<= 50%	44.6%	0 / 0	1	No NC sources in universe
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	36.0%	0.0%	0	Only 1 new HPV and data was entered late.
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	63.1%	11.3%	6	Timely data entry is well below the national average
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	74.2%	28.6%	2	Timely data entry is well below the national average
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	100%	85.1%	68.40%	13	This is slightly below the National average

A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	20% - 100%	91.6%	45.5%	5	This is significantly below the National average
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	100%	92.2%	58.3%	7	This is slightly below the National average
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only		29.1%	0.00%	0	Not a MDR to report FCE & PCEs at minor sources
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	No sources in NC status
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	< 1/2 National Avg	50.5%	100.0%	1	Discuss during file review
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	4103900529 Flakeboard. Failed stack test on 6/17/09 not linked to HPV

NPDES Program

Original Data Pulled from Online Tracking Information System (OTIS)							EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	Initial Findings
W01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			68	
W01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	
W01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			319	DEQ data indicates there are 307 non-major IPs
W01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			629	DEQ data indicates approximately 5929 non-major GPs; according to DEQ, SW and CAFO permits are not currently entered into PCS and are maintained by separate

							departments
W01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	93.1%	100.0%	
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	0 / 0	0 / 0	DEQ states that all major DMRs are entered into PCS; this metric indicates otherwise; there may be a problem with the PCS/WQSI interface.
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=; 95%	0 / 0	0 / 0	DEQ states that all major DMRs are entered into PCS; this metric indicates otherwise; there may be a problem with the PCS/WQSI interface.
W01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			100.0%	DEQ should not be overriding all facilities
W01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			2.2%	Data is informational-only and data are not required to be reported
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			0 / 0	
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			0 / 0	
W01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			0.9%	
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	ANCR for CY2009 was submitted on 9/13/10; EPA HQ has not submitted guidance on when to submit ANCR for CY2010.
W01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			0	
W01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			13	DEQ data indicates 13 informal actions at major facilities, but only 3 match what's in PCS; there may be a problem with the PCS/WQSI interface
W01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			15	
W01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			0	DEQ data indicates 172 informal actions at non-major facilities; data spread out between OCE, SW, ODA; DEQ is not currently entering enforcement actions for non-majors into PCS
W01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	
W01D1C	Violations at non-majors:	Informational Only	Combined			0.9%	DEQ states they are entering all WENDB for

	noncompliance rate (1 FY)						majors; DEQ data indicate 6 formal actions at major facilities; this data is not appearing in PCS; there may be a problem with the PCS/WQSYS interface
W01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			0	
W01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	DEQ data indicates 64 formal actions at non-major facilities; ODA indicates approximately 7 formal actions against CAFOs; DEQ is not currently entering formal actions for non-majors into PCS
W01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			0	
W01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	DEQ data indicates numerous penalties collected for both major and non-major facilities; however, penalty data for majors is not getting into PCS; there may be a problem with the PCS/WQSYS interface
W01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			0	
W01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$0	
W01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	Data is informational only
W01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$0	
W01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$0	DEQ states they are entering all WENDB for majors, but violation linkage is not appearing in PCS; there may be a problem with the PCS/WQSYS interface
W02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		0 / 0	DEQ data indicates 34 majors were inspected; data in PCS is incorrect; however, DEQ is meeting CMS goal
W05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	56.9%	36.8%	DEQ data indicates 60 non-majors IPs were inspected; data in PCS is incorrect; however, DEQ is meeting CMS goal
W05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			16.6%	DEQ data indicates approximately 7 percent of SW facilities are inspected each year; this is slightly less than the CMS goal; however, CAFO inspections were counted at 764 versus a total of 578 facilities, this may indicate

							numerous inspections at one facility
W05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			0.0%	Data is informational only
W05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.0%	Only one facility reporting SEV appears to be a very low number
W07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined				1 Data is informational only
W07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined				0 Data is questionable given that previous metrics (1b2, 1b3) indicate no DMR entry
W07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined			24.9% 37.5%	Data is questionable given that previous metrics (1b2, 1b3) indicate no DMR entry
W07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined			23.3% 0.0%	Data is questionable given that previous metrics (1b2, 1b3) indicate no DMR entry
W07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined			52.8% 30.9%	Data is questionable given that previous metrics (1b2, 1b3) indicate no DMR entry and 1b4 indicates 100% RNC/SNC override rate
W08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined				2 Data is questionable given that previous metrics (1b2, 1b3) indicate no DMR entry
W08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined			24.9% 2.7%	Data is questionable given that previous metrics (1b2, 1b3) indicate no DMR entry
W10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.4%	0.0%	

RCRA Program

Original Data Pulled from Online Tracking Information System (OTIS)							EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	State Metric	Initial Findings
1B2-S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State	NA	NA	195	2010 was 25% below 5 year average of 261: 2005=225, 2006=272, 2007=336, 2008=214, 2009=262
1E1-S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			0	No new SNC designations compared to 5 year average of 5 and the recent trend is a concern 2005=7, 2006=5, 2007=8, 2008=3, 2009=2
3A-S	Percent SNCs entered more than 60 days after designation (1 FY)	Review Indicator	State			100.0%	Violation determined 8/27/09, prior year SNC entered with type 213 enf action on 7/29/2010
8A-S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	2.5%	0.0%	Need to review enforcement case files for 2010 to evaluate SNC criteria
8B-S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	82.8%	0.0%	No new SNC designations with which to make a finding
8C-S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	61.3%	12.9%	Need to review some of the 27 enforcement case files for 2010 that did not have prior SNC designation
10A-S	Percent of SNC with formal actions/referrals taken within 360 days (1 FY)	Review Indicator	State	80%	41.9%	0.00%	Need to review enforcement case files for 2010 to evaluate SNC criteria

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

The Preliminary Data Analysis (PDA) worksheets for all three program reviews are included in this Appendix. Region 10 did not receive state comments on the RCRA PDA sent March 3, 2011.

CAA - ODEQ

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oregon Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			118	NA	NA	NA	No				Appears acceptable	
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			118	NA	NA	NA	No				Appears acceptable	
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			18	NA	NA	NA	No				Appears acceptable	
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			9	NA	NA	NA	Yes	Yes	State Data Source	4105102620 -source closed	Appears acceptable	
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			10	NA	NA	NA	No				Appears acceptable	
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			65	NA	NA	NA	Yes	Yes	State Data Source	4105102620 refer to A01B2	Appears acceptable	

A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			13	NA	NA	NA	Yes	Yes	State Data Source	4104900041 - source not subject to NESHAP removed air program	Appears acceptable	
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			63	NA	NA	NA			State Data Source	4105102068 - Added MACT subpart 5Z	Appears acceptable	
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	86.3%	96.6%	57	59	2	No				Appears acceptable	
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	47.5%	60.00%	3	5	2	Yes	Yes	Universe	Universe included sources not subject to NESHAP air program that had previously had this NESHAP removed (refer to footnote*1 for list of sources)	Inconclusive	The State is above the national average but below the national goal
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	92.8%	100.0%	54	54	0	Yes	Yes	State Data Source	4105102068 refer to A01C3	Appears acceptable	

A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			61	NA	NA	NA	Yes	Yes	State Data Source	4105102478 - FCE reported after 9/30/10 / 4100100038 FCE 2009 not counted	Appears acceptable
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			61	NA	NA	NA	Yes	Yes	State Data Source	4100100038 & 4105102478 refer to A01D1S	Appears acceptable
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			5	NA	NA	NA	No				Appears acceptable
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			10	NA	NA	NA	Yes	Yes	State Data Source	2009 Quarter 4 compliance status has been identified & request to EPA for change to in-compliance has been submitted (refer to source list footnote *2) / 2010 Q3 status change to in-compliance request made to EPA for 4105103224 & 4104900032	Appears acceptable

A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			8	NA	NA	NA	No				Appears acceptable
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			6	NA	NA	NA	No				Appears acceptable
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			5	NA	NA	NA	No				Appears acceptable
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			4	NA	NA	NA	No				Appears acceptable
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	58.1%	100.0%	5	5	0	No				Appears acceptable
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	89.5%	100.0%	5	5	0	No				Appears acceptable
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	91.0%	100.0%	5	5	0	No				Appears acceptable
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			4	NA	NA	NA	No				Appears acceptable
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			3	NA	NA	NA	No				Appears acceptable
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$12,000	NA	NA	NA	No				Appears acceptable
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		0	NA	NA	NA	No				Appears acceptable
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	44.6%	20.8%	5	24	19	No				Appears acceptable

A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.4%	0.0%	0	73	73	No				Appears acceptable	
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			2	NA	NA	NA	No				Appears acceptable	
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	36.0%	100.0%	5	5	0	No				Appears acceptable	
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	63.1%	81.7%	303	371	68	No				Appears acceptable	Below the National goal but Above the national average
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	74.2%	75.0%	9	12	3	No				Potential concern	Barely above national average
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	88.6%	95.6%	109	114	5	Yes	Yes	State Data Source	4100100038 refer to A01D1S / Universe - 4102500002 - operating staut X - closed source	Appears acceptable	

A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	State	100%	85.1%	95.8%	114	119	5	Yes	Yes	State Data Source	4100100038 refer to A01D1S / Universe - 4102500002 - operating staut X - closed source	Appears acceptable		
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	91.6%	100.0%	16	16	0					Appears acceptable		
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	92.2%	94.40%	17	18	1	Yes	Yes	State Data Source	4105102478 refer to A01D1S	Appears acceptable		
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		81.4%	94.40%	17	18	1	Yes	Yes	State Data Source	4105102478 refer to A01D1S	Appears acceptable		
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		29.1%	8.3%	11	132	121	No				Appears acceptable		
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State				6	NA	NA	NA	Yes	Yes	State Data Source	Compliance status has been identified & request to EPA for change has been submitted (refer to footnote *3 for a list of sources)	Inconclusive	The FCEs were not completed during their assigned CMS cycle. They have since been reflagged
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State				2	NA	NA	NA	No			Appears acceptable		

A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.0%	100.0%	117	117	0	No				Appears acceptable	
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	22.9%	20.00%	10	50	40	Yes	Yes	State Data Source	refer to A01E0 for compliance status change request	Appears acceptable	
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	46.6%	50.0%	1	2	1	No				Appears acceptable	What is NC status of second failed stack test
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	6.3%	3.4%	4	118	114	No				Appears acceptable	Just above national average
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.4%	0.0%	0	18	18	No				Inconclusive	No HPVs per synthetic minor sources
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	69.8%	100.0%	3	3	0	No				Appears acceptable	
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	50.5%	33.3%	2	6	4	No				Appears acceptable	
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 National Avg	40.9%	50.0%	1	2	1	No				Appears acceptable	
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		36.4%	37.5%	3	8	5	No				Inconclusive	State is slightly above national average - discuss during file

																review
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			4	NA	NA	NA	No					Appears acceptable	
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	88.3%	66.7%	2	3	1	No					Potential concern	A penalty was not assessed for an HPV. Discuss during file review.

CAA - LRAPA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oregon Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			18	NA	NA	NA	y	yes		added Johnson Crushing, deleted Williams Bakery		Appears Acceptable
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			17	NA	NA	NA					Appears Acceptable	
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			17	NA	NA	NA	y			deleted 7 and added 7 see attachment 4)	Appears Acceptable	
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			0	NA	NA	NA	N				Inconclusive	Verify during file review
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not	Informational Only	State			1	NA	NA	NA	y			Cone Lumber & Weyerhaeuser deleted	Appears Acceptable	

	including NESHAP Part 61 (Current)														
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			15	NA	NA	NA	y			11 sources newly entered subparts = 15 total	Appears Acceptable	
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			18	NA	NA	NA	y			18 sources newly entered subparts	Appears Acceptable	
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			12	NA	NA	na	y			plus 1 - johnson crushers newly added	Appears Acceptable	
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	86.3%	#####	7	7	7				4 Major & 2 SM FCES for newly identified NSPS sources 0 = should be 7 (international + 6 new=7)	Appears Acceptable	
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	47.5%	0 / 0	0	18	0	N			no FCEs w/NESHAP	Potential Concern	No FCEs were conducted at NESHAP facilities

A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	92.8%	100.0%	8	8	0	N			adding 6 sources w/newly identified subpart	Appears Acceptable	
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State				10	NA	NA	NA	N		add Kingsford, Swanson, delete Murphy Plywood	Appears Acceptable	
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State				12	NA	NA	NA	N		delete 1 murphy & add Kingsford & Swanson	Appears Acceptable	
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State				11	NA	NA	NA	Y	Need to PCE count from AFS	PCEs not showing up in count	Inconclusive	Need to research issue during file review

A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			0	NA	NA	NA	N			Inconclusive	Discuss during file review
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			2	NA	NA	NA	N			Appears Acceptable	
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			2	NA	NA	NA	N			Appears Acceptable	
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			1	NA	NA	NA				Appears Acceptable	
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			1	NA	NA	NA	N			Appears Acceptable	
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	58.1%	100.0%	1	1	0	N			Appears Acceptable	

A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	89.5%	100.0%	1	1	0	N				Appears Acceptable	
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	91.0%	100.0%	1	1	0	N				Appears Acceptable	
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			5	NA	NA	NA	N				Appears Acceptable	
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			4	NA	NA	NA	N				Appears Acceptable	
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$9,700	NA	NA	NA	N				Appears Acceptable	Seems like low amount for 5 formal actions
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		1	NA	NA	NA	N				Appears Acceptable	
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	44.6%	0 / 0	1	0	NA	N				Inconclusive	No NC sources in universe
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.4%	0.0%	0	8	8	N				Appears Acceptable	
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			0	NA	NA	NA					Appears Acceptable	
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1	Goal	State	100%	36.0%	0.0%	0	1	1	N				Potential Concern: suppl file review	Only 1 new HPV and data was entered late.

