



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY
NEW YORK, NY 10007-1866

OCT 30 2014

Magdalene Morancie, Esq.
Acting Director
Division of Environmental Protection
US Virgin Islands Department of Planning and Natural Resources
Fredericksted, St. Croix 00840-4473

Dear Ms. Morancie:

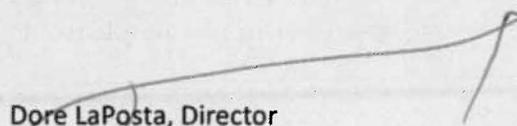
Attached please find the Virgin Island Department of Planning and Natural Resources (VIDPNR) State Review Framework final report for the Clean Air Act and the Clean Water Act.

We have incorporated VIDPNR's comments into the State Response Sections. We appreciate your thoughtful consideration of the findings, proposed follow-up actions and assistance in completing the Round 3 Report.

We will be scheduling a close-out conference call with your office to discuss next steps in the near future. In addition, our program leads will reach out to their counterparts to schedule the training sessions EPA has committed to provide in the report.

We look forward to continuing working with the VIDPNR in carrying out its' delegated program responsibilities and in completing the recommendations in the final report.

Sincerely,


Dore LaPosta, Director
Division of Enforcement and Compliance Assistance

Enclosure

STATE REVIEW FRAMEWORK

Virgin Islands

Clean Water Act and Clean Air Act Implementation in Federal Fiscal Year 2012

**U.S. Environmental Protection Agency
Region 2, New York**

**Final Report
October 29, 2014**

Executive Summary

Introduction

EPA Region 2 enforcement staff conducted a State Review Framework (SRF) enforcement program oversight review of the U.S. Virgin Islands Department of Planning and Natural Resources (VIDPNR). The Clean Water Act National Pollutant Discharge Elimination System (CWA-NPDES) program and the Clean Air Act (CAA) were reviewed.

EPA bases SRF findings on data and file review metrics, and conversations with program management and staff. EPA will track recommended actions from the review in the SRF Tracker and publish reports and recommendations on EPA's ECHO web site.

Areas of Strong Performance

- CWA-NPDES: Inspection reports reviewed onsite contained sufficient documentation to make an accurate compliance determination.
- CAA: The state met all (100%) of its inspection coverage and compliance review commitments for FY 2012. The state exceeded the national average.

Priority Issues to Address

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

- Neither program is consistently and accurately addressing noncompliance.
- Neither program is consistently and accurately identifying noncompliance, including the identification of significant noncompliance (SNC) and high-priority violators (HPVs).

Most Significant CWA-NPDES Program Issues¹

- The state did not meet its FY 2012 inspection commitments. At facilities where inspections were conducted, inspection reports were not consistently completed in a timely manner.
- Noncompliance, including the determination of significant noncompliance (SNC), is not addressed. Currently 100% of majors are in noncompliance and in SNC. In addition, enforcement responses do not consistently address violations in a timely and appropriate

¹ EPA's "National Strategy for Improving Oversight of State Enforcement Performance" identifies the following as significant recurrent issues: "Widespread and persistent data inaccuracy and incompleteness, which make it hard to identify when serious problems exist or to track state actions; routine failure of states to identify and report significant noncompliance; routine failure of states to take timely or appropriate enforcement actions to return violating facilities to compliance, potentially allowing pollution to continue unabated; failure of states to take appropriate penalty actions, which results in ineffective deterrence for noncompliance and an unlevel playing field for companies that do comply; use of enforcement orders to circumvent standards or to extend permits without appropriate notice and comment; and failure to inspect and enforce in some regulated sectors."

manner. Informal actions often request Corrective Action Plans (CAPs) that are not submitted by the facilities and the state does not follow-up.

Most Significant CAA Stationary Source Program Issues

- Minimum data requirements in the national data system do not consistently match the data in facility file folders. In addition, not all required data was entered. For example, the state issued a notice of violation (NOV) but it was not entered into AFS.
- The state is not documenting all of the required full-compliance evaluation (FCE) elements to meet the definition of an FCE per the CMS policy.
- Accurate compliance determinations, including the determination of high-priority violators (HPVs), are not properly made. During the onsite review, one HPV was identified that was not flagged by the state.

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I. Background on the State Review Framework

The State Review Framework (SRF) is designed to ensure that EPA conducts nationally consistent oversight. It reviews the following local, state, and EPA compliance and enforcement programs:

- Clean Water Act (CWA) National Pollutant Discharge Elimination System (NPDES)
- Clean Air Act (CAA) Stationary Sources (Title V)

Reviews cover:

- **Data** — completeness, accuracy, and timeliness of data entry into national data systems
- **Inspections** — meeting inspection and coverage commitments, inspection report quality, and report timeliness
- **Violations** — identification of violations, determination of significant noncompliance (SNC) for the CWA and high priority violators (HPV) for the CAA program, and accuracy of compliance determinations
- **Enforcement** — timeliness and appropriateness, returning facilities to compliance
- **Penalties** — calculation including gravity and economic benefit components, assessment, and collection

EPA conducts SRF reviews in three phases:

- Analyzing information from the national data systems in the form of data metrics
- Reviewing facility files and compiling file metrics
- Development of findings and recommendations

EPA builds consultation into the SRF to ensure that EPA and the state understand the causes of issues and agree on actions needed to address them. SRF reports capture the agreements developed during the review process in order to facilitate program improvements. EPA also uses the information in the reports to develop a better understanding of enforcement and compliance nationwide, and to identify issues that require a national response.

Reports provide factual information. They do not include determinations of overall program adequacy, nor are they used to compare or rank state programs.

Each state's programs are reviewed once every four years. The first round of SRF reviews began in FY 2004. The third round of reviews began in FY 2013 and will continue through FY 2016.

II. SRF Review Process

Review period: FY 2012

Key dates:

- Kickoff letter sent to state: March 26, 2013
- File selection list sent to state: May 15, 2013
- Data metric analysis sent to state: May 17, 2013
- Kickoff meeting conducted: May 29, 2013
- Onsite file reviews conducted:
 - Clean Air Act (CAA): June 3 – 7, 2013
 - Clean Water Act (CWA): June 10 – 13, 2013
- Draft report sent to state: March 13, 2014
- Report finalized: October 29, 2014

State and EPA key contacts for review:

- Patrick Durack, Deputy Director, EPA-DECA
- David Alvaro Simon, P.E., Director, VIDPNR
- Verline Marcellin, Air Pollution Control Program Manager, VIDPNR
- Wayne Donadelle, Water Pollution Control Staff, VIDPNR (St. Thomas)
- Courtney Dickinson, Water Pollution Control Staff, VIDPNR (St. Croix)

III. SRF Findings

Findings represent EPA’s conclusions regarding state performance, and may be based on:

- Initial findings made during the data and/or file reviews
- Annual data metric reviews conducted since the state’s last SRF review
- Follow-up conversations with state agency personnel
- Review of previous SRF reports, Memoranda of Agreement (MOAs), or other data sources
- Additional information collected to determine an issue’s severity and root causes

There are three categories of findings:

Meets or Exceeds Expectations: Describes a situation where no performance deficiency is identified or where a state has performed beyond expectations.

Area for State Attention: An activity, process, or policy that one or more SRF metrics show as a minor problem. The state should correct the issue without additional EPA oversight. EPA may make recommendations to improve performance, but it will not monitor these recommendations for completion until the next SRF review.

Area for State Improvement: An activity, process, or policy that one or more SRF metrics show as a significant problem that the agency is required to address. When possible, recommendations should address root causes. These recommendations must have well-defined timelines and milestones for completion, and EPA will monitor them for completion in the SRF Tracker between SRF reviews.

Whenever a metric indicates a major performance issue, EPA will write up a finding of Area for State Improvement, regardless of other metric values pertaining to a particular element.

The relevant SRF metrics are listed within each finding. The following information is provided for each metric:

- **Metric ID Number and Description:** The metric’s SRF identification number and a description of what the metric measures.
- **Natl Goal:** The national goal, if applicable, of the metric.
- **Natl Avg:** The national average across all states, territories, and the District of Columbia.
- **State N:** For metrics expressed as percentages, the numerator.
- **State D:** The denominator.
- **State % or #:** The percentage, or if the metric is expressed as a whole number, the count.