	FY)														
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	63.1%	11.3%	6	53	47	N				Potential Concern	Timely data entry is well below the national average
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	74.2%	28.6%	2	7	5	N				Potential Concern	Timely data entry is well below the national average
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	88.6%	88.2%	15	17	2	y			add 2 and minus 2 = no change in total only in who inspected	Minor Issue	This is slightly below the National average
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	85.1%	68.40%	13	19	6	N				Potential Concern	This is slightly below the National average
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	91.6%	45.5%	5	11	6	Y			State reflects add 3, however EPAR10 review of AFS doe not support	Potentail Concern	This is significantly below the National average

													change		
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	92.2%	58.3%	7	12	5	N				Potential Concern	This is slightly below the National average
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		81.4%	94.1%	16	17	1	N					Appears Acceptable
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		29.1%	0.00%	0	4	4	Y			State indicates Cone Lumber deleted	Minor issue	Not a MDR to report FCE & PCEs at minor sources
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State				3	NA	NA	NA	Y		William Bakery not TV - deleted	Appears Acceptable	
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State				0	NA	NA	NA	N		local does not enter investigations	Appears Acceptable	Not MDR
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.0%	94.4%	17	18	1	N				Appears Acceptable	
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1	Review Indicator	State	> 1/2 National Avg	22.9%	25.00%	3	12	9	EPA			4103900550 Roseburg- 8C issued, no noncompliance action entered in AFS to support	Appears Acceptable	

	FY)												enforcement action being issued; 41093003102 Murphy - NOV issued no noncompliance action entered into AFS to identify action; 4103905160 Navistar - 8C issued to address HPV, result code on PCE/Offsite not entered in AFS which would have counted as a noncomply. action. AFS has been corrected by adding noncomply to PCE/offsite #00088		
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	46.6%	0 / 0	0	0	0	N				Potential Concern	No sources in NC status
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	6.3%	5.6%	1	18	17	N				Appears Acceptable	
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.4%	0.0%	0	17	17	N				Appears Acceptable	Small universe of synthec minors
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	69.8%	50.0%	1	2	1	N				Appears Acceptable	

A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	50.5%	100.0%	1	1	0	N				Potential Concern	Discuss during file review
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 National Avg	40.9%	0.0%	0	1	1	N			EPA Comment: 4103900529 Flakeboard. Failed stack test on 6/17/09 not linked to HPV	Potential Concern	4103900529 Flakeboard. Failed stack test on 6/17/09 not linked to HPV
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		36.4%	50.0%	2	4	2					Appears Acceptable	However, need to discuss improvement with Agency
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			5	NA	NA	NA				Minus Weyerhaeuser Co but add U of Or	Appears Acceptable	
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	88.3%	100.0%	2	2	0					Appears Acceptable	

NPDES

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oregon Metric Prod	Count Prod	Universe Prod	Not Counted Prod	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
W01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			68	NA	NA	NA	No		WQSI S	DEQ clarifies: 68 traditional core individual domestic and industrial sources.	Appears acceptable	

													Actually total of 74 Majors including 6 Phase I MS4s in FY10. Permit data from WQSIS.		
W01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	NA	NA	NA	NA	NA	NA	NA	NA - region only metric	
W01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			319	NA	NA	NA	Yes	285	WQSIS	DEQ submitted 285 traditional core domestic and industrial sources, one Phase I MS4 (ODOT) and 15 Phase II MS4s with IPs. ODA had 3 Active IPs in FY10. Total is 304 with 16 MS4s and 3 CAFOs. Permit data from WQSIS.	Minor issue	DEQ data indicates there are 307 non-major IPs.
W01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			629	NA	NA	NA	Yes	5,351	WQSIS	Not required under WENDB. DEQ submitted 5,351 GPs (2,619 Stormwater GPs and 2,732 other	Potential concern	DEQ data indicates approximately 5929 non-major GPs; according to DEQ, SW and CAFO permits

													GPs). ODA had 559 GPs active during the entire FY10. In addition, 17 facilities were active only a portion of the FY10.		are not currently entered into PCS and are maintained by separate departments
W01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	93.1%	100.0%	68	68	0	No		DMS	All permit/order limits, monitoring, and other conditions for DMR are coded in DMS and PCS.	Appears acceptable	
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	0 / 0	0 / 0	0	0	0	Yes	100.0%	OTIS	All DMRs entered by hand to DMS then electronically uploaded to PCS from DMS (no PCS/WQSI S interface). Correction from OTIS on 3/30/2011.	Potential concern	DEQ states that all major DMRs are entered into PCS; this metric indicates otherwise; there may be a problem with the PCS/WQSI S interface.
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	Yes	100.0%	OTIS	All DMRs entered by hand to DMS then electronically uploaded to PCS from DMS (no PCS/WQSI S interface). Correction from OTIS on	Potential concern	DEQ states that all major DMRs are entered into PCS; this metric indicates otherwise; there may be a problem with the PCS/WQSI S interface.

													3/30/2011.		IS interface.
W01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			100.0%	67	67	0	Yes	1	OTIS	Correction from OTIS on 3/30/2011.	Potential concern	DEQ should not be overriding all facilities
W01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			2.2%	7	319	312				Not required under WENDB	Inconclusive	Data is informational-only and data are not required to be reported
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			0 / 0	0	0	0				Not required under WENDB. As documented for non-major DMR reviews in the High Priority Outcome #1 Progress Report, DEQ inspectors manually reviewed 75% in QTR1, 72% QTR2, 77% QTR3, and 70% QTR4 of FY10.	Inconclusive	
C01C3C	Non-major individual permits: DMR entry rate based on DMRs	Informational Only	Combined			0 / 0	0	0	0				Not required under WENDB. As	Inconclusive	

	expected (Permits/Permits) (1 Qtr)												documented for non-major DMR reviews in the High Priority Outcome #1 Progress Report, DEQ inspectors manually reviewed 75% in QTR1, 72% QTR2, 77% QTR3, and 70% QTR4 of FY10.		
W01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			0.9%	3	319	316				Not required under WENDB. ODA issued 94 Notices of Noncompliance for 576 total facilities with a compliance rate of 83.7% (16.3 noncompliance rate).	Inconclusive	
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	0	0	0				Agree with Initial Findings that no CY2010 ANCR for non-majors.	Inconclusive	ANCR for CY2009 was submitted on 9/13/10; EPA HQ has not submitted guidance on when to submit ANCR for CY2010.
W01D3C	Violations at non-majors:	Informational Only	Combined			0	NA	NA	NA				Not required	Inconclusive	

	DMR non-receipt (3 FY)												under WENDB (not evident in data bases either).		
W01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			13	NA	NA	NA	Yes	21	OTIS	Correction from OTIS on 3/30/2011. DEQ enters informal actions directly to PCS manually; no PCS/WQSI S interface. DEQ submitted list of 22 violations of 14 informal enforcemen t actions (PENs and WLs) for 12 different major permits in FY10.	Potential concern	DEQ data indicates 13 informal actions at major facilities, but only 3 match what's in PCS; there may be a problem with the PCS/WQS IS interface
W01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			15	NA	NA	NA	Yes	25	OTIS	Correction from OTIS on 3/30/2011. DEQ submitted list of 22 violations of 14 informal enforcemen t actions (PENs and WLs) for majors in FY10.	Potential concern	

W01E3S	Informal actions: number of non- major facilities (1 FY)	Data Quality	State			0	NA	NA	NA				Not required under WENDB. DEQ submitted total of 123 minors with 39 IPs, 81 SW, and 3 Other GPs. ODA only has formal enforcemen t actions for noncomplia nce with CAFOs.	Inconclusive	DEQ data indicates 172 informal actions at non-major facilities; data spread out between OCE, SW, ODA; DEQ is not currently entering enforceme nt actions for non- majors into PCS
W01E4S	Informal actions: number of actions at non- major facilities (1 FY)	Data Quality	State			0	NA	NA	NA				Not required under WENDB. DEQ submitted total of 145 informal actions with 56 IPs, 86 SW, and 3 Other GPs. ODA only has formal enforcemen t actions for noncomplia nce with CAFOs.	Inconclusive	
W01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	Yes	1	OTIS	DEQ recently coded six formal enforcemen t actions closed in FY10 in PCS manually (PCS extraction	Potential concern	DEQ states they are entering all WENDB for majors; DEQ data indicate 6 formal actions at major

													on 3/14/2011, so should see on OTIS on 3/30/2010). DEQ enters formal actions directly to PCS manually; no PCS/WQSI S interface. DEQ submitted six major sources with closed formal actions in FY10 on March 25th.		facilities; this data is not appearing in PCS; there may be a problem with the PCS/WQSI S interface
W01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	Yes	1	OTIS	DEQ recently coded six formal enforcement actions closed in FY10 in PCS manually (PCS extraction on 3/14/2011, so should see on OTIS on 3/30/2010). DEQ enters formal actions directly to PCS; no PCS/WQSI S interface. DEQ submitted six major	Potential concern	

													sources with closed formal actions in FY10 on March 25th.		
W01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA				Not required under WENDB. DEQ submitted total of 66 minor sources with formal actions with 15 IPs, 40 SW, 2 Other GPs, and 9 ODA sources. ODA issued 7 Civil Penalties, 2 Consent Orders and 6 Final Orders for 9 facilities.	Inconclusive	DEQ data indicates 64 formal actions at non-major facilities; ODA indicates approximately 7 formal actions against CAFOs; DEQ is not currently entering formal actions for non-majors into PCS
W01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA				Not required under WENDB. DEQ submitted total of 83 formal actions for minors with 18 IPs, 42 SW, 2 Other GPs, 6 Spills/No Permit, and 15 ODA sources. ODA issued 7 Civil Penalties, 2	Inconclusive	

													Consent Orders and 6 Final Orders for 9 facilities.		
W01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			0	NA	NA	NA				Not required under WENDB; Only if for Judicial Actions. DEQ had no penalties due to judicial actions. DEQ submitted total of 70 major and minor administrative action penalties with 6 major IPs, 17 minor IPs, 34 SW, 2 Other GPs, and 4 Spills/No Permit sources. DEQ enters data directly to PCS manually; no PCS/WQSI S interface. ODA issued 7 penalties.	Potential concern	DEQ data indicates numerous penalties collected for both major and non-major facilities; however, penalty data for majors is not getting into PCS; there may be a problem with the PCS/WQSI interface
W01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$0	NA	NA	NA				Not required under WENDB; Only if for Judicial Actions. DEQ had no penalties	Potential concern	

													due to judicial actions. DEQ submitted administrative action penalties totalling \$386,146 for major and minor sources with \$39,700 for major IPs, \$71,262 minor IPs, \$217,843 SW, \$41,091 Other GPs, and \$16,250 Spills/No Permit sources. ODA issued penalties totaling of \$34,390.		
W01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA	NA				Not required under WENDB; Only if for Judicial Actions. DEQ had no penalties due to judicial actions.	Potential concern	
W01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$0	NA	NA	NA				Not required under WENDB; Only if for Judicial Actions. DEQ submitted	Inconclusive	Data is informational only

													data showing administrative penalty collection total of \$184,319 for major and minor sources with penalty collections of \$30,285 from major IPs, \$39,964 minor IPs, \$98,910 SW, \$8,313 Other GPs, \$6,847 and Spills/No Permit sources. ODA collected penalties for a total of \$38,780.00. This amount includes penalties assessed in the previous FY that were collected.		
W01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$0	NA	NA	NA				Not required under WENDB; Only if for Judicial Actions	Potential concern	
W02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		0 / 0	0	0	0	Yes	1	OTIS	Estimate: >=; 80% will provide mid-April	Potential concern	DEQ states they are entering all WENDB for majors,

															but violation linkage is not appearing in PCS; there may be a problem with the PCS/WQS IS interface
W05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	56.9%	36.8%	25	68	43	Yes	31	OTIS	DEQ submittal shows 34 majors inspected.	Minor issue	DEQ data indicates 34 majors were inspected; data in PCS is incorrect; however, DEQ is meeting CMS goal
W05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			16.6%	53	319	266	Yes	60	OTIS	DEQ submittal shows total 60 minor IPs. ODA inspected 3 non major IPs.	Minor issue	DEQ data indicates 60 non-majors IPs were inspected; data in PCS is incorrect; however, DEQ is meeting CMS goal
W05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			0.0%	0	629	629				DEQ is not currently sending PCS information for non-majors inspections. DEQ submittal shows total of 938 non-major GPs inspected	Minor issue	DEQ data indicates approximately 7 percent of SW facilities are inspected each year; this is slightly less than the CMS

												including 173 SW, one Other GP, and 764 CAFOs. ODA CAFO inspections are on a 10 month cycle. Several facilities received additional inspections during this FY. In addition there are several other categories of inspections/visits that have been included in this category. If needed they can be broken down for analysis.	goal; however, CAFO inspections were counted at 764 versus a total of 578 facilities, this may indicate numerous inspections at one facility		
W05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.0%	0	23	23				Inconclusive	Data is informational only	
W07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			1	NA	NA	NA	Yes	9	OTIS	PCS refresh may show more.	Potential concern	Only one facility reporting SEV appears to be a very low number