Clean Water Act Findings

Element 1 — Data						
Finding 1-1	Meets or Exceeds Expectations					
Summary	The state met data entry goals for these metrics.					
Explanation	<p>Data and information on permit limit rates entered into the national data system, ICIS, are complete. The state exceeded the national goal and the national average for this metric. Data was entered by the state under the supervision and oversight of EPA. Quarterly calls were held between EPA and the state to review the data entered into ICIS.</p> <p>The state also reported three majors with single event violations (SEVs) to the national data system. These are non-automated violations arising from inspections and compliance monitoring.</p>					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	1b1 Permit limit rate for major facilities	>=95%	98.3%	8	8	100%
	7a Number of major facilities with single event violations	N/A	N/A	N/A	N/A	3
State Response	Although there are no recommendations associated with these findings, DPNR remains committed to ensuring that all information entered into ICIS is complete and accurate.					
Recommendation	N/A					

Element 1 — Data

Finding 1-2	Area for State Attention					
Summary	Discharge monitoring reports (DMRs) data is not complete in the national data system.					
Explanation	Data and information entered into ICIS for DMRs is not complete. EPA is responsible for the DMR data entry; however, not all of the state’s eight major facilities consistently submit their DMR data. The state is below the national goal and the national average for this metric.					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	1b2 DMR entry rate for major facilities	>=95%	97.9%	404	456	88.6%
State Response	Although there are no recommendations associated with this finding, DPNR agrees that not all of the major facilities are consistently submitting DMRs within the required timeframes. As such, DPNR will issue a memorandum to all permittees to remind them of the DMR requirements per their permits and refer them to www.epa.gov for accessing the DMRs. DPNR will issue this memorandum by January 30, 2015.					
Recommendation	N/A					

Element 1 — Data

Finding 1-3	Area for State Improvement					
Summary	Data in facility files is not consistent with the data in the national data system.					
Explanation	Minimum data requirements (MDRs) in ICIS, such as facility addresses, did not consistently and/or accurately reflect the facility data in files reviewed onsite. In addition, there were inspections identified during the file review that were conducted by the state, but not entered into ICIS. The state is below the national goal for this metric.					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	2b Files reviewed where data are accurately reflected in the national data system	95%	N/A	7	29	24.1%
State Response	<p>The Department is not opposed to the EPA’s recommendation on providing training on MDRs. However, DPNR intends to finalize the SOP before September 30, 2014, so that the staff can start fresh at the beginning of next fiscal year. Therefore, DPNR would like to ensure that training occurs in sufficient enough time to allow us to incorporate the appropriate suggestions and information into the SOP.</p> <p>The Department recognizes that it could benefit from developing an SOP for entering inspection data into ICIS to ensure accuracy. Therefore, DPNR will develop an SOP and provide to EPA for review no later than January 30, 2015.</p>					
Recommendation	<p>The VIDPNR must immediately begin to enter all inspection data into ICIS and to correct MDR data in ICIS to accurately reflect MDR data in facility files. VIDPNR senior management will regularly review standard facility inspection and enforcement action reports available in ICIS-NPDES to ensure data is entered accurately and in a timely manner.</p> <p>EPA will also provide training on MDRs by December 30, 2014, and recommends that the VIDPNR develop an SOP for entering MDRs into ICIS to ensure data accuracy. EPA will monitor the state’s progress through quarterly meetings/conference calls and annual data metrics beginning 1/15/15. Once all required data is entered accurately and in a timely manner for 4 consecutive quarters, EPA will consider this recommendation closed.</p>					

Element 2 — Inspections

Finding 2-1	Area for State Improvement																																									
Summary	FY 2012 inspection commitments were not met, and inspection reports were not completed in a timely manner.																																									
Explanation	<p>The state conducted three of its 12 stormwater inspection commitments for FY 2012. The state is below the national goal for this metric.</p> <p>Inspection coverage of NPDES majors, NPDES non-majors with individual permits and NPDES non-majors with general permits (37.5%, 33.9% and 0 % respectively) was significantly lower than the state's 100% inspection coverage Compliance Monitoring Strategy (CMS) commitment for FY 2012.</p> <p>37 inspection reports reviewed onsite were not completed within the prescribed timeframe. The state is below the national goal for this metric.</p> <p>Inspection report timeliness was cited as an Area for State Improvement in the previous SRF review; it does not appear that the state has resolved this issue.</p> <p>Note that metrics 4a1 through 4a8 and metrics 4a10 and 4a11 are not part of the state's CMS program and are not tracked.</p>																																									
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>4a9 Phase I and II stormwater construction inspections</td> <td>100%</td> <td>N/A</td> <td>3</td> <td>12</td> <td>25%</td> </tr> <tr> <td>5a Inspection coverage of NPDES majors</td> <td>50%</td> <td>57.6%</td> <td>3</td> <td>8</td> <td>37.5%</td> </tr> <tr> <td>5b1 Inspection coverage of NPDES non-majors with individual permits</td> <td>20%</td> <td>25.6%</td> <td>21</td> <td>62</td> <td>33.9%</td> </tr> <tr> <td>5b2 Inspection coverage of NPDES non-majors with general permits</td> <td>N/A</td> <td>5.9%</td> <td>0</td> <td>4</td> <td>0%</td> </tr> <tr> <td>6b Inspection reports completed within prescribed timeframe</td> <td>100%</td> <td>N/A</td> <td>5</td> <td>40</td> <td>11.9%</td> </tr> </tbody> </table>						Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	4a9 Phase I and II stormwater construction inspections	100%	N/A	3	12	25%	5a Inspection coverage of NPDES majors	50%	57.6%	3	8	37.5%	5b1 Inspection coverage of NPDES non-majors with individual permits	20%	25.6%	21	62	33.9%	5b2 Inspection coverage of NPDES non-majors with general permits	N/A	5.9%	0	4	0%	6b Inspection reports completed within prescribed timeframe	100%	N/A	5	40	11.9%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #																																					
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6b Inspection reports completed within prescribed timeframe	100%	N/A	5	40	11.9%																																					
State Response	The Department is not opposed to the idea of training from the EPA on CMS guidance. The Department is currently re-assessing its inspection commitments and CMS goals. It is apparent that the Department needs to develop CMS goals that are feasible and tailored to conditions in the Territory. As such, DPNR will share a revised CMS with the EPA by December 30, 2014.																																									

DPNR recognizes that untimeliness of inspection reports is an unresolved finding from past SRFs, therefore, DPNR will develop standard operating procedures for the timely submission and issuance of inspection reports. These procedures will be submitted to EPA for review by January 30, 2015.

With respect to the submission of inspection reports, DPNR proposes to provide the EPA with a quarterly update delineating the following information from which the EPA may request random files (10% or 20%) for verification.

Facility & Insp. Date	Report Submitted to Management (date)	Date Signed by Management	Date Issued to Facility

Recommendation

VIDPNR must immediately begin to conduct inspections at facilities with stormwater, NPDES major, and NPDES non-major permits to meet their inspection commitments. Associated inspection reports will be completed in a timely manner.

EPA will provide training on the CMS guidance by December 1, 2014, and VIDPNR will submit a CMS plan by December 30, 2014. VIDPNR will ensure that its CMS commitments for NPDES majors, NPDES non-majors, and Phase I & II construction stormwater are addressed as part of its inspection work planning process. If VIDPNR needs to utilize flexibility during the fiscal year that affects their ability to meet their CMS goals, VIDPNR must provide a full explanation of any CMS flexibilities that were needed during the reporting year and why those flexibilities were needed.

EPA will monitor VIDPNR progress toward meeting its inspection coverage goals and completing timely inspection reports via quarterly meetings beginning 1/15/15. Once all inspections and inspection reports are completed on time for 4 consecutive quarters, EPA will consider this recommendation closed.

Element 2 — Inspections

Finding 2-2	Meets or Exceeds Expectations					
Summary	The state's inspection reports are complete and provide sufficient documentation to determine compliance.					
Explanation	VIDPNR has significantly improved under this metric since the previous SRF review.					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	6a Percentage of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance	100%	N/A	40	42	95.2%
State Response	The Department agrees that this area represents an improvement and remains committed to ensuring inspection reports are complete.					
Recommendation	N/A					

Element 3 — Violations

Finding 3-1	Meets or Exceeds Expectations																							
Summary	The state is making accurate compliance determinations.																							
Explanation	<p>The state reported three facilities with single event violations (SEVs) to the national data system. These are non-automated violations arising from inspections and compliance monitoring.</p> <p>All but one of the inspection reports reviewed onsite led to an accurate compliance determination. The state met the national goal for this metric.</p>																							
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>7a Number of major facilities with single event violations</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>3</td> </tr> <tr> <td>7e Inspection reports reviewed that led to an accurate compliance determination</td> <td>100%</td> <td>N/A</td> <td>41</td> <td>42</td> <td>97.6%</td> </tr> </tbody> </table>						Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	7a Number of major facilities with single event violations	N/A	N/A	N/A	N/A	3	7e Inspection reports reviewed that led to an accurate compliance determination	100%	N/A	41	42	97.6%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #																			
7a Number of major facilities with single event violations	N/A	N/A	N/A	N/A	3																			
7e Inspection reports reviewed that led to an accurate compliance determination	100%	N/A	41	42	97.6%																			
State Response	The Department recognizes that it has continued to improve in this area and remains committed to same.																							
Recommendation	N/A																							

Element 3 — Violations

Finding 3-2	Area for State Improvement																																			
Summary	Noncompliance is not being addressed.																																			
Explanation	<p>There is a significantly high rate of noncompliance in the state. In FY 2012, 100% of major facilities are in noncompliance, 95% of non-majors are in Category 1 noncompliance, and 8% of non-majors are in Category 2 noncompliance. A non-major can be in one or both categories of noncompliance.</p> <p>Major facilities in significant noncompliance (SNC) are not being addressed by the state. SNC indicates significant violations in terms of environmental and human health impacts per the goals of the Clean Water Act Action Plan. 100% of major facilities are in SNC, which is significantly higher than the national average. SNC identification can be used to target enforcement actions toward the most important water pollution problems.</p> <p>It should be noted that EPA, not VIDPNR, is the lead on addressing noncompliance at five of the state's eight major facilities.</p> <p>These high rates of noncompliance can be tied to the lack of appropriate and timely enforcement responses, as discussed in Finding 4-1.</p>																																			
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>7d1 Major facilities in noncompliance</td> <td>N/A</td> <td>60.3%</td> <td>8</td> <td>8</td> <td>100%</td> </tr> <tr> <td>7f1 Non-major facilities in Category 1 noncompliance</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>59</td> </tr> <tr> <td>7g1 Non-major facilities in Category 2 noncompliance</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>5</td> </tr> <tr> <td>8a2 Percentage of major facilities in SNC</td> <td>N/A</td> <td>20.6%</td> <td>8</td> <td>8</td> <td>100%</td> </tr> </tbody> </table>						Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	7d1 Major facilities in noncompliance	N/A	60.3%	8	8	100%	7f1 Non-major facilities in Category 1 noncompliance	N/A	N/A	N/A	N/A	59	7g1 Non-major facilities in Category 2 noncompliance	N/A	N/A	N/A	N/A	5	8a2 Percentage of major facilities in SNC	N/A	20.6%	8	8	100%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #																															
7d1 Major facilities in noncompliance	N/A	60.3%	8	8	100%																															
7f1 Non-major facilities in Category 1 noncompliance	N/A	N/A	N/A	N/A	59																															
7g1 Non-major facilities in Category 2 noncompliance	N/A	N/A	N/A	N/A	5																															
8a2 Percentage of major facilities in SNC	N/A	20.6%	8	8	100%																															
State Response	<p>The Department agrees to develop a strategy for addressing noncompliance at its regulated facilities and will present said strategy to EPA by January 30, 2015.</p> <p>Further, similar to the Department's suggestion in Finding 2-1, the Department is willing to include additional columns to the table proposed in 2-1 which will provide summary update on inspection reports and informal enforcement actions and the status of those enforcement actions. The EPA can request review of random files from this summary.</p>																																			

CAP (Y/N)	Timely CAP (Y/N)	DPNR Follow-up	Returned/Will Return to Compliance (Y/N)

Recommendation

VIDPNR senior management must immediately implement a strategy to actively address noncompliance, including SNC, at majors and non-majors where EPA is not leading enforcement. EPA will monitor VIDPNR progress in implementing its strategy through quarterly evaluation of noncompliance identified through review of inspection reports and associated follow-up. A list of all inspections conducted each quarter and associated inspection reports (and follow-up enforcement) will be forwarded to EPA once a quarter beginning 1/15/15.

EPA will monitor VIDPNR’s progress through quarterly meetings/conference calls and annual data metrics beginning 1/15/15. This finding is also addressed by Finding 3-3. Once EPA observes that VIDPNR is actively addressing noncompliance, including SNC, at majors and non-majors where EPA is not leading enforcement consistently for 4 quarters, EPA will consider this recommendation closed. At that point, EPA will consider VIDPNR offer to provide a list from which EPA can randomly select.

Element 3 — Violations

Finding 3-3	Area for State Improvement					
Summary	Significant noncompliance (SNC) is not determined.					
Explanation	Of the four single-event violations (SEVs) reviewed onsite, none were identified as SNC or non-SNC. As a result, SNCs at major facilities are not being reported and therefore not properly addressed. The state is below the national goal for these metrics.					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	8b1 Single-event violations accurately identified as SNC or non-SNC	100%	N/A	0	4	0%
	8c Percentage of SEVs identified as SNC reported timely at major facilities	100%	N/A	0	4	0%
State Response	DPNR recognizes that there is progress to be made in this area and, therefore, is not opposed to participating in training from the EPA on identifying SNC.					
Recommendation	VIDPNR will immediately begin to identify and report facilities in SNC. EPA will monitor VIDPNR's progress on a quarterly basis beginning 1/15/15. Once EPA observes that VIDPNR is accurately identifying and entering SNCs for 4 consecutive quarters, EPA will consider this recommendation closed.					

Element 4 — Enforcement

Finding 4-1	Area for State Improvement																								
Summary	Enforcement responses do not return facilities to compliance.																								
Explanation	<p>Four of 27 informal enforcement actions reviewed onsite returned or will return a source in violation to compliance. The 23 other informal enforcement actions issued by the state required a Corrective Action Plan (CAP) from the facility; however, the facilities did not submit a CAP to the state nor did the state follow-up on missing CAP requests.</p> <p>Formal enforcement actions are not being issued to major facilities in a timely manner. The state is below the national average for metric 10a. As noted previously, EPA is the enforcement lead for five of the state’s eight major noncompliant facilities. Two of the five facilities are under a Federal Consent Decree (Civil Action No. 84-104, September 19, 1984) with expected termination date no later than December 31, 2014. Two additional facilities were referred to the Department of Justice (CWA-02-2012-0015) on September 25, 2012. The remaining facility is currently still being evaluated by EPA.</p> <p>20 of 27 of the informal enforcement actions issued by the state were appropriate and issued in a timely manner. However, in ten cases, the type of enforcement action issued was not appropriate due to the facilities’ history of noncompliance. The state is below the national average for metric 10b.</p> <p>See also Finding 3-2.</p>																								
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>9a Percentage of enforcement responses that return or will return source in violation to compliance</td> <td>100%</td> <td>N/A</td> <td>4</td> <td>27</td> <td>14.8%</td> </tr> <tr> <td>10a Major facilities with timely action as appropriate</td> <td>N/A</td> <td>3.6%</td> <td>0</td> <td>6</td> <td>0%</td> </tr> <tr> <td>10b Enforcement responses reviewed that address violations in a timely and appropriate manner</td> <td>N/A</td> <td>100%</td> <td>20</td> <td>27</td> <td>74.1%</td> </tr> </tbody> </table>	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	9a Percentage of enforcement responses that return or will return source in violation to compliance	100%	N/A	4	27	14.8%	10a Major facilities with timely action as appropriate	N/A	3.6%	0	6	0%	10b Enforcement responses reviewed that address violations in a timely and appropriate manner	N/A	100%	20	27	74.1%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #																				
9a Percentage of enforcement responses that return or will return source in violation to compliance	100%	N/A	4	27	14.8%																				
10a Major facilities with timely action as appropriate	N/A	3.6%	0	6	0%																				
10b Enforcement responses reviewed that address violations in a timely and appropriate manner	N/A	100%	20	27	74.1%																				
State Response	The Department agrees that this is an area for improvement. The Department has already started discussing ways to ensure that CAP requests are followed through, and the Department will share its proposed strategy with the EPA by January 30, 2015.																								

	<p>The Department believes that the summary table proposed in our response to Findings 2-1 and 3-2 would provide sufficient information to allow the EPA to determine whether the Department is making the appropriate progress with its informal enforcement actions.</p>
Recommendation	<p>VIDPNR will immediately follow-up on CAP requests, and begin to issue appropriate enforcement actions that will return facilities, including majors, in violation to compliance.</p> <p>EPA will monitor VIDPNR’s progress through quarterly meetings/conference calls and annual data metrics beginning 1/15/15. This finding is also addressed by Findings 3-2 and 3-3. Once EPA observes for 4 consecutive quarters that VIDPNR is taking appropriate enforcement actions that will return facilities, including majors, in violation to compliance, EPA will consider this recommendation closed.</p>

Element 5 — Penalties

Finding 5-1	No Finding					
Summary	The state did not issue any penalties in FY 2012.					
Explanation	N/A					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	11a Penalty calculations reviewed that consider and include gravity and economic benefit	100%	N/A	0	0	0%
	12a Documentation of the difference between initial and final penalty and rationale	100%	N/A	0	0	0%
	12b Penalties collected	100%	N/A	0	0	0%
State Response	No penalties were assessed in FY 2012.					
Recommendation	EPA recommends that VIDPNR address and deter noncompliance by taking enforcement actions and assessing and issuing penalties as appropriate. Once EPA observes for 4 consecutive quarters that VIDPNR is assessing and issuing penalties as appropriate, EPA will consider this recommendation closed. EPA will monitor VIDPNR penalty actions during the SNAP quarterly meeting process.					

Clean Air Act Findings

Element 1 — Data																																										
Finding 1-1	Area for State Improvement																																									
Summary	<p>Data in facility files is not consistent with the data in the national data system, nor is data entered in a timely and appropriate manner.</p> <p>Also, no stack tests were conducted and there were no violations per informal enforcement actions in FY 2012.</p>																																									
Explanation	<p>Minimum data requirements (MDRs) in AFS, such as facility addresses, did not consistently and/or accurately reflect the facility data in files reviewed onsite. In addition, the formal enforcement action issued by the state in FY 2012, a notice-of-violation (NOV), was not reported in AFS. NOV's issued by the state are formal enforcement actions because they provide notice as well as compliance requirements similar to an EPA Order.</p> <p>The state reported half of its compliance monitoring MDRs in a timely manner, and did not report its enforcement MDRs. The state is below the national goal and the national average for these metrics.</p> <p>Data accuracy was cited as an Area for State Improvement in the previous SRF review; it does not appear that the state has resolved this issue.</p> <p>Regarding stack tests, while the state appears to be below the national goal and the national average for these metrics, their numbers are accurate and appropriate for the review year.</p>																																									
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>2b Accurate MDR data in AFS</td> <td>100%</td> <td>N/A</td> <td>3</td> <td>11</td> <td>27.3%</td> </tr> <tr> <td>3b1 Timely reporting of compliance monitoring MDRs</td> <td>100%</td> <td>80%</td> <td>6</td> <td>12</td> <td>50%</td> </tr> <tr> <td>3b2 Timely reporting of stack test dates and results</td> <td>100%</td> <td>73.1%</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>3b3 Timely reporting of enforcement MDRs</td> <td>100%</td> <td>73.7%</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>7b1 Violations reported per informal actions</td> <td>100%</td> <td>59.7%</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>						Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	2b Accurate MDR data in AFS	100%	N/A	3	11	27.3%	3b1 Timely reporting of compliance monitoring MDRs	100%	80%	6	12	50%	3b2 Timely reporting of stack test dates and results	100%	73.1%	0	0	0	3b3 Timely reporting of enforcement MDRs	100%	73.7%	0	0	0	7b1 Violations reported per informal actions	100%	59.7%	0	0	0
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #																																					
2b Accurate MDR data in AFS	100%	N/A	3	11	27.3%																																					
3b1 Timely reporting of compliance monitoring MDRs	100%	80%	6	12	50%																																					
3b2 Timely reporting of stack test dates and results	100%	73.1%	0	0	0																																					
3b3 Timely reporting of enforcement MDRs	100%	73.7%	0	0	0																																					
7b1 Violations reported per informal actions	100%	59.7%	0	0	0																																					
State Response	<p>VIDPNR shall revise facility addresses in AFS to show consistency. This will be accomplished by eliminating the number sign before physical addresses. In addition, Post Offices (PO) boxes will be replaced with physical addresses. Moreover, the NOV for Diageo has</p>																																									