W07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	NA	NA	NA				Not required under WENDB	Inconclusive	Data is informational only
W07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		24.9%	37.5%	3	8	5	Yes	1	OTIS		Inconclusive	Data is questionable given that previous metrics (1b2, 1b3) indicate no DMR entry
W07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		23.3%	0.0%	0	1	1					Inconclusive	Data is questionable given that previous metrics (1b2, 1b3) indicate no DMR entry
W07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		52.8%	30.9%	21	68	47	Yes	22	OTIS		Inconclusive	Data is questionable given that previous metrics (1b2, 1b3) indicate no DMR entry
W08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined				2	NA	NA	NA				Inconclusive	Data is questionable given that previous metrics (1b2, 1b3) indicate no DMR entry and 1b4

															indicates 100% RNC/SNC override rate
W08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		24.9%	2.7%	2	74	72	Yes	Universe Prod = 68	WQSI S	Universe of majors is 68 (74 with 6 MS4s).	Inconclusive	Data is questionable given that previous metrics (1b2, 1b3) indicate no DMR entry
W10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.4%	0.0%	0	74	74	Yes	Universe Prod = 68	WQSI S	Universe of majors is 68 (74 with 6 MS4s).	Inconclusive	Data is questionable given that previous metrics (1b2, 1b3) indicate no DMR entry

RCRA

Metric	Metric Description	Metric Type	Agency	National Goal	National Avg	OREGON Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
1A1-S	Number of operating TSDFs in RCRAInfo	Data Quality	State			4								Appears acceptable	
1A2-S	Number of active LQGs in RCRAInfo	Data Quality	State			165								Minor issue	6% more LQGs than 2009 biennial report but LQG status is variable

1A3-S	Number of active SQGs in RCRAInfo	Data Quality	State			391								Appears acceptable	
1A4-S	Number of all other active sites in RCRAInfo	Data Quality	State			2,913								Appears acceptable	
1A5-S	Number of LQGs per latest official biennial report	Data Quality	State			155								Minor issue	10 fewer LQGs than current active status
1B1-S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			214								Appears acceptable	
1B2-S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			195								Minor issue	2010 was 25% below 5 year average of 261: 2005=225, 2006=272, 2007=336, 2008=214, 2009=262
1C1-S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			133								Appears acceptable	
1C2-S	Number of sites with violations determined during the FY	Data Quality	State			100								Appears acceptable	

1D1-S	Informal actions: number of sites (1 FY)	Data Quality	State			102								Appears acceptable	
1D2-S	Informal actions: number of actions (1 FY)	Data Quality	State			113								Appears acceptable	
1E1-S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			0								Potential Concern, supplement file review	No new SNC designations compared to 5 year average of 5 and the recent trend is a concern 2005=7, 2006=5, 2007=8, 2008=3, 2009=2
1E2-S	SNC: Number of sites in SNC (1 FY)	Data Quality	State			6								Appears acceptable	
1F1-S	Formal action: number of sites (1 FY)	Data Quality	State			25								Appears acceptable	

1F2-S	Formal action: number taken (1 FY)	Data Quality	State			39							Appears acceptable	
1G-S	Total amount of assessed penalties (1 FY)	Data Quality	State			\$173,977							Appears acceptable	5 year average approx \$170,000
2A1-S	Number of sites SNC- determined on day of formal action (1 FY)	Data Quality	State			0							Inconclusive	No new SNC designations with which to make a finding
2A2-S	Number of sites SNC- determined within one week of formal action (1 FY)	Data Quality	State			0							Inconclusive	No new SNC designations with which to make a finding
2B-S	Number of sites in violation for greater than 240 days	Data Quality	State			14							Appears acceptable	11% of all 132 sites in violation (1C1)

3A-S	Percent SNCs entered more than 60 days after designation (1 FY)	Review Indicator	State			100.0%	1	1	0					Potential Concern, see 1E1	Violation determined 8/27/09, prior year SNC entered with type 213 enforcement on 7/29/2010
5A-S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.4%	100.0%	4	4	0					Appears acceptable	
5B-S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.1%	21.3%	33	155	122					Appears acceptable	
5C-S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	61.7%	78.7%	122	155	33					Minor issue	Better than national average and LQG universe is variable
5D-S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			50.4%	197	391	194					Appears acceptable	
5E1-S	Inspections at active CESQGs (5 FYs)	Informational Only	State			288								Appears acceptable	
5E2-S	Inspections at active transporters (5 FYs)	Informational Only	State			20								Appears acceptable	
5E3-S	Inspections at non-notifiers (5 FYs)	Informational Only	State			0								Inconclusive	Seems like there is a problem with the data selection for this measure. Almost half the states have "0."
5E4-S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			5								Appears acceptable	

7C-S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			51.3%	100	195	95					Appears acceptable	
8A-S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	2.5%	0.0%		195	195					Potential Concern, supplement file review	Need to review enforcement case files for 2010 to evaluate SNC criteria
8B-S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	82.8%	0.0%	0	0	0					Inconclusive	No new SNC designations with which to make a finding
8C-S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	61.3%	12.9%	4	31	27					Potential Concern, supplement file review	Need to review some of the 27 enforcement case files for 2010 that did not have prior SNC designation
10A-S	Percent of SNC with formal actions/referrals taken within 360 days (1 FY)	Review Indicator	State	80%	41.9%	0.00%	0	0	0					Potential Concern, supplement file review	Need to review some of the 4 SNC enforcement case files for 2010 to evaluate timeliness criteria
10B-S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State				39							Appears acceptable	

12A-S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$173,977							Appears acceptable	
12B-S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	80.4%	95.0%	19	20	1				Appears acceptable	Exceeds the national average for formal actions with penalty but not designated as SNC actions

APPENDIX F: FILE SELECTION

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

A. File Selection Process

CAA: Region 10 followed the SRF file selection protocol using the OTIS online file selection tool for both ODEQ and LRAPA. For ODEQ, the file selection tool indicated that a total of 75 files had some sort of activity (enforcement or compliance monitoring) in FY2010. Originally, a total of 21 files were selected for review based on the universe of 75 records. However, at ODEQ's insistence, an additional four "B" source files were randomly selected for review even though the file selection tool indicated that the four files had not had any activity in the fiscal year under review (FY2010). During the on-site review, this was confirmed. Since the SRF is based on a state's performance in a specific year, these four files were subsequently dropped from the file review (the file review metrics were not applicable for the four files). Also, one file was not available for review during the on-site review. It was located in one of ODEQ's smaller satellite offices. In summary, the total number of files reviewed was twenty (20). The number of files containing an enforcement activity was three and the number containing a compliance monitoring activity was 17. All of the enforcement files (3) that were in the OTIS database were reviewed. An effort was also made to select files from each of ODEQ's regional offices. For LRAPA, the tool indicated that a total of 21 files had some sort of activity in FY2010. Based on this number, a total of six files were reviewed. The tool indicated that five of the six files had an enforcement activity and three of the files had a compliance monitoring activity.

NPDES: Files were selected using both the OTIS file selection tool and from inspection and enforcement data provided by ODEQ. Files could not be exclusively selected using the OTIS tool because FY2010 data verification was not completed prior to the start of file selection and a large majority of minor facility data is not required WENDB elements and, therefore, were not necessarily entered into PCS by ODEQ. File selection began before data verification was complete (and PCS refreshed approximately March 5, 2011) as Region 10 wanted to provide ODEQ sufficient time (i.e., one month) to collect files from regional offices for consolidation in ODEQ's headquarters office located in Portland. ODEQ provided Region 10 with state inspection/enforcement data for all facilities (majors, traditional minors, storm water, wet weather) on February 15, 2011 with corrections on February 25, 2011. A total of 256 informal and formal enforcement actions and 975 inspections were conducted in FY2010, for a total of 1,231 compliance activities. The File Selection Guidance states that if there are more than 700 facilities in the universe, then 25 to 40 files should be selected for review. A total of 36 files were initially selected that represented the regional offices, storm water, and CAFOs with approximately half showing compliance monitoring activity and the other half showing enforcement activity. From the 36 initial files, this was further reduced to a total of 31 files as three facilities were inactive (Murphy Co., Unified Sewerage Agency, Donald Heller), one file was terminated (Brooklyn Yard), and the last (Trails End Recovery) had shown no compliance monitoring nor enforcement activity for the year. These inactive or terminated files were sent to archives and would be difficult to retrieve. Twelve of the 31 files were chosen via the

OTIS file selection tool and the remainder from tables provided by ODEQ.

RCRA: Region 10 followed the SRF file selection protocol when selecting the listed files. This included a representative sample of files, 22 of the 214 listed in OTIS for FY2010, along with two supplemental file selections to help better understand whether any potential areas of concern identified via the data metrics review are substantiated. These additional files are noted in the RCRA File Selection Table below.

Region 10 did not include the ODEQ Eastern Regional Office in Round 2 of the SRF. The Eastern Region made up 10% of the 2010 universe of cases in OTIS. Thus, a proportional selection of files in this round would have led to the selection of only two or three files to review from that regional office. Region 10 determined that it was not cost effective to add one more day to the file review timeline in order to visit the Eastern Regional Office and will make an effort to focus on that region in Round 3 of the SRF. Consequently, three of Oregon's four Treatment, Storage and Disposal Facilities are in the Eastern Region and were not part of the OTIS selection process. The fourth TSDf, a permitted storage facility, was not picked using the OTIS random selection method. Region 10 did not have any issues with compliance and enforcement at Oregon TSDf's that would justify a supplemental file review selection.

The representative file selection process was conducted using the methodology described in the File Selection Protocol (using the OTIS website). Twenty-four files were selected for the RCRA portion of the SRF review. Of the 24, four were reviewed because the facility had a compliance evaluation or compliance monitoring report noted in the base review year without violations noted in the data; ten were reviewed because an informal enforcement action was taken without a formal action noted in the data; eight were reviewed for the formal enforcement action completed during 2010. The evaluation files included a mix of facilities with a variety of compliance history information in the national system. If an evaluation file had an enforcement action associated with it, both activities were reviewed (and vice-versa when a selected action has an evaluation file). An additional two supplemental files were reviewed to assess the state's SNC designation and reporting process that is noted in the Preliminary Data Analysis worksheet. Supplemental file reviews are used to ensure that the region has enough files to look at to understand whether a potential problem pointed out by data analysis is in fact a problem. File selections were pulled from the OTIS SRF file selection tool web site (http://www.epa-otis.gov/srf/srf_fileselection.html) on February 14, 2011.

B. File Selection Table

See tables on next page.

CAA File Selection - ODEQ

	Program ID	f_city	LCON	f_zip	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
1	4104301034	BROWNSVILLE	WR	97327	1	0	0	1	1	0	0	0	0	MAJR	accepted representative
2	4101900022	Sutherlin	WR	97479										B	accepted supplemental
3	4102900004	MEDFORD	WR	97501	1	0	0	0	0	0	0	0	0	MAJR	accepted representative
4	4101900002	RIDDLE	WR	97469	1	0	0	0	0	0	0	0	0	MAJR	accepted representative
5	4101900054	DRAIN	WR	97435	1	0	0	0	0	0	0	0	0	MAJR	accepted representative
6	4104302522	MILL CITY	WR	97360	1	0	0	0	0	0	0	0	0	SM80	accepted supplemental
7	4104300471	ALBANY	WR	97321	0	0	1	0	0	0	0	0	0	MAJR	accepted representative
8	4104700055	SALEM	WR	97303	1	0	3	0	0	0	0	0	0	MAJR	accepted representative
9	4104700002	SALEM	WR	97301										B	accepted supplemental
10	4101100010	COQUILLE	WR	97423	1	0	0	0	0	0	0	0	0	MAJR	accepted representative
11	4107106142	NEWBERG	WR	97132	1	0	5	0	0	0	0	0	0	MAJR	accepted representative
12	4101900030	ROSEBURG	WR	97470	0	0	3	1	0	1	1	0	0	MAJR	accepted representative
13	4105102332	PORTLAND	NW	97203	1	0	0	0	0	0	0	0	0	MAJR	accepted representative
14	4105102478	PORTLAND	NW	97210	1	0	0	0	0	0	0	0	0	SM80	accepted supplemental
15	4105100012	PORTLAND	NW	97217	1	0	0	0	0	0	0	0	0	MAJR	accepted representative
16	4105102029	PORTLAND	NW	97231	1	0	0	0	0	0	0	0	0	MAJR	accepted representative
17	4105103224	PORTLAND	NW	97217	0	0	4	0	0	1	1	1	6,000	MAJR	accepted representative
18	4100502145	WEST LINN	NW	97068	1	0	0	0	0	0	0	0	0	MAJR	accepted representative
19	4100902367	Scappoose	NW	97056										B	accepted supplemental
20	4103100003	MADRAS	ER	97741	1	0	0	0	0	0	0	0	0	MAJR	accepted representative
21	4103500013	KLAMATH FALLS	ER	97601	1	0	1	0	0	0	0	2	6,000	MAJR	accepted representative
22	4104900032	BOARDMAN	ER	97818	0	0	1	0	0	0	0	0	0	SM80	accepted supplemental
23	4101700015	BEND	ER	97701	1	0	0	0	0	0	0	0	0	MAJR	accepted representative
24	4105900112	MEACHAM	ER	97859	1	0	0	0	0	0	0	0	0	MAJR	accepted representative
25	4105900008	Hermiston	ER	97838										B	accepted supplemental

NOTE: Files #2, #8, #19, and #25 were dropped due to inactivity during the SRF review period. File #5 was also not included in the review because it was unavailable to the reviewers.