	<p>been entered in AFS. As recommended, the program received training in data entry requirements from the EPA on March 18-20, 2014. Also, the program has a current SOP in place for data entry into AFS. This SOP will be revised to reflect recommendations provided by the EPA.</p>
Recommendation	<p>VIDPNR must immediately begin to enter consistent and accurate MDR data into AFS in a timely manner.</p> <p>EPA trained VIDPNR staff on AFS data entry requirements as outlined in the Minimum Data Reporting Guidance in March 2014 to ensure that data is consistent, accurate and entered in a timely manner. Data must be entered into AFS within 60 days of an activity and should be crosschecked and verified with data in the facility files and corrected as needed.</p> <p>EPA will monitor the state's progress through quarterly meetings/conference calls and annual data metrics beginning 1/15/15. Once EPA observes VIDPNR has entered MDR data consistently and accurately for 4 consecutive quarters, EPA will consider this recommendation closed.</p>

Element 2 — Inspections

Finding 2-1	Meets or Exceeds Expectations																														
Summary	Inspection coverage and compliance review commitments were met.																														
Explanation	<p>The state met all of its full-compliance evaluation (FCE) commitments, covering 100% of its facilities. These metrics meet the national goal and exceed the national average.</p> <p>The corrected state denominator for metric 5e is seven. While there are nine major sources, the annual compliance certification applies to only seven; the other two sources are landfills. One landfill has not been issued a Title V permit, and the Title V permit recently issued to the second landfill is not yet eligible for an annual compliance certification. The state therefore reviewed seven of seven Title V annual compliance certifications (100%), meeting the national goal and exceeding the national average.</p> <p>Five of five compliance monitoring reports reviewed onsite contained sufficient documentation to accurately determine the compliance status at the facility. The state met the national goal for this metric.</p> <p>Note that per their Compliance Monitoring Strategy (CMS) plan, the state is not required to report FCE coverage at synthetic minors (non SM-80s) and minors.</p>																														
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>5a FCE coverage: majors and mega-sites</td> <td>100%</td> <td>90.4%</td> <td>3</td> <td>3</td> <td>100%</td> </tr> <tr> <td>5b FCE coverage: SM-80s</td> <td>100%</td> <td>93.4%</td> <td>1</td> <td>1</td> <td>100%</td> </tr> <tr> <td>5e Review of Title V annual compliance certifications</td> <td>100%</td> <td>81.8%</td> <td>7</td> <td>9</td> <td>77.8%</td> </tr> <tr> <td>6b Compliance monitoring reports reviewed that provide sufficient documentation to determine facility compliance</td> <td>100%</td> <td>N/A</td> <td>5</td> <td>5</td> <td>100%</td> </tr> </tbody> </table>	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	5a FCE coverage: majors and mega-sites	100%	90.4%	3	3	100%	5b FCE coverage: SM-80s	100%	93.4%	1	1	100%	5e Review of Title V annual compliance certifications	100%	81.8%	7	9	77.8%	6b Compliance monitoring reports reviewed that provide sufficient documentation to determine facility compliance	100%	N/A	5	5	100%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #																										
5a FCE coverage: majors and mega-sites	100%	90.4%	3	3	100%																										
5b FCE coverage: SM-80s	100%	93.4%	1	1	100%																										
5e Review of Title V annual compliance certifications	100%	81.8%	7	9	77.8%																										
6b Compliance monitoring reports reviewed that provide sufficient documentation to determine facility compliance	100%	N/A	5	5	100%																										
State Response	VIDPNR remains committed to its inspection requirements.																														
Recommendation	N/A																														

Element 2 — Inspections

Finding 2-2	Area for State Improvement												
Summary	Required full-compliance evaluations (FCE) elements are not documented.												
Explanation	<p>Three of the five FCE inspection reports reviewed onsite did not properly document FCE elements nor meet the definition of a FCE per the CMS policy. An FCE element that was consistently not documented is the facility's applicable requirements. The state is below the national goal for this metric.</p> <p>FCE element documentation was cited as an Area for State Improvement in the previous SRF review; it does not appear that the state has resolved this issue.</p>												
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>6a Documentation of FCE elements</td> <td>100%</td> <td>N/A</td> <td>2</td> <td>5</td> <td>40%</td> </tr> </tbody> </table>	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	6a Documentation of FCE elements	100%	N/A	2	5	40%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #								
6a Documentation of FCE elements	100%	N/A	2	5	40%								
State Response	<p>As recommended, training was provided by the EPA on CMS policy and FCE guidelines. This training was held from March 18-20, 2014. Beginning in Fiscal Year (FY) 2014, FCE inspection reports will reflect recommended changes. In addition, the program will revise current SOP to include a process for documenting FCE elements based on the definition of an FCE.</p>												
Recommendation	<p>VIDPNR must immediately begin to document required FCE elements.</p> <p>EPA trained VIDPNR staff on the CMS policy FCE guidelines in March 2014 to ensure the appropriate documentation and accurate definition of a FCE. FCEs need to include the facility's Title V designation, findings and recommendations, all applicable requirements and any previous enforcement actions. VIDPNR should also review the example CMRs provided at https://echo.epa.gov/srf_comp_mon_reports.</p> <p>EPA will monitor VIDPNR progress toward meeting its FCE goals via quarterly meetings and review of submitted inspection reports beginning 1/15/15. Once EPA observes VIDPNR is documenting all required FCE elements for 4 consecutive quarters, EPA will consider this recommendation closed.</p>												

Element 3 — Violations

Finding 3-1	Area for State Improvement																																				
Summary	Accurate compliance determinations are not made consistently. High-priority violations (HPVs) are not properly identified.																																				
Explanation	<p>The information and documentation used by the state to determine compliance was not accurately analyzed and/or reported into AFS for two of the five FCE inspection reports reviewed onsite. The compliance determination for one facility was not accurately reported in AFS (see Finding 1-1). The second facility was not properly identified as an HPV and therefore not reported. The state is below the national goal for these metrics.</p> <p>No HPVs were identified by the state in FY 2012. However, during the onsite file review the reviewers identified one major facility that should have been flagged as an HPV according to Criteria #7 of the HPV Policy. The state is below the national average for metric 8a and below the national goal for metric 8c.</p>																																				
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>State N</th> <th>State D</th> <th>State % or #</th> </tr> </thead> <tbody> <tr> <td>3a2 Untimely entry of HPV determinations</td> <td>N/A</td> <td>N/A</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>7a Accuracy of compliance determinations</td> <td>100%</td> <td>N/A</td> <td>3</td> <td>5</td> <td>60%</td> </tr> <tr> <td>7b3 Violations reported per HPV identified</td> <td>100%</td> <td>53.4%</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>8a HPV discovery rate at majors</td> <td>N/A</td> <td>4.3%</td> <td>0</td> <td>9</td> <td>0%</td> </tr> <tr> <td>8c Verify the accuracy of HPV determinations</td> <td>100%</td> <td>N/A</td> <td>0</td> <td>1</td> <td>0%</td> </tr> </tbody> </table>	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #	3a2 Untimely entry of HPV determinations	N/A	N/A	0	0	0	7a Accuracy of compliance determinations	100%	N/A	3	5	60%	7b3 Violations reported per HPV identified	100%	53.4%	0	0	0	8a HPV discovery rate at majors	N/A	4.3%	0	9	0%	8c Verify the accuracy of HPV determinations	100%	N/A	0	1	0%
Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #																																
3a2 Untimely entry of HPV determinations	N/A	N/A	0	0	0																																
7a Accuracy of compliance determinations	100%	N/A	3	5	60%																																
7b3 Violations reported per HPV identified	100%	53.4%	0	0	0																																
8a HPV discovery rate at majors	N/A	4.3%	0	9	0%																																
8c Verify the accuracy of HPV determinations	100%	N/A	0	1	0%																																
State Response	On March 18-20, 2014, the EPA provided training on the HPV policy. This training provided clarification in regards to the interpretation of said policy. The new interpretations will be considered in future violations.																																				
Recommendation	<p>VIDPNR must immediately begin to make accurate compliance determinations, including the identification of HPVs.</p> <p>EPA trained VIDPNR staff on determining compliance in accordance with applicable guidances such as the CMS policy and HPV Policy in March 2014. VIDPNR should also discuss violation findings with EPA during their monthly meetings. EPA will monitor the VIDPNR's progress through monthly meetings/conference calls and annual data metrics beginning 1/15/15. Once EPA observes for 4 consecutive quarters that VIDPNR is making accurate compliance determinations, including the identification of HPVs, EPA will consider this recommendation closed.</p>																																				

Element 4 — Enforcement

Finding 4-1	Meets or Exceeds Expectations					
Summary	The state is taking appropriate corrective action.					
Explanation	<p>In the one case reviewed, the state issued a formal enforcement response, a NOV, which returned the facility to compliance. However, as noted in Finding 1-1, the NOV was not reported in AFS. The state met the national goal for this metric.</p> <p>As noted in Finding 3-1, EPA identified one major facility that should have been flagged as an HPV during the onsite file review; however, the state did not make any HPVs determinations in FY 2012, thereby precluding EPA’s review of timely and appropriate enforcement for that fiscal year.</p>					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	9a Formal enforcement responses that include required corrective action that will return the facility to compliance in a specified timeframe	100%	N/A	1	1	100%
	10a Timely action taken to address HPVs	100%	N/A	0	0	0%
	10b Appropriate enforcement responses for HPVs	100%	N/A	0	0	0%
State Response	VIDPNR remains committed to ensuring that appropriate corrective action is taken as needed.					
Recommendation	EPA recommends that VIDPNR make HPV determinations as appropriate.					