CAA File Selection – LRAPA

	Program ID	f_city	f_zip	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
1	4103903198	JASPER	97438	0	0	0	0	0	0	0	1	4,200	OTHR	accepted supplemental
2	4103905160	COBURG	97408	0	1	0	0	2	1	0	1	1,200	MAJR	accepted representative
3	4103900550	VAUGHN	97487	1	0	0	0	1	0	0	1	1,500	MAJR	accepted representative
4	4103907506	EUGENE	97402	1	0	0	0	0	0	0	0	0	MAJR	accepted representative
5	4103908557	EUGENE	97403	0	0	0	0	0	0	0	1	2,250	SM80	accepted representative
6	4103900524	EUGENE	97401	0	0	0	0	0	0	1	2	2,800	FRMI	accepted supplemental

NPDES File Selection

Enclosure 2. CWA Table of Selected Files

No.	Name	RG	EPA No.	WQ File No.	Permit No.	Case No.	Action	Insp. Date	Universe	Select
1	ATHENA, CITY OF	ER	OR0022811	4086	102125		CI	4/13/2010	Minor	accepted_representative
2	BAKER CITY, CITY OF	ER	OR0020699	5324	101632		CI	6/9/2010	Major	accepted_representative
3	FOREST PARK MOBILE VILLAGE LLC	NWR	OR0031267	30554	102323		CI	1/12/2010	Minor	accepted_representative
4	GEORGIA -PACIFIC - WAUNA MILL	NWR	OR0000795	21328	101172		1 violation		Major	accepted_representative
5	J.H. BAXTER & CO., INC.	WR	OR0021911	6553	102432		CI	12/16/2009	Minor	accepted_representative
6	LA GRANDE, CITY OF	ER	OR0020460	48100	101549		CI	6/9/2010	Major	accepted_representative
7	MURPHY CO., THE	OR0002127	??	??	??	16 violations; 4 SNC	CI	6/9/2010	Minor	accepted_representative
8	NESKOWIN REGIONAL SANITARY	NWR	OR0026964	60335	101788		CI	5/4/2010	Minor	accepted_representative
9	PACIFIC CITY JWSA	NWR	OR0030066	66100	101519		CI	5/4/2010	Minor	accepted_representative
10	PERMAPOST PRODUCTS CO.	NWR	OR0039594	68872	101489		CI	8/19/2010	Minor	accepted_representative
11	PORT OF ST. HELENS	NWR	OR0034231	111746	102650		1 violat.	9/9/2010	Major	accepted_representative
12	REGENCY OF OREGON, INC.	NWR	OR0026280	97612	101644		CI	2/25/2010	Minor	accepted_representative
13	TWIN ROCKS SANITARY DISTRICT	NWR	OR0023493	90578	102487		CI	8/3/2010	Minor	accepted_representative
14	UNIFIED SEWERAGE AGENCY OF WA	OR0028126	??	??	??	16 violations	CI	8/3/2010	Minor	accepted_representative
	Name	RG	EPA No.	WQ File No.	Permit No.	Case No.	Action	Issued or Insp. Date	ELS	PRG
15	COOS BAY, CITY OF	WR	OR0023582	19821	100771	2009-173	CP	12/17/2009	Bachman	WQ/M
16	TRIDENT SEAFOODS CORPORATION	WR	OR0038687	106491	101805	2009-138	CP	9/22/2009	Wheeler	WQ/I
17	HELLER, DONALD JOHN	NWR	??	??	1200A	2003-096	CPDO	10/13/2003	Root	WQ/SW
18	PACIFIC SHRIMP INC.	WR	??		900-J	2009-094	CP	9/24/2009	Smith	WQ/I
19	MONROE, CITY OF	WR	OR0029203	57951	101692	1998-117	MAORG	11/3/1998	Morgan	WQ/M
20	ECHO, CITY OF	ER	OR0031470	26200	102054	2010-054	PDN	2/25/2010	Brown/McM	WQ/M
	ECHO, CITY OF	ER	OR0031470	26200	102054	2010-155	PDN	5/11/2010	Brown/McM	WQ/M
21	Mayfield Farms LLC	WR	ORG010392		186675	920879	FO	12/21/2009		CAFO
	Mayfield Farms LLC	WR	ORG010392		186675	1021162	CP	5/13/2010		CAFO
	Mayfield Farms LLC	WR	ORG010392		186675	1020893	FO	7/19/2010		CAFO
22	Port of Hood River	ER	ORR10C520	118684	25084		CI	11/5/2009	Hesse	WQ/SW
23	Brooklyn Yard, LLC	NWR	ORR10B879	117660	23343		CI	2/26/2010	Weaver	WQ/SW
24	Canby Excavating, Inc.	WR	ORR10B552	117268	22881		CI	9/22/2010	Sewell	WQ/SW
25	KREBS LIVESTOCK, LLC	ER	ORG010553		172316		CI	2/24/2010	EM	CAFO
26	BARKER'S DAIRY	NWR	ORG010500		143709		CI	7/8/2010	AM	CAFO
27	ZEHNER FARMS	WR	ORG010547		1000001		CI	12/15/2009	CA	CAFO
28	City of North Bend	WR	OR0023361	61419	100703		NON	4/29/2010	SN	WQ/M
29	Halfway, City of	ER	OR0023329	36156	101795		NON	8/3/2010	SRM	WQ/M
30	Tom Powley-Brower, Inc.	ER	ORR10B099	116428	21916		NON	3/25/2010	TH	WQ/SW
31	Trails-End Recovery	NWR	ORR127194	112084	17589		WL	??	RDJ	1200-Z

32	Dyno Nobel	NWR	OR0001635	74470	101535		CI	9/10/2010	Major	
33	Lebanon, City of	WR	OR0020818	49764	101771				Major	
34	Dallas, City of	WR	OR0020737	22546	101518		EPA CI	7/14/2010	Major	
35	Hermiston, City of	ER	OR0020761	38212	101294		EPA CI	9/7/2010	Major	
36	Salem, City of	WR	OR0026409	78140	101145	2008-191	CP	2/9/2010	Major	Bachman

Note: File Nos. 7, 14, 17, 23, and 31 were not reviewed as the permits/facilities were either expired, inactive or terminated and files sent to archives.

RCRA File Selection

RESOURCE CONSERVATION AND RECOVERY ACT

TABLE OF SELECTED FILES FOR 2010

Facility Name	Program ID	City	State District	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe
CDS PUBLICATIONS, INC	OR000000976	MEDFORD	W	1	0	0	0	0	0	SQG
KOPPERS INC	ORD027734359	PORTLAND	N	1	0	0	0	0	0	CES
MYERS CONTAINER LLC	ORD009031675	PORTLAND	N	1	0	0	0	0	0	LQG
PATRICK INDUSTRIES INC	ORQ000001370	WOODBURN	W	1	0	0	0	0	0	CES
FEDEX FREIGHT INC	ORQ000028244	PORTLAND	N	0	0	0	1	0	0	SQG
DOUBLE R POWDER COATING	ORSTATE08529	SUTHERLIN	W	1	1	0	1	0	0	OTH
HOLLADAY PARK MEDICAL BUILDING	ORD065279630	PORTLAND	N	0	1	0	1	0	0	SQG
RICK RUNNING	ORSTATE08480	SPRINGFIELD	W	1	1	0	1	0	0	OTH
TRUEGUARD LLC	ORD987187929	WHITE CITY	W	1	1	0	1	0	0	CES
CENTREX CONSTRUCTION	ORSTATE08566	MULINO	N	1	2	0	1	0	0	OTH
STEVENS EQUIPMENT LLC	ORD009056250	SALEM	W	1	2	0	1	0	0	CES
AMERICAN BRIDGE MANUFACTURING CO	ORQ000027331	REEDSPORT	W	1	3	0	1	0	0	LQG
HARDER MECHANICAL	ORD987187713	PORTLAND	N	1	5	0	3	0	0	SQG
RUSCO INC DBA DURA INDUSTRIES	ORD083647347	PORTLAND	N	1	5	0	1	0	0	SQG
CHEVRON USA INC WILLBRIDGE DISTRIB CTR	ORD000831701	PORTLAND	N	0	0	0	0	1	1,300	LQG
GUNDERSON LLC	ORD009027368	PORTLAND	N	0	0	0	0	1	57,422	LQG
FOSTER	ORSTATE08404	FOSTER	W	2	2	0	1	1	0	OTH
EAST SIDE PLATING INC PLANTS 1, 2 & 3	ORD018216887	PORTLAND	N	2	7	0	2	1	0	LQG
VALLEY BRASS & ALUMINUM	ORQ000028258	SALEM	W	0	0	0	0	2	3,000	SQG
ECC	ORSTATE08292	TUALATIN GRANTS	N	1	1	0	1	2	3,600	OTH
HANSEN	ORSTATE08246	PASS	W	1	3	0	1	2	17,800	OTH
MILES FIBERGLASS & COMPOSITES	OR0000896852	PORTLAND	N	1	4	0	1	2	1,500	SQG
<i>Supplemental Selection of SNC cases</i>										
ST. JOHNS AUTO WRECKING	ORSTATE05426	PORTLAND	N	0	0	1	0	1	0	OTH
NORTHWEST SHOT	ORSTATE06661	MEDFORD	W	0	0	1	0	1	11,939	OTH

NOTES:

Preliminary data report from OTIS refresh date of February 8, 2011

Facility files selected using the State Review Framework File Selection Protocol, version 2.0

4 of 54 randomly selected from the set of facilities inspected and with no violations reported in OTIS

10 of 96 randomly selected from the set of facilities with informal enforcement actions (and not formal actions) reported in OTIS

8 of 21 randomly selected from the set of facilities with formal enforcement actions reported in OTIS

2 of 4 supplemental selections from the set of formal enforcement actions that received a prior SNC designation reported in OTIS

Northwest Region files = 13

Western Region files = 11

RCRA random file selection data download.xlsx 2/15/2011

APPENDIX G: FILE REVIEW ANALYSIS

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

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

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

CAA Program

Name of State: ODEQ

Review Period: FFY 2010

CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	70%	14 of the 20 files reviewed contained documentation to confirm that the MDRs were reported accurately into AFS (16 FCEs, 2 enforcement files and 2 enforcement response files).
Metric 4a	ODEQ implemented CMS by following a traditional CMS plan,	100%	The state committed to conducting a traditional CMS plan that includes FCEs at 100% of the major sources over 2 years and 100% of SM-80s over 5 years. During the review period (FFY 2010), the state committed to conducting FCEs at 59 majors and 6 SM-80s. The state completed 100% of their FCEs in FFY 2010.1.

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	<u>CAA Stationary Source Commitments</u> Appendix A, Objective 6 of the Oregon Department of Environmental Quality and US EPA Region 10 2008-2010 Performance Partnership Agreement (July 1, 2008 to June 30, 2010) commits ODEQ to Maintain an effective compliance assurance program that contributes to prevention and reduction of pollution and protection of public health. Outcome measures are high rates of compliance with regulations and permits and maintain a credible deterrent to non-compliance. Outputs are 1) the compliance component of the air programs will be conducted in accordance with the compliance assurance agreement dated May 2002. ODEQ will submit the biennial Compliance Monitoring Strategy, with annual updates by June 1st. (Completed – ongoing activity). 2) ODEQ will complete the follow-up on items identified in the State Review Framework (Completed – Round 1 commitments). 3) ODEQ will propose the expedited enforcement rule for adoption in October 2008. ODEQ will determine whether any AQ programs will use the expedited enforcement process and will notify EPA by December 2008. (Completed)
Metric 6a	# of files reviewed with FCEs.		16 FCEs were reviewed.
Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	100%	16 of the 16 FCEs reviewed had documentation in the files to show that they contained all of the elements of a FCE, per the CMS Policy. 1 of the files indicated an onsite FCE was performed however this facility was shut down. 3 files were missing 1 or 2 of the FCE elements, none of which were critical to making a compliance determination.
Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	100%	17 of the 17 CMRs reviewed contained all of the CMR requirements listed in the CMS and they contain sufficient documentation to determine compliance at the facility. 3 of the CMRs were missing 1 or 2 of the CMR elements.
Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	100%	17 of the 17 CMRs reviewed led to an accurate compliance determination.
Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	100%	4 of the files reviewed contained Non-HPV violations that were issued warning letters (WLs). WLs are issued for minor rule infractions. All 4 Non-HPV violations were entered into AFS within 60 days of being discovered.
Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	100%	Of the 4 files reviewed that contained HPV determinations all 4 were accurately determined to be a HPVs.

Metric 9a	# of formal enforcement responses reviewed.	2	2 formal enforcement responses were reviewed.
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%	Of the 2 formal enforcement actions reviewed, one source had returned to compliance prior to issuance of a formal action (Notice of Civil Penalty Assessment and Order). The second source, through a Mutual Agreement and Order (MAO) required the source to come into compliance by a specified date.
Metric 10b	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	100%	Both of the 2 HPVs reviewed were addressed within 270 days.
Metric 10c	% of enforcement responses for HPVs appropriately addressed.	100%	Both of the HPVs were addressed with an adequate formal enforcement response.
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	Economic benefit (EB) and gravity were evaluated for both sources assessed a penalty. Gravity was assessed for both sources but not EB. It was the state's determination that EB was not appropriated. EPA agrees with their assessment.
Metric 12c	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	NA	Neither source contested the initial assessed penalty and paid the penalty in full.
Metric 12d	% of files that document collection of penalty.	100%	Both of the 2 files contained documentation that the penalty was collected.

Name of State: LRAPA

Review Period: FFY2010

CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	33.3%	2 of the 6 files reviewed contained documentation to confirm that the MDRs were reported accurately into AFS. One file contained a FCE, one contained a FCE and a formal enforcement action, one contained a PCE and a formal enforcement action, and two contained only a formal enforcement action.

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.		The state committed to conducting a traditional CMS plan that includes FCEs at 100% of the major sources over 2 years and 100% of SM-80s over 5 years. During the review period (FY 2010), LRAPA committed to conducting FCEs at 11 majors and 2 SM-80s. The agency completed 10 of the 11 FCEs at majors 90.9% and no SM80 FCEs...
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	<u>CAA Stationary Source Commitments</u> In LRAPA's 105 Grant Work Plan, they committed to; 1) conduct compliance verification and enforcement actions; address violations in a timely, fair and consistent manner; calculate penalties according to penalty matrix; negotiate settlements; issue enforcement orders; conduct contested case hearings; 2) submit list of scheduled inspections of significant sources to EPA; 3) implement the Compliance Assurance Agreement; and 4) respond to citizen complaints. LRAPA has satisfied these ongoing commitments.
Metric 6a	# of files reviewed with FCEs.		3 FCEs were reviewed. One was conducted offsite for a source that had shut down.
Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	100%	All 3 of the FCEs met the definition of an FCE per the CMS policy. The one offsite FCE did not meet all 7 criteria for a CMR.
Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	100%	3 of the 3 CMRs met the definition of a CMR per the CMS policy. The one offsite FCE for a shut down facility had sufficient documentation per the CMS Policy.
Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	100%	4 of 4 CMRs reviewed led to an accurate compliance determination. One was for a PCE and another was for an offsite FCE. The CMR for the offsite FCE was considered to be adequate because the plant had been shut down since 2008.
Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	0%	None of the non HPVs were reported timely to AFS.

Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	100%	Of the 4 files reviewed that contained HPV determinations, all 4 were accurately determined to be HPVs...
Metric 9a	# of formal enforcement responses reviewed.	5	5 formal enforcement responses were reviewed.
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%	Five files were reviewed that contained formal enforcement actions. Four of the five included some form of compelling action to return the source to compliance in a timely manner. One of the five had already returned to compliance. The enforcement actions included either a Notice of Violation – Notice of Civil Penalty Assessment or a Stipulated Final Order.
Metric 10b	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	100%	Two HPV actions were reviewed and both were addressed in a timely.
Metric 10c	% of enforcement responses for HPVs appropriately addressed.	100%	The 2 HPV actions reviewed contained timely and appropriate actions.
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	Of the five files reviewed that contained a penalty, gravity was always assessed. Economic benefit was assessed as appropriate.
Metric 12c	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	Of the 5 enforcement responses that included a penalty, 2 paid the initial assessed amount. The other 3 adequately documented the difference between the initial assessed amount and the final amount.
Metric 12d	% of files that document collection of penalty.	100%	Files for all 5 of the enforcement responses that contained a penalty, adequately documented its collection.

NPDES Program

CWA Metric #	CWA File Review Metric Description:	Metric Value	Initial Findings
Metric 2b	% of files reviewed where data is accurately reflected in the national data system.	83%	10 of 12 files reviewed contained documentation to confirm that WENDB elements were accurately entered into PCS/ICIS NPDES. The two files that contained data that did not match what was reported in PCS appeared to be related to coding errors or incorrectly entering data. This likely requires just a simple fix in coding or data entry.
Metric 4	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		ODEQ has not met the commitment to convert Core Data from PCS to ICIS nor implemented eDMR. Although ODEQ has not yet converted to ICIS, it is entering all required WENDB elements into PCS and therefore getting all required data into the national system. Although eDMR has not been implemented, it is part of the current 2010-2012 PPA.
Metric 5	% of planned inspections completed. Summarize using the Inspection Commitment Summary Table in the CWA PLG.		31 of 68 majors and 60 of 304 traditional non-majors were inspected. However, it did not meet the CMS commitment for conducting 10% of MSGP and 10% of CGP over 5 acres, although the reviewers believe that ODEQ still achieved a significant number of inspections in this sector because of the difficulty tracking such transitory facilities.
Metric 6a	# of inspection reports reviewed.	24	NA
Metric 6b	% of inspection reports reviewed that are complete.	92%	22 of 24 inspection reports were found to be complete. A majority of reports included a checklist of the permit schedules to identify as "In Comp" or "Not In Comp" and then a very short narrative of what was reviewed during the facility inspection. While considered "complete", it was often the bare minimum and rarely contained any other documentation like photos or facility required reports. A significant number of reports did not contain the entry/departure time but was still considered complete as this was the only missing information. The two files that were found incomplete either did not have a narrative or did not have photos to document the violation observed. Photos were found with the enforcement action, but should have been part of the inspection report.
Metric 6c	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.	96%	23 of 24 files were found to provide sufficient documentation to lead to an accurate compliance determination. The one file that failed to provide sufficient documentation did not contain a narrative or checklist. A significant number of inspections found the facility to be "in compliance" thus the standard for documentation is not as high as would be expected for inspections that found violations.

Metric 6d	% of inspection reports reviewed that are timely.	96%	23 of 24 inspection reports were timely, with an average of 9 days taken to complete a report. However, it must be noted that a significant number of inspection reports were one page long, which included the permit schedule checklist and small narrative area. The longest period to complete a report was 56 days. A large majority were completed within 7 days.
Metric 7e	% of inspection reports or facility files reviewed that led to accurate compliance determinations.	100%	24 of 24 inspection reports led to accurate compliance determinations. However, as previously noted, a large majority of inspections found the facility to be in compliance and therefore the standard to determine accuracy of compliance is difficult to determine unless there was a violation.
Metric 8b	% of single event violation(s) that are accurately identified as SNC or Non-SNC.	100%	4 of 4 inspections found violations and these were all accurately identified as SNC or non-SNC.
CWA Metric #	CWA File Review Metric Description:	Metric Value	Initial Findings
Metric 8c	% of single event violation(s) identified as SNC that are reported timely.	NA	The 4 inspections that found violations were minors and SEV/SNC reporting for minors in PCS/ICIS is not required.
Metric 9a	# of enforcement files reviewed	15	NA
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	2 of 2 enforcement responses returned the source in SNC to compliance. This applies only to majors.
Metric 9c	% of enforcement responses that have returned or will returned a source with non-SNC violations to compliance.	92%	12 of 13 enforcement responses returned a source with non-SNC violations to compliance. One facility that did not return to compliance after enforcement is currently going through a second enforcement action.
Metric 10b	% of enforcement responses reviewed that address SNC that are taken in a timely manner.	100%	2 of 2 enforcement responses that address SNC were taken in a timely manner. Both were sent within 3 months of the violation.
Metric 10c	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	100%	2 of 2 enforcement responses that address SNC were appropriate to the violations.
Metric 10d	% of enforcement responses reviewed that appropriately address non-SNC violations.	100%	13 of 13 enforcement responses reviewed appropriately addressed non-SNC violations.

Metric 10e	% enforcement responses for non-SNC violations where a response was taken in a timely manner.	NA	ODEQ has not established a state-wide timeframe for addressing non-SNC violations. However, ODEQ responded in a timely manner, often within 3 months of the date of violation, for most informal enforcement. For formal enforcement, all responses were within the recommended 55 days of discovery.
Metric 11a	% of penalty calculations that consider and include where appropriate gravity and economic benefit.	86%	6 of 7 penalty calculations considered and included appropriate gravity and economic benefit. One case did not consider economic benefit. This was a CAFO case and ODA does not have the statutory authority to pursue economic benefit in its penalties.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	6 of 6 penalties reviewed documented the difference and rationale between the initial and final assessed penalty.
Metric 12b	% of enforcement actions with penalties that document collection of penalty.	100%	7 of 7 enforcement files reviewed documented the collection of penalties.

RCRA Program

Name of State: OREGON

Review Period: FFY 2010

Metric Number	RCRA File Review Metric Description	Metric Value	Finding
Metric 2c	% of files reviewed where mandatory data are accurately reflected in the national data system.	75%	<ol style="list-style-type: none"> 1. Centrex entered as CEI but no on site inspection occurred, it was a phone complaint response. 2. Chevron formal enforcements dated 8/20/2009 and 12/07/2009 are not linked to any violations. 3. East Side Plating's Initial order 7/29/2010 in RCRAInfo does not include the proposed penalty \$12,422. 4. Miles Fiberglass missing the 5/18/2010 final order (type 314) with penalty. 5. St Johns Auto Wrecking missing the 4/2/2010 final order (type 314) with penalty. 6. Northwest Shot missing 12/21/2009 ALJ approved final order with penalty of \$1,013 not the \$11,939 in RCRAInfo dated 1/20/2010.
Metric 4a	Planned inspections completed	yes	all 4 TSDFs and 21% of LQGs in PPA done (33/155)
Metric 4b	Planned commitments completed	yes	PPA work plan included the commitment to discuss SNC violators with Region 10 to ensure adequate designations. It appears those discussions were not effective, based on the lack of new SNC designations in 2010 and the 86% accuracy in measure 8b.
Metric 6a	# of inspection reports reviewed.	22	<p>1 file selected was NRR with no inspection report 1 file selected was FCI with no inspection report</p>
Metric 6b	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility.	77%	<p>ODEQ's standard practice did not consistently include signing and dating the inspection reports.</p> <ol style="list-style-type: none"> 1. Patrick Industries was streamlined report with no violations found. Not showing that all areas were covered. 2. Double R Powder Coating was a complaint response without a complete inspection report. Warning letter issued for failure to make a waste determination without supporting documentation in the file. 3. Trueguard coverage is documented in report but there is no supporting information for the failure to make a waste determination violation that was cited. 4. Stevens Equipment did not include a complete inspection report and did not document the waste lamp storage and labelling violations. 5. Foster property (Litton enforcement case) was a complaint response recorded as a CEI that didn't include a formal inspection report. Photos with notations and follow up analytical reports supported the enforcement.

RCRA Program

Name of State: OREGON

Review Period: FFY 2010

Metric Number	RCRA File Review Metric Description	Metric Value	Finding
Metric 6c	Inspections reports completed within a determined time frame.	68%	<p>There were 7 files that had either no completed inspection report or had undated reports with more than 30 days to issue a warning letter (WL) or pre-enforcement notice (PEN). We used the WL or PEN date as a surrogate for the inspection report completed date. The ODEQ expectation is that warning letters or pre-enforcement notices will be done within 30 days of the inspection date. Three files had no inspection reports completed at all and were counted out regardless of when the WL or PEN was issued. Letters in 5 of 22 files with undated inspection reports appeared to take longer than 30 days: The average delay for the 5 files that went beyond the 30 day target was an additional 33 days.</p> <p>Double R Powder Coating - no report (inspection 6/15/10 WL 6/28/10) = 132. Centrex Construction - no report (complaint 4/30/10 PEN draft 7/7/10 = 68 3. American Bridge - report not signed (inspection 4/6/10 WL 5/20/10) = 444. Harder Mechanical - report not signed (inspection 1/20/10 WL 3/24/10) = 635. Foster (Litton) - no report (complaint 3/8/10 PEN 3/24/10) = 166. East Side Plating - report not signed (inspection 12/10/09 PEN 2/1/10) = 537. ECC - report not signed (inspection 10/07/09 PEN 1/6/10) = 91.</p>
Metric 7a	% of accurate compliance determinations based on inspection reports.	96%	Foster (Litton) was hard to see that the inspection report led to accurate compliance determinations because there was no inspection report. Photos, captions and analysis of the owner's cleanup data seemed to lead to the compliance determination. Given that this was a complaint response and the operators had been evicted, we don't think this a general area of concern.
Metric 7b	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days).	96%	CDS Publications included a Warning Letter dated 10/28/2009 that was not included in OTIS when we used the data for file selection on 2/15/2011. It appears that the missing data was fixed in the data verification cycle because it was in RCRAInfo CME report run on 4/5/2011.