Element 5 — Penalties

Finding 5-1	No Finding					
Summary	The state did not issue any penalties in FY 2012.					
Explanation	N/A					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State % or #
	11a Penalty calculations include gravity and economic benefit	100%	N/A	0	0	0%
	12a Documentation on difference between initial and final penalty	100%	N/A	0	0	0%
	12b Penalties collected	100%	N/A	0	0	0%
State Response	No penalties were assessed in FY 2012.					
Recommendation	EPA recommends that VIDPNR address and deter noncompliance by taking enforcement actions and assessing and issuing penalties as appropriate. Once EPA observes for 4 consecutive quarters that VIDPNR is assessing and issuing penalties as appropriate, EPA will consider this recommendation closed. EPA will monitor VIDPNR penalty actions during the SNAP quarterly meeting process.					

IV. Appendix A: Data Metric Analysis

Attached below are the results of the SRF data metric analyses. All data metrics are analyzed prior to the on-site file review. This provides reviewers with essential advance knowledge of potential problems. It also guides the file selection process as these potential problems highlight areas for supplemental file review. The initial findings are preliminary observations; final findings are developed only after evaluating the data alongside file review results and details from conversations with the state.

Clean Water Act

Metric	Metric Name	Metric Type	Agency	Nat'l Goal	Nat'l Avg	Virgin Islands	Count	Universe	Not Counted	Initial Finding	Explanation
1a1	Number of Active NPDES Majors with Individual Permits	Data Verification	State			8				Meets or Exceeds Expectations	
1a2	Number of Active NPDES Majors with General Permits	Data Verification	State			0				Meets or Exceeds Expectations	
1a3	Number of Active NPDES Non-Majors with Individual Permits	Data Verification	State			62				Meets or Exceeds Expectations	
1a4	Number of Active NPDES Non-Majors with General Permits	Data Verification	State			4				Meets or Exceeds Expectations	
1b1	Permit Limits Rate for Major Facilities	Goal	State	>= 95%	98.3%	100%	8	8	0	Meets or Exceeds Expectations	
1b2	DMR Entry Rate for Major Facilities	Goal	State	>= 95%	97.9%	88.6%	404	456	52	State Attention	95% goal of DMR entry rate has not been met for non-majors. Will review data entry procedures
1b3	Number of Major Facilities with a Manual Override of RNC/SNC to a Compliant Status	Data Verification	State			0				Meets or Exceeds Expectations	
1c1	Permit Limits Rate for Non-Major Facilities	Informational only	State		67.2%	100%	62	62	0	Meets or Exceeds Expectations	
1c2	DMR Entry Rate for Non-Major Facilities.	Informational only	State		83.1%	25.3%	504	1991	1487	State Improvement	
1e1	Facilities with Informal Actions	Data Verification	State			15				State Attention	This metric is informational only as it applies to non-majors as the data is not required to be entered into ICIS-NPDES.

Metric	Metric Name	Metric Type	Agency	Nat'l Goal	Nat'l Avg	Virgin Islands	Count	Universe	Not Counted	Initial Finding	Explanation
1e2	Total Number of Informal Actions at CWA NPDES Facilities	Data Verification	State			62				State Attention	Based on metric 1e1, there is an average of 4 informal enforcement actions per facility (15 facilities with informal actions/62 informal actions). Based on metrics 7d1 and 7h1, there are 70 facilities in noncompliance.
1f1	Facilities with Formal Actions	Data Verification	State			0				State Improvement	Metric 8a1 indicates 8 majors in SNC, but no formal actions taken according to metric 1f1
1f2	Total Number of Formal Actions at CWA NPDES Facilities	Data Verification	State			0				State Improvement	Metric 8a1 indicates 8 majors in SNC, but no formal actions taken according to metric 1f1
1g1	Number of Enforcement Actions with Penalties	Data Verification	State			0				State Improvement	Metric 8a1 indicates 8 majors in SNC, but no formal actions taken according to metric 1f1
1g2	Total Penalties Assessed	Data Verification	State			\$0				State Improvement	Metric 8a1 indicates 8 majors in SNC, but no formal actions taken according to metric 1f1
2a1	Number of formal enforcement actions, taken against major facilities, with enforcement violation type codes entered.	Data Verification	State			0				State Improvement	Metric 8a1 indicates 8 majors in SNC, but no formal actions taken according to metric 1f1
5a1	Inspection Coverage - NPDES Majors	Goal metric	State		57.6%	37.5%	3	8	5	State Improvement	100% of the CMS commitment (# of majors inspected per total # of majors). 37.5% is short of the VIs 100% commitment for majors

Metric	Metric Name	Metric Type	Agency	Nat'l Goal	Nat'l Avg	Virgin Islands	Count	Universe	Not Counted	Initial Finding	Explanation
5b1	Inspection Coverage - NPDES Non-Majors	Goal metric	State		25.6%	33.9%	21	62	41	State Improvement	100% of the CMS commitment (# of non-majors inspected per total # of non-majors). 33.9% is short of the VIs 100% commitment for non-majors.
5b2	Inspection Coverage - NPDES Non-Majors with General Permits	Goal metric	State		5.9%	0%	0	4	4	State Improvement	100% of the CMS commitment (# of non-major facilities with GPs inspected per total # of non-major facilities with GPs). NOTE: Universe does not include wet weather.
7a1	Number of Major Facilities with Single Event Violations	Data Verification	State			3				Meets or Exceeds Expectations	
7a2	Number of Non-Major Facilities with Single Event Violations	Informational only	State			19				Meets or Exceeds Expectations	
7b1	Compliance schedule violations	Data Verification	State			2				Meets or Exceeds Expectations	
7c1	Permit schedule violations	Data Verification	State			4				Meets or Exceeds Expectations	
7d1	Major Facilities in Noncompliance	Review Indicator	State		60.3%	100%	8	8	0	State Improvement	100% of majors in non-compliance
7f1	Non-Major Facilities in Category 1 Noncompliance	Data Verification	State			56				State Improvement	95% of non-majors in noncompliance
7g1	Non-Major Facilities in Category 2 Noncompliance	Data Verification	State			5				State Improvement	8% of non-majors in Category 2 noncompliance
7h1	Non-Major Facilities in Noncompliance	Informational only	State			100%	62	62	0	State Improvement	100% of majors in noncompliance
8a1	Major Facilities in SNC	Review indicator metric	State			8				State Improvement	Universe of majors is 8, all majors in SNC
8a2	Percent of Major Facilities in SNC	Review indicator metric	State		20.6%	100%	8	8	0	State Improvement	100% of majors in SNC, significantly greater than national average
10a1	Major facilities with Timely Action as Appropriate	Goal metric	State		60.3%	0%	0	6	6	State Improvement	No facilities with timely action issued

Clean Air Act

Metric	Metric Name	Metric Type	Agency	Nat'l Goal	Nat'l Avg	Virgin Islands	Count	Universe	Not Counted	Initial Finding	Explanation
1a1	Number of Active Major Facilities (Tier I)	Data Verification	State			9				-	
1a2	Number of Active Synthetic Minors (Tier I)	Data Verification	State			1				-	
1a3	Number of Active NESHAP Part 61 Minors (Tier I)	Data Verification	State			0				-	
1a4	Number of Active CMS Minors and Facilities with Unknown Classification (Not counted in metric 1a3) that are Federally-Reportable (Tier I)	Data Verification	State			0				-	
1a5	Number of Active HPV Minors and Facilities with Unknown Classification (Not counted in metrics 1a3 or 1a4) that are Federally-Reportable (Tier I)	Data Verification	State			0				-	
1a6	Number of Active Minors and Facilities with Unknown Classification Subject to a Formal Enforcement Action (Not counted in metrics 1a3, 1a4 or 1a5) that are Federally-Reportable (Tier II)	Data Verification	State			1				-	
1b1	Number of Active Federally-Reportable NSPS (40 C.F.R. Part 60) Facilities	Data Verification	State			10				-	
1b2	Number of Active Federally-Reportable NESHAP (40 C.F.R. Part 61) Facilities	Data Verification	State			2				-	
1b3	Number of Active Federally-Reportable MACT (40 C.F.R. Part 63) Facilities	Data Verification	State			4				-	
1b4	Number of Active Federally-Reportable Title V Facilities	Data Verification	State			9				-	
1c1	Number of Tier I Facilities with an FCE (Facility Count)	Data Verification	State			4				-	
1c2	Number of FCEs at Tier I Facilities (Activity Count)	Data Verification	State			4				-	
1c3	Number of Tier II Facilities with FCE (Facility Count)	Data Verification	State			1				-	