RCRA Program

Name of State: OREGON

Review Period: FFY 2010

Metric Number	RCRA File Review Metric Description	Metric Value	Finding
Metric 8d	% of violations in files reviewed that were accurately determined to be SNC.	86%	<p>1. Gunderson's enforcement referral form included the SNC determination "maybe." The determination dates back to November 2006 and the final order with penalty was completed in June 2010. The violations alleged included sending 400,000 pounds of hazardous waste to a solid waste landfill, repeat violations, and concurrent air program title V violations. Facility met ODEQ's SNC criteria of likelihood of exposure, chronic violator and substantial deviation from regulatory requirement.</p> <p>2. Valley Brass and Aluminum included an ODEQ order dated 10/22/2009 stating, "...by placing it (hazardous waste) on the land at the Facility so that hazardous constituents could enter the environment or be discharged to waters of the state." Also deviated substantially from regulatory requirements by placing hazardous waste on the ground for years without ever notifying the state of their waste generation. The enforcement referral in June 2009 included SNC determination of No, which did not accurately apply the SNC criteria to the Facility's violations.</p> <p>3. The Hansen property in Grants Pass alleged hazardous waste released to the environment, including runoff to a salmon stream. The non-notification of hazardous waste generation deviated substantially from regulations and ODEQ ordered a cleanup to correct the violations. The enforcement referral did not designate the Facility a Significant Non-Complier accurately given the actual exposure of hazardous waste to the environment.</p>
Metric 9a	# of enforcement responses reviewed.	22	No violations found at Myers Container and Patrick Industries
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	Two SNC facilities retruned to compliance. Also, three facilities that met SNC criteria and were not designated included formal enforcement responses that returned violations to compliance.
Metric 9c	% of enforcement responses that have returned or will return Secondary Violators (SV's) to compliance.	95%	The Stevens Equipment violations were documented in a warning letter and there was nothing in the file to document that the violations had been corrected. Violations related to CEG waste lamp management. This may be indicative of a lack of follow-up on small violations with warning letters but that is only a minor concern for this review
Metric 10c	% of enforcement responses reviewed that are taken in a timely manner.	96%	The Northwest Shot SNC enforcement response was timely - the initial order was issued in 198 days. The return to compliance date was delayed due to the non-cooperation of the owner/operator and was recorded as 1155 days. The ODEQ steadily pursued enforcement through the contested case, EQC appeal and ALJ hearing to resolution. This one delayed case did not create an area of concern for the review.

RCRA Program

Name of State: OREGON

Review Period: FFY 2010

Metric Number	RCRA File Review Metric Description	Metric Value	Finding
Metric 10d	% of enforcement responses reviewed that are appropriate to the violations.	100%	All enforcement actions (formal and informal) were appropriate to the violations. The ODEQ demonstrated consistent application of their revised Division 12 enforcement classification and enforcement response regulations that have been in place since 2006.
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	All 12 penalty actions reviewed were documented with gravity and economic benefit criteria. Orders included details of the applicable Division 12 criteria for violation class, magnitude, aggravating and mitigating factors, and the economic benefit realized by the respondent.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	All 7 of the penalties that were contested and revised included file documentation for the rationale. Although a few of these included substantial reductions, we did not find an area of concern for this review.
Metric 12b	% of files that document collection of penalty.	80%	<ol style="list-style-type: none"> 1. Rick Running has defaulted on the order for penalty and file included a letter of intent to lien the property. 2. ECC defaulted on the order for penalty and file included a lien filed with the county.
Findings Criteria			
No or only minor issue. Finding or recommendation may not be required in the final report.			
POAC - Potential area of concern. State is expected to make corrections on their own. Finding may be required, but EPA recommendation may not be required.			
Significant issues. Finding(s) and EPA recommendation(s) required.			

APPENDIX H: CORRESPONDENCE

Region 10 has attached some of the correspondence transmitted during the SRF review in this Appendix. Note that Region 10 provided electronic copies of the draft SRF program reports to ODEQ and LRAPA, and the agencies provided comments on the draft reports using “track changes” within the documents. Rather than attaching these reports, Region 10 has summarized the state comments in the state response section of each of the review elements. The following correspondence is included in this Appendix:

- Region 10 SRF review kick-off letter to ODEQ.
- CAA program kick-off letters and requests for data review and correction to ODEQ and LRAPA.
- A picture description of ODEQ’s NPDES Automated and Manual Data Processes, which shows ODEQ data base relationships for WQSIS, DMS, Pretreatment Spreadsheet, Permit Repository, and PCS.
- A description of the ODA CAFO database system and program personnel details.
- ODEQ Water Quality Program Organizational Chart.
- Map of ODA CAFO Geographic Boundaries.
- A copy of the e-mail transmitting ODEQ’s response to EPA’s draft RCRA report.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10

1200 Sixth Avenue, Suite 900
Seattle, Washington 98101-3140

OFFICE OF THE
REGIONAL ADMINISTRATOR

DEC 27 2010

Dick Pedersen, Director
Oregon Department of Environmental Quality
811 SW Sixth Avenue
Portland, Oregon 97204

Dear Mr. Pedersen:

The purpose of this letter is to formally kick off the Environmental Protection Agency's (EPA) review of the Oregon Department of Environmental Quality's (ODEQ) air, hazardous waste and water compliance and enforcement programs under the State Review Framework (SRF). A final report on ODEQ's program will be completed no later than September 30, 2011. You and your staff will have opportunities to comment on draft findings and a draft report.

As you know, the SRF is a tool to evaluate state performance (or regional performance where a region has direct implementation responsibilities) in the Clean Air Act (CAA) Stationary Sources, Clean Water Act (CWA) National Pollutant Discharge Elimination System, and Resource Conservation and Recovery Act (RCRA) Subtitle C compliance and enforcement programs. SRF was intended to promote consistent levels of activity in state and regional enforcement programs, consistent oversight of state and regional enforcement programs, and consistent levels of environmental protection across the country. It is viewed as a major tool for oversight of state compliance programs and complements EPA's other oversight tools (e.g., oversight inspections, grants management, etc.). Recommendations and follow-up actions are being tracked in a national database called the SRF Tracker.

You may recall that over the last few months, EPA and the Environmental Council of States (ECOS) have been discussing ideas for changing and improving the SRF and integrating it into improved oversight of state water programs, as directed by EPA Administrator Lisa Jackson under the Clean Water Action Plan. ODEQ contributed valuable expertise and insight on the original SRF workgroup in 2004, and I encourage you to consider participating again in the EPA/ECOS process. While EPA and States develop changes to the SRF in early 2011, ongoing reviews will use the existing SRF metrics and process. **Thus, DEQ's compliance programs will be evaluated using data from 2010 and existing SRF metrics.**

I know that your agency has been working on improvements to data systems and to enforcement/compliance programs since our review in 2007. I look forward to learning the outcome of this upcoming review, and discussing ways that EPA can support ODEQ in

I greatly appreciate the cooperation of your staff as we work through the SRF evaluation and any follow-up actions. Lauris Davies, Associate Director, Office of Compliance and Enforcement (OCE), will be our primary management contact if your staff have questions. Lauris can be reached by phone at (206) 553-2857 or by e-mail at Davies.Lauris@epa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis J. McLerran".

Dennis J. McLerran
Regional Administrator

cc: Joni Hammond
Deputy Director, ODEQ

Andy Ginsburg



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 10

1200 Sixth Avenue, Suite 900
Seattle, Washington 98101-3140

DEC 22 2010

OFFICE OF
COMPLIANCE AND ENFORCEMENT

Reply To: OCE-127

Ms. Leah Koss, Manager of Compliance
Office of Compliance and Enforcement
Oregon Department of Environmental Quality
811 SW Sixth Avenue
Portland, Oregon 97204

Re: Oregon State Review Framework (SRF) for Federal Fiscal Year 2010

Dear Ms. Koss

The U.S. Environmental Protection Agency (EPA) Region 10 is initiating a review of the Oregon Department of Environmental Quality (ODEQ) Clean Air Act (CAA) Stationary Source Enforcement Programs. We will review inspection and compliance activity primarily for Federal Fiscal Year (FY) 2010. The last review of your CAA program was completed in September 2007 using data from the October 2004 - September 2005 timeframe.

The SRF is a tool to evaluate state performance (or regional performance where a region has direct implementation responsibilities) in the CAA Stationary Source, Clean Water Act (CWA) National Pollutant Discharge Elimination System, and Resource Conservation and Recovery Act (RCRA) Subtitle C compliance and enforcement programs. At a later date, EPA will initiate a review of Oregon's CWA and RCRA programs.

In FY 2007, EPA regions across the country completed the first round of reviews using the State Review Framework (SRF) protocol. This work created a baseline of performance from which future oversight of state compliance and enforcement programs can be tracked and managed. In early FY 2008, the first round reviews were evaluated, and a work group composed of EPA headquarters (HQ), regional managers and staff, the Environmental Council of the States, state media associations and other state representatives revised the SRF elements, metrics, process, and guidance.

In the second round of the SRF (SRF2), the review cycle has been extended by a year such that all states will be reviewed within a four-year cycle, or by the end of FY 2012. SRF2 is a continuation of a national effort that allows Region 10 to ensure that ODEQ meets agreed upon

- review of selected ODEQ source files and policies.

Region 10 and ODEQ have the option of agreeing to examine state programs that broaden the scope of traditional enforcement. This may include programs such as pollution prevention, compliance assistance, innovative approaches to achieving compliance, documenting and reporting outputs, outcomes and indicators, or supplemental environmental projects. We welcome ODEQ's suggestions regarding other compliance programs for inclusion in the review.

We expect to complete the ODEQ Clean Air Act Stationary Source Enforcement Programs review, including the final report, by September 30, 2011. Our intent is to assist ODEQ in achieving implementation of programs that meet federal standards and is based on the goals we have agreed to in the Compliance Assurance Agreement, Compliance Monitoring Plan, and Oregon's Clean Air Act (CAA) Section 105 Grant work plan. Region 10 and ODEQ are partners in carrying out the review. If we find issues, we want to address them in the most constructive manner possible.

Region 10 has established a team of managers and senior staff to implement the CAA portion of the ODEQ review. Rindy Ramos will be Region 10's primary contact for the review and serve as leader of the review team. Jeff KenKnight, manager of the Region 10 Air/RCRA Compliance Unit, is the Region's program manager with overall responsibility for the review. Ms. Ramos will be assisted by a number of other people in Region 10 including Laurie Kral, Region 10 AFS Data Manager, and Paul Koprowski, CAA inspector and Operations Office liaison.

The SRF2 protocol includes numerous program-specific worksheets, metrics, and report templates that Region 10 and ODEQ will use to complete the review. We believe it will assist us in carrying out an efficient, focused review. All of these materials have been developed jointly by EPA regional and HQ staff and numerous state officials.

The Official Data Set (ODS) that will be used in the review is enclosed. The data, however, is being transmitted electronically to Uri Papish and Cindy Troupe of your Agency's Air Quality Division. **Please have them respond by January 26, 2011**, with an indication that they agree with the ODS, or if there are discrepancies, please have them provide that information in the spreadsheet file and send it to Rindy Ramos electronically at ramos.rindy@epa.gov. Please note that minor discrepancies that would not have a substantive impact on the review do not need to be reported. If they do not respond by the date noted above, we will proceed with our preliminary data analysis and file selection under the assumption that the ODS is correct.

EPA has designed the SRF Tracker as the repository for holding all SRF products including draft and final documents, letters, data sets, etc. It is also a management tool used to

Finally, EPA recently made the decision to increase the transparency of our joint implementation programs for compliance and enforcement. Last September, EPA launched a public website related to CAA compliance and enforcement activities across the nation. This public website not only contains State Review Framework reports from Round 1 and eventually Round 2, but also contains CAA-related data designed to improve public awareness of our programs.

We look forward to working with you on this project. If you have any questions, please don't hesitate to contact me at 206-553-6641. Additional information about SRF2 can be found in Elin Miller's May 29, 2008, letter to Stephanie Hallock on this topic.

Sincerely,



Jeff KenKnight, Manager
Air/RCRA Compliance Unit

Enclosure

cc via email: Andy Ginsburg, ODEQ, w/o enclosure
Les Carlough, ODEQ, w/o enclosure
Uri Papish, ODEQ, w/enclosure
Cindy Troupe, ODEQ, w/enclosure
Anthony Barber, OOO, w/o enclosure
Lauris Davies, EPA, w/o enclosure



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 10

1200 Sixth Avenue, Suite 900
Seattle, Washington 98101-3140

DEC 22 2010

OFFICE OF
COMPLIANCE AND ENFORCEMENT

Reply To: OCE-127

Merlyn Hough, Director
Lane Regional Air Pollution Authority
1010 Main Street
Springfield, Oregon 97477

Re: Lane Regional Air Pollution Authority) State Review Framework (SRF) for
Federal Fiscal Year 2010

Dear Mr. Hough:

The U.S. Environmental Protection Agency (EPA) Region 10 is initiating a review of the Lane Regional Air Pollution Authority (LRAPA) Clean Air Act (CAA) Stationary Source Enforcement Programs. We will review inspection and compliance activity primarily for Federal Fiscal Year (FY) 2010. The last review of your CAA program was completed in September 2007 using data from the October 2004 - September 2005 timeframe.

In FY 2007, EPA regions across the country completed the first round of reviews using the State Review Framework (SRF) protocol. This work created a baseline of performance from which future oversight of state compliance and enforcement programs can be tracked and managed. In early FY 2008, the first round reviews were evaluated, and a work group composed of EPA headquarters (HQ), regional managers and staff, the Environmental Council of the States, state media associations and other state representatives revised the SRF elements, metrics, process, and guidance.

In the second round of the SRF (SRF2), the review cycle has been extended by a year such that all states will be reviewed within a four-year cycle, or by the end of FY 2012. SRF2 is a continuation of a national effort that allows Region 10 to ensure that LRAPA meets agreed

and reporting outputs, outcomes and indicators, or supplemental environmental projects. We welcome LRAPA's suggestions regarding other compliance programs for inclusion in the review.

We expect to complete the LRAPA Clean Air Act Stationary Source Enforcement Programs review, including the final report, by September 30, 2011. Our intent is to assist LRAPA in achieving implementation of programs that meet federal standards and is based on the goals we have agreed to in the Compliance Assurance Agreement, Compliance Monitoring Plan, and LRAPA's Clean Air Act (CAA) Section 105 Grant work plan. Region 10 and LRAPA are partners in carrying out the review. If we find issues, we want to address them in the most constructive manner possible.

Region 10 has established a team of managers and senior staff to implement the CAA portion of the LRAPA review. Rindy Ramos will be Region 10's primary contact for the review and serve as leader of the review team. Jeff KenKnight, manager of the Region 10 Air/RCRA Compliance Unit, is the Region's program manager with overall responsibility for the review. Ms. Ramos will be assisted by a number of other people in Region 10 including Laurie Kral, Region 10 AFS Data Manager, and Paul Koprowski, CAA inspector and Operations Office liaison.

The SRF2 protocol includes numerous program-specific worksheets, metrics, and report templates that Region 10 and LRAPA will use to complete the review. We believe it will assist us in carrying out an efficient, focused review. All of these materials have been developed jointly by EPA regional and HQ staff and numerous state officials.

The Official Data Set (ODS) that will be used in the review is enclosed. The data, however, is being transmitted electronically. **Please respond by January 26, 2011**, with an indication that you agree with the ODS, or if there are discrepancies, please provide that information in the spreadsheet file and send it to Rindy Ramos electronically at ramos.rindy@epa.gov. Please note that minor discrepancies that would not have a substantive impact on the review do not need to be reported. If you do not respond by the date noted above, we will proceed with our preliminary data analysis and file selection under the assumption that the ODS is correct.

EPA has designed the SRF Tracker as the repository for holding all SRF products including draft and final documents, letters, data sets, etc. It is also a management tool used to track the progress of a state review and to follow up on the recommendations. Regions will enter and update all information for their states in the SRF Tracker. EPA HQ staff will use the Tracker to monitor implementation of SRF2. States have access to the SRF Tracker through the

Round 2, but also contains CAA-related data designed to improve public awareness of our programs.

We look forward to working with you on this project. If you have any questions, please don't hesitate to contact me at 206-553-6641. Additional information about SRF2 can be found in Elin Miller's May 29, 2008, letter to you on this topic.

Sincerely,

A handwritten signature in blue ink that reads "Cheryl Williams for". The signature is written in a cursive style.

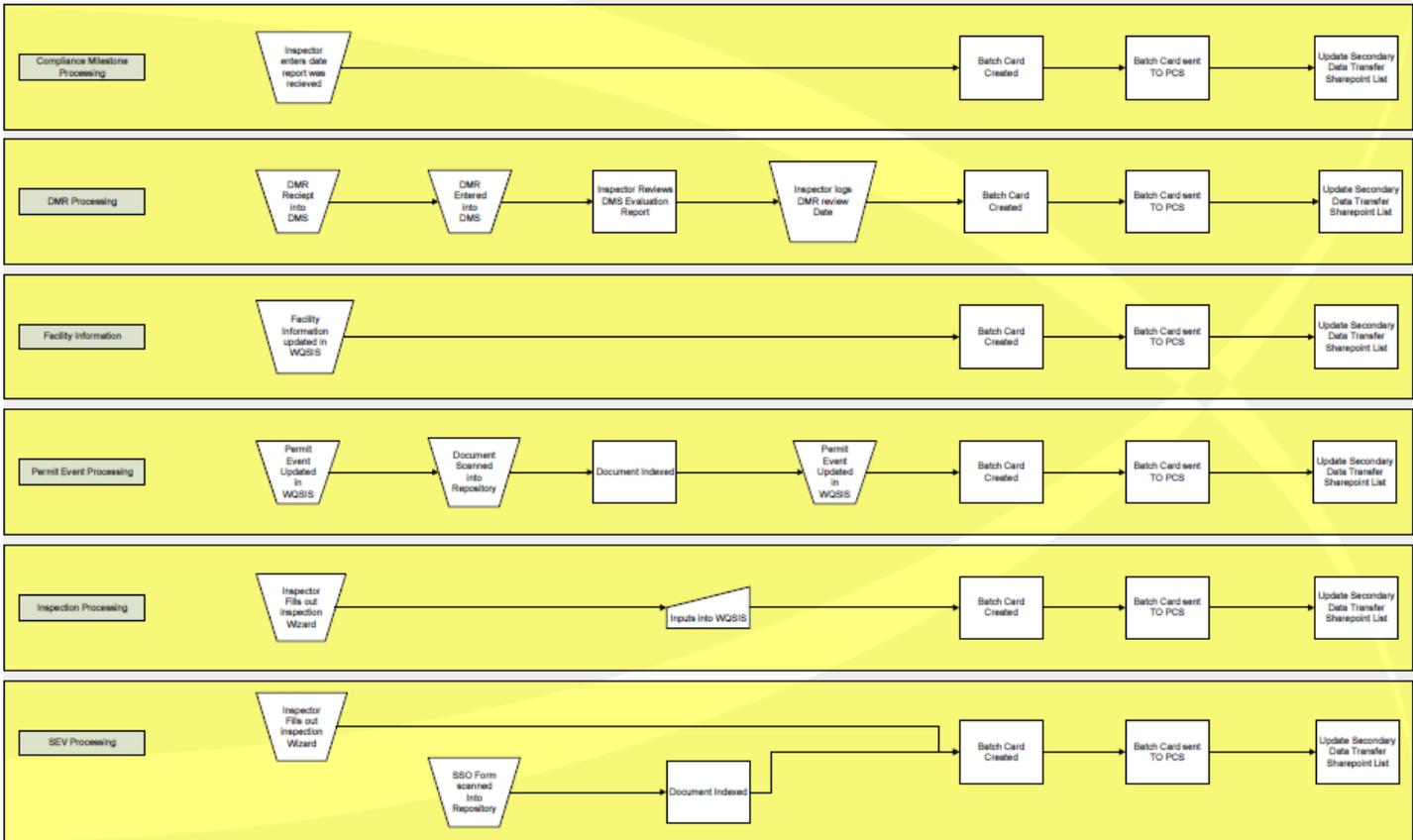
Jeff KenKnight, Manager
Air/RCRA Compliance Unit

Enclosure

cc via email: Sandra Lopez, LRAPA w/enclosure

ODEQ PCS Data Flow

Automated Process Diagrams



Manual Process Diagrams



Description of ODA CAFO Database System

Operating System:

- Mac OS X

Software Platform:

- Filemaker Pro 11 (Developer access)
- Filemaker 11 (General Access)

Access:

- Full Developer Access
 - Information Systems Project Administrator
- Partial Developer Access (Cannot add fields, but can modify current fields and displays)
 - CAFO Program Manager
 - CAFO Data Analyst
- Data Entry Access (Limited Field Access, Cannot Delete Records)
 - CAFO Livestock Water Quality Specialists (LWQS)
 - CAFO Office Specialist
 - ODA Geologist
- Read Only Access (Can view and export info, but cannot modify)
 - ODA GIS Coordinator

Database Structure:

- Database is broken into 5 major parts tracking Permitted and Non Permitted facilities
 - Operator Info Page
 - Logbook Page
 - Chronology
 - Reports
 - AWMP Logbook
- Operator Info Page (See Image #1)
 - Contact information
 - Physical Locations
 - Animal Types and Numbers
 - Status of Animal Waste Management Plans

- Identification Numbers
- Facility Designations
- Annual Reports
- Dates received for Required Paperwork
- NAIC & SIC Codes
- Logbook Page (See Image #2)
 - Inspection Report #s
 - Dates of Inspection
 - Types of Inspection
 - Results of Inspection
 - Date Due for Required Actions
 - Date Verified for Required Actions
- Chronology (See Image #3)
 - Notes on Inspections
 - Dates of items received
 - Dates of Actions Taken
- Reports
 - Reports used for Program information
- AWMP Logbook (See Image #4)
 - Tracking for AWMPs submitted
 - Tracking for Construction Requests
 - Tracking for AWMP updates

Process:

- LWQS
 - Conducts inspection, enters inspection into database by the 1st Friday of the first full week of the month
 - Reviews and approves AWMP, Records info into the Chronology page and the AWMP Logbook
 - Also makes notes in Chronology for any other activities and contacts with facilities
- Data Analyst
 - Same duties as above
 - Checks entries in all database pages and fields for accuracy
 - Monitors report submission and checks that it matches with database entries monthly
 - Performs accuracy checks
 - Performs data searches and distributes data as needed

- Performs general database maintenance as needed
- Program Manager
 - Same duties as LQWS as needed
 - Has the ability to perform data searches
 - Has the ability to perform general maintenance
- Office Specialist
 - Enters notes into Chronology as needed
- Geologist
 - Same duties as office specialist
- GIS Coordinator
 - Performs data pulls for mapping requests as needed

Image #1 – Operator Page

CAOPERAT (filemaker2.oda.state.or.us)

11 554 / 925 Found (Unsorted) Records

View As: Chronology

Operators LogBook

PRINT FROM SCRIPTS MENU (PRINT OPERATOR)

GENERAL INFORMATION **PRINT**

Status Permitted M/A # Lic # 142406 AG-P0142406CAFG L2K Refresh

Non P # NPDES GEN EPA NPDES ORG010346

CONTACT ALL CAPS PLEASE

WILKINSON GLADE First First

Last Last

Overdue Items

Last Rtn. Insp Current Rtn. Insp 3/25/2010 2/3/2011

ATR Received Date Permitted Date Inactive 4/15/2003 12/23/2009

Annual Report Recd 2/20/2009 3/15/2010 1/20/2011

Seasonal Feedlot Dairy Heifer Replacement

Designated As Small Confined

L2K Designation Small

Waste Mgmt Plan / Date

Status Approved Plan Date 12/22/2006

Date Due 12/1/2006 Date Recd 11/24/2006

Approval Conditions

Facility Flag

Email Address

Legal Landowner Address 36089 BINDER SLOUGH

Phone 503-338-6848 ASTORIA OR 97013

Business Name Mailing Address 1 36089 BINDER SLOUGH LN

G D D FARMS LLC ASTORIA OR 97103

County Area Area 2 **Facility Location** Facility Location City St Zip Code

CLATSOP CLATSOP AREA 2 36089 BINDER SLOUGH LN ASTORIA OR 97103

Location Longitude Exports All Waste? Gets...

Facility 46.127777 -123.8175

AAL 46.128611 -123.8161

ANIMAL TYPES SIC Code 0271 Permitted # 33819

NAIC Code(s)

Fur-Bearing Animal and Rabbit Production, includes	Breeders	Kits	Total
112930	6,000	6,000	
2/3/2011	5,000	5,000	
4/18/2007	6,425	27,394	
Permitted:			

Phone Phone Type

503/338/6848 Main

503/440/2109 Cell

100 Browse

Image #2 – Logbook Page

would like a phone call to verify inspection

CALOGBK (filemaker2.oda.state.or.us)

14 / 8887 Found (Sorted)

Records Show All New Record Delete Record Find Sort Export

Layout: Log Book View As: [Table Icon] [List Icon] [Form Icon] Preview [Aa] Edit Layout

LogBook Find Show All Reports Sort Menu

Created by Charlene M Troost on 3/2/2011 at 09:23:49 AM.
Modified By Charlene M Troost on 3/2/2011 at 09:29:19 AM.

Operators **LogBook** Chronology

PRINT

CASE FILE #	TYPE	MASTER ADDRESS	DATE RECEIVED	ASSIGNED TO:	OPERATOR NAME	NAIC CODE	COUNTY	AREA	Type	Issue Date	Due Date	Verified Date	Notes
1121849	R	142406	2/3/2011	TROOST, CHARLENE	G D D FARMS LLC	112930	CLATSOP	AREA 2	FIC	02/03/2011			
Discharge to Surface Water: <input type="checkbox"/> Sample(s) Taken: <input type="checkbox"/>													
1021072	R	142406	3/25/2010	TROOST, CHARLENE	G D D FARMS LLC	112930	CLATSOP	AREA 2	FIC	03/25/2010			
Discharge to Surface Water: <input type="checkbox"/> Sample(s) Taken: <input type="checkbox"/>													
0910448	R	142406	2/25/2009	TROOST, CHARLENE	G D D FARMS LLC	112930	Fur-Bearing Animal and Rabbit Production	CLATSOP	AREA 2	FIC	02/25/2009		
Discharge to Surface Water: <input type="checkbox"/> Sample(s) Taken: <input type="checkbox"/>													
097577	CI	142406	2/25/2009	TROOST, CHARLENE	G D D FARMS LLC	112930	Fur-Bearing Animal and Rabbit Production	CLATSOP	AREA 2	FIC	02/25/2009		
Discharge to Surface Water: <input type="checkbox"/> Sample(s) Taken: <input type="checkbox"/>													
089594	R	142406	6/5/2008	TROOST, CHARLENE	G D D FARMS LLC	112930	Fur-Bearing Animal and Rabbit Production	CLATSOP	AREA 2	FIC	06/05/2008		
Discharge to Surface Water: <input type="checkbox"/> Sample(s) Taken: <input type="checkbox"/>													

CASE FILE LOG BOOK YR: 2/3/2011 PAGE: ? PRINTED: 11121849

Image #3 – Logbook Page

CAOPERAT (filemaker2.oda.state.or.us)

Records: 11 Found (Unsorted) | New Record | Find | Sort

Layout: Chronology | View As: [Table Icon] | Preview | Aa | Edit Layout

ge. Chronology | Find | Show All | Reports | Sort | Menu | Found 554 of 925 records | 11