Metric	Metric Name	Metric Type	Agency	Nat'l Goal	Nat'l Avg	Virgin Islands	Count	Universe	Not Counted	Initial Finding	Explanation
1c4	Number of FCEs at Tier II Facilities (Activity Count)	Data Verification	State			1				-	
1d1	Number of Tier I Facilities with Noncompliance Identified (Facility Count)	Data Verification	State			6				-	
1d2	Number of Tier II Facilities with Noncompliance Identified (Facility Count)	Data Verification	State			1				-	
1e1	Number of Informal Enforcement Actions Issued to Tier I Facilities (Activity Count)	Data Verification	State			0				-	
1e2	Number of Tier I Facilities Subject to an Informal Enforcement Action (Facility Count)	Data Verification	State			0				-	
1f1	Number of HPVs Identified (Activity Count)	Data Verification	State			0				-	
1f2	Number of Facilities with an HPV Identified (Facility Count)	Data Verification	State			0				-	
1g1	Number of Formal Enforcement Actions Issued to Tier I Facilities (Activity Count)	Data Verification	State			0				-	
1g2	Number of Tier I Facilities Subject to a Formal Enforcement Action (Facility Count)	Data Verification	State			0				-	
1g3	Number of Formal Enforcement Actions Issued to Tier II Facilities (Activity Count)	Data Verification	State			0				-	
1g4	Number of Tier II Facilities Subject to a Formal Enforcement Action (Facility Count)	Data Verification	State			0				-	
1h1	Total Amount of Assessed Penalties	Data Verification	State			\$0				-	
1h2	Number of Formal Enforcement Actions with an Assessed Penalty	Data Verification	State			0				-	
1i1	Number of Stack Tests with Passing Results	Data Verification	State			0				-	
1i2	Number of Stack Tests with Failing Results	Data Verification	State			0				-	

Metric	Metric Name	Metric Type	Agency	Nat'l Goal	Nat'l Avg	Virgin Islands	Count	Universe	Not Counted	Initial Finding	Explanation
1i3	Number of Stack Tests with Pending Results	Data Verification	State			0				-	
1i4	Number of Stack Tests with No Results Reported	Data Verification	State			0				-	
1i5	Number of Stack Tests Observed & Reviewed	Data Verification	State			0				-	
1i6	Number of Stack Tests Reviewed Only	Data Verification	State			0				-	
1j	Number of Title V Annual Compliance Certifications Reviewed	Data Verification	State			7				-	
2a	Major Sources Missing CMS Source Category Code	Review Indicator	State			0				-	
3a1	Timely Entry of HPV Determinations	Review Indicator	State			0				-	No HPV's entered. Lack of activity may be an issue, depends on file review.
3a2	Untimely Entry of HPV Determinations	Goal	State	0		0				Meets or Exceeds Expectations	No HPV's entered. Lack of activity may be an issue, depends on file review.
3b1	Timely Reporting of Compliance Monitoring Minimum Data Requirements	Goal	State	100%	80%	50%	6	12	6	State Improvement	
3b2	Timely Reporting of Stack Test Minimum Data Requirements	Goal	State	100%	73.1%	0/0	0	0	0	Meets or Exceeds Expectations	No stack tests entered in database, we will see during file review if any stack tests are missing
3b3	Timely Reporting of Enforcement Minimum Data Requirements	Goal	State	100%	73.7%	0/0	0	0	0	Meets or Exceeds Expectations	No stack tests entered in database, we will see during file review if any stack tests are missing
5a	FCE Coverage Major	Goal	State	100%	90.4%	100%	3	3	0	Meets or Exceeds Expectations	
5b	FCE Coverage SM-80	Goal	State	100%	93.4%	100%	1	1	0	Meets or Exceeds Expectations	
5c	FCE Coverage Synthetic Minors (non SM-80)	Goal	State	100%	53.8%	0/0	0	0	0	Meets or Exceeds Expectations	There are no SM80s

Metric	Metric Name	Metric Type	Agency	Nat'l Goal	Nat'l Avg	Virgin Islands	Count	Universe	Not Counted	Initial Finding	Explanation
5d	FCE Coverage Minors	Goal	State	100%	26.7%	0/0	0	0	0	Meets or Exceeds Expectations	No data to review
5e	Review of Title V Annual Compliance Certifications Completed	Goal	State	100%	81.8%	77.8%	7	7	2	Meets or Exceeds Expectations	There are 9 major sources, but only 7 have issued TV Permits. The 2 other sources are the landfills. One does not have a Title V permit and the other has not had it long enough to do an Annual Compliance Certification. The row should say 7 of 7, 100% done.
7b1	Alleged Violations Reported Per Informal Enforcement Actions (Tier I only)	Goal	State	100%	59.7%	0/0	0	0	0	Meets or Exceeds Expectations	No enforcement actions entered
7b2	Alleged Violations Reported Per Failed Stack Tests	Review Indicator	State		40.8%	0/0	0	0	0	Supplemental Review	No HPVs entered. Lack of activity may be an issue, depends on file review.
7b3	Alleged Violations Reported Per HPV Identified	Goal	State	100%	53.4%	0/0	0	0	0	Meets or Exceeds Expectations	No HPVs entered. Lack of activity may be an issue, depends on file review.
8a	HPV Discovery Rate Per Major Facility Universe	Review Indicator	State		4.3%	0%	0	9	9	Supplemental Review	No HPVs entered. Lack of activity may be an issue, depends on file review.
8b	HPV Reporting Indicator at Majors with Failed Stack Tests	Review Indicator	State		20.5%	0/0	0	0	0	Supplemental Review	No HPVs entered. Lack of activity may be an issue
10a	HPV cases which meet the timeliness goal of the HPV Policy	Review Indicator	State		70.5%	0/0	0	0	0	Supplemental Review	No HPVs entered. Lack of activity may be an issue

V. Appendix B: File Metric Analysis

This section presents file metric values with EPA’s initial observations on program performance. Initial findings are developed by EPA at the conclusion of the file review. Initial findings are statements of fact about observed performance. They should indicate whether there is a potential issue and the nature of the issue. They are developed after comparing the data metrics to the file metrics and talking to the state. Final findings are presented above in the CWA and CAA Findings sections. Note that because of limited sample size, statistical comparisons among programs or across states cannot be made.

CWA

State: Virgin Islands

Review Year: FY 2012

CWA Metric #	Description	Numerator	Denominator	Metric Value	Goal	Initial Findings	Details
2b	Percentage of files reviewed where data in the file are accurately reflected in the national data systems	7	28	25.0%	95	State Improvement	Address of facilities in OTIS does not match facility file info; not all inspections were entered into OTIS as a few were found in the files and not in OTIS
3a	Timeliness of mandatory data entered in the national data system	9	28	32.1%	100%	State Improvement	Inspection data & compliance monitoring data did not match
4a1	Pretreatment compliance inspections and audits	0	N/A	-	100%	-	Not tracked and not part of CMS
4a2	Significant industrial user (SIU) inspections for SIUs discharging to non-authorized POTWs	0	N/A	-	100%	-	Not tracked and not part of CMS
4a3	EPA and state oversight of SIU inspections by approved POTWs	0	N/A	-	100%	-	Not tracked and not part of CMS
4a4	Major CSO inspections	0	N/A	-	100%	-	Not tracked and not part of CMS
4a5	SSO inspections	0	N/A	-	100%	-	Not tracked and not part of CMS
4a6	Phase I MS4 audits or inspections	0	N/A	-	100%	-	Not tracked and not part of CMS

CWA Metric #	Description	Numerator	Denominator	Metric Value	Goal	Initial Findings	Details
4a7	Phase II MS4 audits or inspections	0	N/A	-	100%	-	Not tracked and not part of CMS
4a8	Industrial stormwater inspections	0	N/A	-	100%	-	Not tracked and not part of CMS
4a9	Phase I and II stormwater construction inspections	3	12	25.0%	100%	State Improvement	Commitment was 12 for FY12, VIDPNR fell short of meeting commitment with only 3 stormwater inspections in FY2012
4a10	Inspections of large and medium NPDES-permitted CAFOs	0	N/A	-	100%	-	Not tracked and not part of CMS
4a11	Inspections of non-permitted CAFOs	0	N/A	-	100%	-	Not tracked and not part of CMS
4a12	NPDES – Major – CEI or CSI	2	8	25.0%	100%	State Improvement	VIDPNR did not meet its commitment of 100% inspections, as only 2 facilities were inspected during FY2012.
4a13	NPDES – Minor – CEI or CSI	21	63	33.3%	100%	State Improvement	CMS states there are 63 minors, ICIS states there are 62 minors. VIDPNR fell short of meeting commitment with only 21 facilities inspected in FY2012 instead of 62 (or 63).
4b	CWA compliance and enforcement commitments other than CMS commitments, including work products/commitments in PPAs, PPGs, grant agreements, MOAs, MOUs or other relevant agreements	1	2	50.0%	100%	State Improvement	Inspections are not being conducted in accordance with frequency identified in workplan.
6a	Percentage of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance	39	40	97.5%	100%	Meets or Exceeds Expectations	

CWA Metric #	Description	Numerator	Denominator	Metric Value	Goal	Initial Findings	Details
6b	Inspection reports completed within the prescribed time frame: Percentage of inspection reports reviewed that are timely	5	40	12.5%	100%	State Improvement	Average # of days for inspection report to be issued was 61 days, well beyond the recommended 30 days.
7e	Inspection reports reviewed that led to an accurate compliance determination	39	40	97.5%	100%	Meets or Exceeds Expectations	
8b	Percentage of single event violation(s) that are accurately identified as SNC or Non-SNC	0	4	0.0%	100%	State Improvement	VIDPNR does not determine SNC for majors
8c	Percentage of SEVs Identified as SNC reported timely	0	4	0.0%	100%	State Improvement	SNC determinations were not made, therefore they are not being entered.
9a	Percentage of enforcement responses that return or will return source in SNC to compliance	4	27	14.8%	100%	State Improvement	Vast majority of informal enforcement actions issued required a Corrective Action Plan from facility. CAPs were not sent in nor did VIDPNR follow-up on missing CAP requests.
10b	Enforcement responses reviewed that address violations in a timely manner	20	27	74.1%	100%	State Improvement	Majority of informal enforcement actions issued were appropriate and issued within a quarter of identifying the violation. However, in some cases, the type of enforcement action issued was not appropriate due to the history of noncompliance at the facility.
11a	Percentage of penalty calculations reviewed that consider and include, where appropriate, gravity and economic benefit	0	0	-	100%	-	N/A - no penalties issued during FY2012
12a	Percentage of penalties reviewed that document the difference between the initial and final assessed penalty, and the rationale for that difference	0	0	-	100%	-	N/A - no penalties issued during FY2012
12b	Percentage of penalty files reviewed that document collection of penalty	0	0	-	100%	-	N/A - no penalties issued during FY2012