Operators | LogBook | **Chronology**

PRINT Created at Modified 5/10/2011 at 2:03 PM by Developer

CHRONOLOGY

Operator Info	M/A # 142406	County	Status
G D D FARMS LLC		CLATSOP	PERMITTED
Facility	36089 BINDER SLOUGH LN		
	ASTORIA	OR 97103	
Mail. Addr.	36089 BINDER SLOUGH LN		
	ASTORIA	OR 97103	
	Contact	Phone	
	GLADE WILKINSON	503/338/6848	

Add Remove

Date	Investigator	Case #
> 4/8/2011	TROOST, Charlene	
Received amended AR. Info appears accurate.		
> 3/24/2011	TROOST, Charlene	
Upon review of '10 Annual Report, I found info was missing. Sent AR and note back asking for additional info.		
> 2/3/2011	TROOST, Charlene	1121849
Conducted a routine inspection with Glade. Facility gets cleaned out a couple times/yr. Last applied in September after a cleanout. Records kept. Glade doesn't want any more calendars. Glade is trying to trench the areas between barns as they backfill w/ water and that can then backup into his barns. FIC issued.		
> 1/20/2011	KAYS, Melissa	
2010AnnRep - 2010 Annual Report Received		

100 Browse

Image #4 – AWMP Logbook Page

CAAWMP (filemaker2.oda.state.or.us)

Records: 1 | 578 Total (Unsorted) | New Record | Find | Sort

Layout: FormView | View As: [Table Icon] [List Icon] [Form Icon] | Preview | Aa | Edit Layout

AWMP | Find | Find All | Reports | Sort | Menu

Created by on 12/28/2004 at 1:34:56 PM.
 Modified By on 3/21/2011 at 11:17:21 AM. | Record 1 of 1 found

ListView | **Formview** | **PRINT**

Plan No: 04206 | Type: CAFO Gen Permit

Master Address Number: 176425

Business Name: BAR MC FEEDLOT LLC

Contact Person: 18110 MCCIRCLE LOOP RD

Description: 993709

County: Lake

Received: 4/24/2007 | Due Date: 06/08/2007

Reviewed By: MOEGGENBERG, Eric

Review Date: 7/30/2009

Components:

- Construction
- OM & M
- As-Built
- AWMP
- Ground Water Monitor
- Compost

Component Notes: Plan was updated to reflect new owners and operators

Recommended Action: LFC AWMP APPROVED

100 | Browse



Oregon Department of Environmental Quality Water Quality Program

Mihai Wolgamott Acting Administrator EASTERN REGION <small>Bobbi DeMeuro, Executive Support</small>	Neil Mullane, Administrator DIVISION HEADQUARTERS <small>Kimberly Mahrearing, Executive Support</small>	Greg Pettit, Administrator LABORATORY <small>Angela Daffin, Executive Support</small>	Nina DeConcini, Administrator NORTHWEST REGION <small>Lesley Betts, Executive Support</small>	Keith Andersen, Acting Administrator WESTERN REGION <small>Dana Huddleston, Executive Support</small>		
<p>BEND Erio Nigg, Manager</p> <p>Bob Baggott Steve Desmond (The Dalles) Paul DeVito Todd Hesse Steve Kirk Bonnie Lamb Jayne West Tonya Nichols EE2 (Onsite) NRS3 (Hydrogeologist) NRS4 (Onsite) AS1 (Permit Coordinator) EE2 (Permits) NRS3 (Onsite)</p> <p>PENOLETON Pat Vernon, Acting Manager</p> <p>Don Butcher John Dadoy Bernie Duffy Rick Hill Bob Marshall Diane Naglee Shanna Olson Jackie Ray Phil Richardson Angela Thompson Heidi Williams NRS3 (TMDL) EE2 (SRF)</p> <p>Duane Smith, Manager</p> <p>Carl Nadler (The Dalles) Steve McMillan EE2</p>	<p>ADMINISTRATION Adam Couzu Christine Svetkovich Jane Hickman</p> <p>COMMUNITY and PROGRAM ASSISTANCE Judy Johndahl, Manager</p> <p>Kim Carlson Ron Doughten Marlyn Fonseca Larry McAlister Angela Parker Barbara Priest Rick Waters Chris Gannon NRS4</p> <p>OPERATIONS and INFORMATION SERVICES Dave Ringoella, Manager</p> <p>Stephanie Brandon Daniel Hermsillo John Koester Rodney Lemert Cecilia Mitchell David Pray Michele Thompson Martha Tully Josh Weber Vacant (Data Mgt.)</p>	<p>STANDARDS and ASSESSMENTS Jennifer Wigal, Manager</p> <p>Andra Matzke Aron Borok Cheryl Grabham Robin Leferink Debra Sturevant Karia Urbaniowicz Karen Whisler NRS1</p> <p>SURFACE WATER MANAGEMENT Annette Liebe, Manager</p> <p>Benjamin Benninghoff Erch Brandstetter Jim Billings Spencer Bohaboy Sonja Storm-Hansen Paula Calvert Jenine Camilleri Chris Clipper Beth Moore Tiffany Yelton Bram</p> <p>WATERSHED MANAGEMENT Gene Foster, Manager</p> <p>Steve Aalbers Jim Bloom Kevin Brannan Ivan Camacho Julia Crown Julie Harvey Koto Kishida Agnes Lut Ryan Michie Joshua Seeds Sheree Stewart Dan Turner Don Yon</p>	<p>WATERSHED ASSESSMENT Aaron Bortsenko, Manager</p> <p>Larry Calton Greg Coffeen Shannon Hubler Thomas Lossen Larry Maner Lesley Merrick Michael Tichenor NRS3</p> <p>WATER QUALITY MONITORING Dennis Adee, Manager</p> <p>Jim Coyle Allen Hamel Steven Hanson Mike Mulvey Rich Myzak NRS2 Wade Peerman Lori Pillsbury OS2</p>	<p>MUNICIPAL/INDUSTRIAL PERMITS Greg Geick, Manager</p> <p>Elzogenet Selette Rob Burkhart Lyle Christensen Mike Finnney Gary Sage Corrie Schrandt Nanette Simpson</p> <p>STORMWATER/UC PERMITS Rodney Welok, Manager</p> <p>Dave Cole Marjorie Holland Mike Jeske Dennis Jurties Alice Kavajecz Cathy Phillips Tom Rosetta Barbara Sellers Nancy Stelmach Jennifer Weaver NRS1 (Storm Water) NRS4 (LQ Budgeted) VACANT (LIC Coordinator)</p> <p>TMDL401 Sally Puert, Manager</p> <p>Diana Adams Bruce Apple Alex Cyril Doug Drake Yoni Johnson Avis Newell Corey Saxon Karen Williams NRS4 (Clackamas Co.)</p>	<p>BASIN PLANNING and MANAGEMENT Zach Loboy, Manager</p> <p>COOS BAY • Fam Blake EUGENE • Bobbie Lindberg David Walz NRS4 MEDFORD • Bill Meyers Heather Tugaw</p> <p>ONSITE Mike Kuolinski, Manager</p> <p>COOS BAY • Del Cline Gerl Sledd EUGENE • Gary Artman Lisa Fincher Randy Trox GRANTS PASS • Sherry Brierty Chuck Costanzo Terry Easter Don Jossie WARRENTON • Vicki Schiele</p> <p>PERMITS and COMPLIANCE John Rusoligno, Manager</p> <p>COOS BAY • Steve Nichols EUGENE • Paul Kennedy Dan Witte EE2 MEDFORD • John Gasik Andy Ulrich SALEM • Bob Dickso Carnie Everett April Graybill Mark Hamlin Tim McFetridge Mary Pfauth Steve Schnurbusch</p>	<p>REGIONAL ENVIRONMENTAL SOLUTIONS Dave Belyea, Manager</p> <p>EUGENE • Jackie Fern Bob Haberman Jamie Isaza Bill Mason Francis Ozata EE2 NRS3 MEDFORD • Audrey Bouridge SALEM • Jack Arendt</p> <p>WILLAMETTE TMDL IMPLEMENTATION and STORMWATER Mike Wolf, Manager</p> <p>EUGENE • Chris Bayham Mind English Kathy Jacobsen Rene Nemurs Jared Rubin Kristy Sewell Pamela Wright NRS1 NRS3 MEDFORD • NRS2 SALEM • Nancy Gramlich</p>

3/10/2010

CAFO Geographic Boundaries

Livestock Water
Quality Specialists

CAFO Program Manager
Wym Matthews
(503) 986-4792
wm.matthew@oda.state.or.us

Area I
Armando Macias
(503) 842-6276
amacias@oda.state.or.us

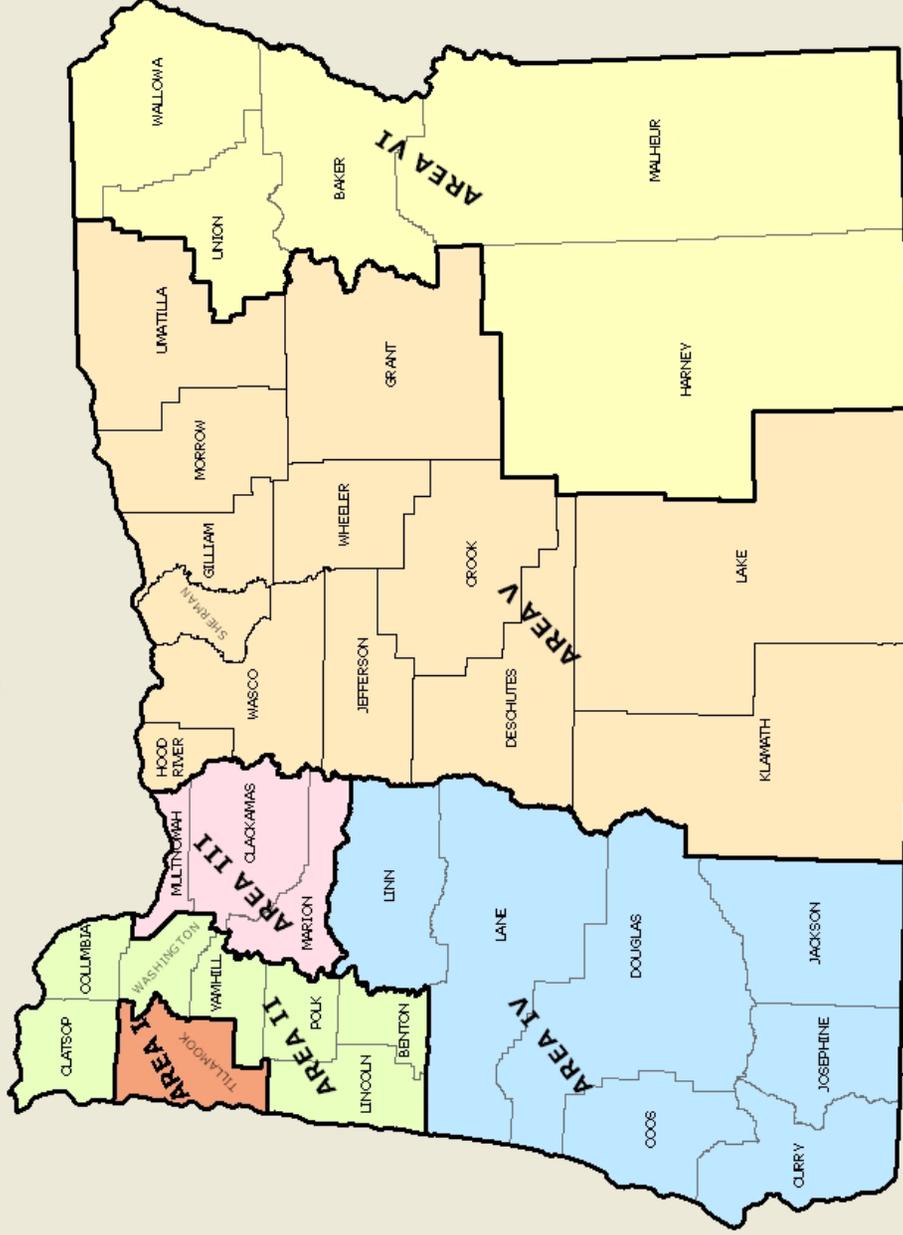
Area II
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kvial@oda.state.or.us

Area IV
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Area V
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Area VI
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 **Draft State Review Framework report for RCRA compliance and enforcement**
CARLOUGH Les to: Mike Slater 07/08/2011 08:34 AM
Cc: Jeff Kenknight, Cheryl Williams, Lauris Davies, HAMMOND Joni, WILES Wendy, POLLOCK Andree, FULLER Brian... [Show Details](#)

History: This message has been replied to.

[attachment "Round 2 Report Template draft RCRA.docx" deleted by Mike Slater/R10/USEPA/US]

Thank you for the extra time we needed to coordinate with staff who were away. Attached is the document with our comments. In addition to the text we provide for the priorities-and-accomplishments section and our state responses to the recommendations on the elements, there is a suggested modification to the description of warning letters which I highlighted on page 5. Please let me know if you have any comments or questions.

Les Carlough
Senior Policy Advisor
Office of Compliance and Enforcement
Oregon DEQ
503-229-5422

Office (Network) 1:41 PM

start Draft State Review F... 2011 State Review Round 2 Report Stat...