CAA

State: Virgin Islands

Review Year: FY 2012

CAA Metric #	Description	Numerator	Denominator	Metric Value	Goal	Initial Findings	Details
2b	Percentage of files reviewed where data in the file are accurately reflected in AFS	3	11	27.3%	100%	State Improvement	
4a1	Title V Major FCEs	3	2	150.0%	100%	Meets Requirements	
4a2	SM-80 FCEs	1	1	100.0%	100%	Meets Requirements	
4a3	Synthetic Minor FCEs	0	0	N/A	100%	-	Not part of VIDPNR CMS Plan
4a4	Other Minor FCEs	0	0	N/A	100%	-	Not part of VIDPNR CMS Plan
4a5	Title V Major PCEs	0	0	N/A	100%	-	Not part of VIDPNR CMS Plan
4a6	SM-80 PCEs	0	0	N/A	100%	-	Not part of VIDPNR CMS Plan
4a7	Synthetic Minor PCEs	0	0	N/A	100%	-	Not part of VIDPNR CMS Plan
4a8	Other Minor PCEs	0	0	N/A	100%	-	Not part of VIDPNR CMS Plan
4b	CAA compliance and enforcement commitments other than CMS commitments	5	7	71.4%	100%	State Improvement	

CAA Metric #	Description	Numerator	Denominator	Metric Value	Goal	Initial Findings	Details
6a	Percentage of FCEs in the files reviewed that meet the definition of a FCE per the CMS policy	2	5	40.0%	100%	State Improvement	
6b	Percentage of CMRs or facility files reviewed that provide sufficient documentation to determine facility compliance	5	5	100.0%	100%	Meets Requirements	
7a	Percentage of CMRs or facility files reviewed that led to accurate compliance determinations	3	5	60.0%	100%	State Improvement	
8c	Percentage of violations in files reviewed that were accurately determined to be HPVs	0	1	0.0%	100%	State Improvement	
9a	Percentage of formal enforcement responses reviewed that include required corrective actions that will return the source to compliance in a specified time frame.	1	1	100.0%	100%	Meets Requirements	
10a	Percentage of HPV addressing actions that meet the timeliness standard in the HPV Policy	0	0	N/A	100%	-	VIDPNR did not issue penalties in FY 2012
10b	Percentage of enforcement responses for HPVs that appropriately address the violations	0	0	N/A	100%	-	VIDPNR did not issue penalties in FY 2012
11a	Percentage of penalty calculations reviewed that consider and include, where appropriate, gravity and economic benefit	0	0	N/A	100%	-	VIDPNR did not issue penalties in FY 2012
12a	Percentage of penalties reviewed that document the difference between the initial and final assessed penalty, and the rationale for that difference	0	0	N/A	100%	-	VIDPNR did not issue penalties in FY 2012
12b	Percentage of penalty files reviewed that document collection of penalty	0	0	N/A	100%	-	VIDPNR did not issue penalties in FY 2012

VI. Appendix C: File Selection

Files are selected according to a standard protocol using a web-based file selection tool. These are designed to provide consistency and transparency to the process. Based on the description of the file selection process below, states should be able to recreate the results in the table.

Clean Water Act

File Selection Process

Based on the number of records returned via the File Selection Tool (74), the universe of files selected was 25 to 30, plus Permit Quality Review files (10 Core Permits + 6 Special Focus Area Permits). Therefore, EPA requested a total of twenty-nine (29) files. The representative file selection method was conducted using the methodology described in the File Selection Protocol. Twenty-five (25) files were selected as representative files. It is important to note that for FY12, VI had a limited universe of enforcement activity (15 files total with an informal action taken). Of the twenty-five files, EPA selected all fifteen facilities (2 majors and 13 non-majors) that indicated an enforcement action was taken in FY13 and ten (10) additional facilities based on inspection activity, SNC, SEV identification and a random selection of facilities that were observed to have had inspections and violations but no enforcement during the review year. In addition, due to the small facility universe in VI, EPA included all of the major facilities (8) regardless of whether or not the facility had compliance monitoring activity or an enforcement activity during the review year as part of its representative file selection. The mix of files reviewed included (according to OTIS) 7 POTWs, 1 stormwater construction, 2 stormwater industrial and 19 uncategorized/unclassified. All 29 of the requested files were received and reviewed.

Though this SRF review was not integrated with the Permit Quality Review (PQR) review, the remaining four (4) files were PQR files. Six (6) core permit review files were already captured as part of the representative file selection described above. Therefore, only two (2) additional core permit review files needed to be selected. Due to an extremely small universe of special focus facilities (those that impact coral reefs) in VI, two additional facility files were selected as four (4) facility files were captured as part of the Region's representative file selection. By reviewing six (6) facility files, the Region exceeded the minimum requirement for the Special Focus Area review.

File Selection Table

ID Number	Facility Name	Island	Universe	Permit	Inspections	Violation	SEVs	SNC	Informal Actions	Formal Actions	Penalties
VI0000019	HOVENSA LLC	St. Croix	Major		0	Yes	3	SNC	0	0	0
VI0000051	V.I. WATER & POWER AUTHORITY	St. Croix	Major		0	Yes	0	SNC	0	0	0
VI0020036	ANGUILLA WASTEWATER TREATMENT FACILITY	St. Croix	Major	POTW	1	Yes	0	SNC	0	0	0
VI0020052	VIRGIN ISLANDS RUM IND.	St. Croix	Major		0	Yes	0	SNC	0	0	0
VI0050024	ST. CROIX RENAISSANCE GROUP, LLLP	St. Croix	Major		0	Yes	0	SNC	0	0	0
VI0000060	V.I. WATER & POWER AUTHORITY	St. Thomas	Major		1	Yes	4	SNC	2	0	0
VI0002003	MANGROVE LAGOON	St. Thomas	Non-Major	POTW	4	Yes	9	No	8	0	0
VI0020044	RED POINT WASTEWATER TREATMENT FACILITY	St. Thomas	Major	POTW	4	Yes	12	SNC	10	0	0
VI0020133	VESSUP BAY WTP	St. Thomas	Non-Major	POTW	4	Yes	3	Category 1	3	0	0
VI0039811	VIWMA - BRASSVIEW	St. Thomas	Non-Major	POTW	4	Yes	4	Category 1	6	0	0
VI0039829	FRENCHMANS REEF-MARRIOTTINN	St. Thomas	Major		0	Yes	0	SNC	0	0	0
VI0039900	COWPET BAY EAST ASSOC	St. Thomas	Non-Major		1	Yes	3	Category 1	3	0	0
VI0039977	BORDEAUX WTP	St. Thomas	Non-Major	POTW	1	Yes	2	Category 1	2	0	0
VI0040029	SAPPHIRE VILLAGE CONDOMINIUM	St. Thomas	Non-Major		2	Yes	5	Category 1	2	0	0
VI0040266	GEORGE SIMMONDS WWTP	St. Thomas	Non-Major	POTW	4	Yes	4	Category 1	6	0	0
VI0040321	ELYSIAN BEACH RESORT	St. Thomas	Non-Major		1	Yes	2	Category 1	2	0	0
VI0040398	SECRET HARBOR DESALINATION PLT	St. Thomas	Non-Major		1	Yes	1	Category 1	0	0	0

ID Number	Facility Name	Island	Universe	Permit	Inspections	Violation	SEVs	SNC	Informal Actions	Formal Actions	Penalties
VI0040401	COMPASS POINT MARINA INC.	St. Thomas	Non-Major		1	Yes	3	Category 1	2	0	0
VI0040461	SUGAR BAY CLUB AND RESORT	St. Thomas	Non-Major		1	Yes	0	Category 1	0	0	0
VI0040584	ESSENCE PROPERTIES, LLC	St. Thomas	Non-Major		1	Yes	1	Category 1	0	0	0
VI0040762	THE VI NATIONAL GUARD	St. Thomas	Non-Major		1	Yes	0	Category 1	0	0	0
VI0040835	NEW CRUZ BAY WWTP	St. Thomas	Non-Major		4	Yes	3	No	9	0	0
VIGSA0030	DONOE APARTMENTS	St. Thomas	Non-Major	Storm Water Industrial	0	No	2	No	2	0	0
VIGSA0042	WALGREENS ST. THOMAS	St. Thomas	Non-Major	Storm Water Industrial	0	No	1	No	2	0	0
VIGSA0044	WHISPERING HILLS AT ESTATE DONOE	St. Thomas	Non-Major	Storm Water Construction	0	No	6	No	3	0	0
VI0040231	GRAPETREE SHORES INC.	St. Croix	Non-Major		0	Yes	0	Category 1	0	0	0
VI0040479	RITZ CARLTON	St. Thomas	Non-Major		1	Yes	0	Category 1	0	0	0
VI0039837	CANEEL BAY, INC.	St. John	Non-Major		0	Yes	0	Category 1	0	0	0
VIGSA0033	DIAGEO USVI	St. Croix	Non-Major								

Clean Air Act

File Selection Process

Due to state's small universe of 11 facilities, EPA requested all of the facility files for review. The 11 files included 9 majors, 1 synthetic minor and 1 Tier II minor. All 11 of the requested files were received and reviewed.

File Selection Table

ID Number	Facility Name	City	Universe	FCE Inspections	Stack Tests Failed	Violations	HPVs	Informal Actions	Formal Actions	Penalties
7800100001	VI WATER & POWER AUTHORITY (ST CROIX)	St. Croix	Major	0	0	1	0	0	0	0
7800100029	BUCCANEER HOTEL	Christiansted	Major	1	0	0	0	0	0	0
7800100038	DIVI CARINA BAY HOTEL/GRAPETREE SHORES I	Christiansted	Tier II Minor	1	0	1	0	0	0	0
7800100043	ANGUILLA LANDFILL/VIWMA	Christiansted	Major	0	0	1	0	0	0	0
7800100099	DIAGEO USVI	St. Croix	Synthetic Minor	1	0	0	0	0	0	0
7800300003	VI WATER & POWER AUTHORITY (ST JOHN)	St. John	Major	1	0	1	0	0	0	0
7800500001	VI WATER & POWER AUTHORITY (ST THOMAS)	St. Thomas	Major	0	0	1	0	0	0	0
7800500033	BOVONI LANDFILL/VIWMA	St. Thomas	Major	0	0	1	0	0	0	0
7800500057	SUGAR BAY BEACH CLUB & RESORT	St. Thomas	Major	1	0	1	0	0	0	0
7800100042	ST. CROIX RENAISSANCE GROUP	Kingshill	Major	0	0	0	0	0	0	0
7800100002	HOVENSA	St. Croix	Major	0	0	0	EPA Lead	0	0	0

VII. Appendix D: Status of Past SRF Recommendations

During the Rounds 1 and 2 SRF reviews of the U.S. Virgin Islands compliance and enforcement programs, Region 2 recommended actions to address issues found during each review. The following table contains all Round 1 and Round 2 recommendations and their status. The statuses in this table are current as of November 14, 2013.

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
1	E1	Insp Universe	Completed	9/30/2007	RCRA	Universe of active facilities is out of date.	Region needs to update RCRA Info to ensure that the universe of active facilities in the Virgin Islands is accurately reported in RCRA Info.
1	E1	Insp Universe	Completed	10/31/2007	CAA	VIDPNR completed 0 FCEs in FY 2005.	<p>Submit an inspection plan for the new two year CMS cycle (FY 2008 – FY 2009) that will be commencing on October 1, 2007.</p> <p>To ensure completion of an FCE, on a program-wide basis, VIDPNR shall use a FCE checklist that includes all the actions that comprise a FCE.</p> <p>To ensure completion of an FCE, EPA shall provide a generic FCE checklist that VIDPNR can tailor to their own needs.</p>
1	E1	Insp Universe	Completed	11/30/2007	CAA	VIDPNR completed 0 FCEs in FY 2005.	Secure AIRS access through the internet (Host on Demand) for all VIDPNR staff so that progress toward meeting commitments can be monitored.
1	E1	Insp Universe	Completed	11/30/2007	CAA	VIDPNR does not accurately and completely implement the CMS policy.	Provide training on implementing the CMS policy.
1	E1	Insp Universe	Completed	10/31/2007	CAA	A review of data in EPA-AFS indicated that zero title V annual compliance certifications were received and/or reviewed.	Modify upcoming PPG work plan to include review of 100% of title V annual compliance certifications received.
1	E1	Insp Universe	Completed	1/30/2009	CWA	There is no written policy or standard operating procedure which addresses data entry in VIDPNR.	Develop and implement a SOP for timely inspection report completion and transmittal.
1	E1, E2	Insp Universe, Violations ID'ed Appropriately	Completed	1/30/2009	CAA	14 out of 21 inspection reports were deemed to be incomplete. The inspection reports did not always provide clear documentation that a comprehensive on-site inspection was conducted and one could not determine which emission units were inspected, and how the inspector determined compliance.	VIDPNR shall establish a formal training protocol for all current and new inspectors and/or technical staff similar to the federal protocol (Executive Order 3500.1).

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
1	E1, E2	Insp Universe, Violations ID'ed Appropriately	Completed	9/30/2008	CAA	The inspection reports did not always provide clear documentation that a comprehensive on-site inspection was conducted and one could not determine which emission units were inspected, and how the inspector determined compliance.	EPA shall conduct oversight inspections to ensure facilities are adequately being inspected by VIDPNR inspectors.
1	E2	Violations ID'ed Appropriately	Completed	11/1/2007	RCRA	Inspection reports are not complete.	Region 2 should ensure that each inspection report is complete and that they include the date of the inspection and the date the inspection report was completed.
1	E2	Violations ID'ed Appropriately	Completed	12/31/2007	RCRA	Waste determinations are not being made during inspections.	Region 2 inspectors should ensure that the RCRA sources in the Virgin Islands are making proper waste determinations for processes at the facilities and describing this in the inspection report findings. (The Region agrees to provide, in each of its inspection reports, a full description of the processes and waste characterizations carried out by the generator.)
1	E2	Violations ID'ed Appropriately	Completed	12/30/2007	CAA	14 out of 21 inspection reports were deemed to be incomplete. The inspection reports did not always provide clear documentation that a comprehensive on-site inspection was conducted and one could not determine which emission units were inspected, and how the inspector determined compliance.	Develop generic inspection checklists that inspectors can use to develop facility specific inspection checklists.
1	E2	Violations ID'ed Appropriately	Completed	1/30/2008	CAA	14 out of 21 inspection reports were deemed to be incomplete. The inspection reports did not always provide clear documentation that a comprehensive on-site inspection was conducted and one could not determine which emission units were inspected, and how the inspector determined compliance.	Develop an inspection report template that includes, at a minimum, the basic elements established in the CMS policy.
1	E2	Violations ID'ed Appropriately	Completed	1/30/2009	CAA	14 out of 21 inspection reports were deemed to be incomplete. The inspection reports did not always provide clear documentation that a comprehensive on-site inspection was conducted and one could not determine which emission units were inspected, and how the inspector determined compliance. Therefore, a determination could not be made that violations were accurately identified.	Develop Standard Operating Procedure for inspections using the terminology established in the CMS policy, where applicable, including timeframes for completing inspection reports. VIDPNR shall provide to EPA on a quarterly basis copies of their inspection reports so that EPA can review to evaluate whether the violations are accurately identified

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
1	E2	Violations ID'ed Appropriately	Completed	1/30/2009	CWA	There is no inspection policy which outlines requirements for recording inspection findings. Out of fourteen (14) files that identified violations and/or deficiencies and required a CAP, only five files provided some form of documentation that a CAP was completed and returned to VIDPNR.	Develop and implement a SOP for timely inspection report completion and transmittal.
1	E2	Violations ID'ed Appropriately	Completed	1/30/2009	CWA	There is no inspection policy which outlines requirements for recording inspection findings.	Develop and implement a formal SOP outlining use of the inspection forms and checklists for different facilities (municipal, industrial, etc.).
1	E2	Violations ID'ed Appropriately	Completed	1/30/2009	CWA	Generally, VIDPNR uses the EPA Water Compliance Inspection Report (Form 3560-3) to record inspection findings. To some extent, inspectors utilize the EPA Form 3560-3 Attachment which is a checklist to evaluate Records and Reports, Permit Verification, Compliance Schedules, Self-Monitoring Program, and Operations and Maintenance. It appears that VIDPNR is using versions from September 1977 and September 1994.	Use the most recent version of the compliance inspection form (EPA Form 3560), which was revised in January 2006.
1	E3	Violations ID'ed Timely	Completed	12/31/2007	RCRA	Inspection reports are not timely.	Region 2 needs to improve the timeliness of preparing inspection reports. OECA recognizes that it may not be possible for one inspector to complete multiple inspection reports from one visit to the Virgin Islands. However, the Region should set and implement a realistic goal for improving the timeliness of completing inspection reports.
1	E3	Violations ID'ed Timely	Completed	1/30/2009	CWA	Of the twenty-one (21) annual CEIs and CSIs (some facilities were inspected more than once during FY2005), only four (4) reports were prepared within 30 days of the inspection. However, of those four inspections, only one was approved within 30 days. The remaining seventeen (17) inspections, completion of inspection reports exceeded 30 days, sometimes by as much as year past the date of the inspection.	Develop and implement a SOP for timely inspection report completion and transmittal.

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
1	E4	SNC Accuracy	Completed	12/31/2007	RCRA	SNC are not documented in files.	Region 2 needs to begin to document SNC determinations in the files. The 2006 SOP provides a method for doing this. The Region should ensure that the draft complaint to the ORC RCRA Branch Chief, which indicates that the facility is in SNC, is in the file with the 150 days timeline established in the RCRA ERP. If the Region believes that they will exceed the 150 day time frame, then there should be a note to the file indicating that this will be the case and so that it will not be assumed that the SNC was overlooked.
1	E4	SNC Accuracy	Completed	10/31/2007	CAA	The HPV discovery rate based on FCEs completed at major sources in FY 2005 was 0%. EPA identified violations that were potential HPVs.	Modify upcoming PPG work plan to reflect more frequent (i.e., monthly) coordination with EPA to discuss violations discovered that are potential HPVs.
1	E4	SNC Accuracy	Completed	11/30/2007	CAA	The HPV discovery rate based on FCEs completed at major sources in FY 2005 was 0%. EPA identified violations that were potential HPVs.	Provide HPV training.
1	E4	SNC Accuracy	Completed	1/30/2009	CWA	VIDPNR has 83.3% of its majors in SNC with five major facilities, which is at least 4.5 times the national average of 18.5.	Reinstitute quarterly SNAP conference call.
1	E6	Timely & Appropriate Actions	Completed	2/6/2009	CAA	VIDPNR has also developed Standard Operating Procedures (SOPs) for enforcement, which are attached to the annual work plan. However, the internal SOPs do not identify specific timelines when enforcement actions should be commenced and/or concluded.	VIDPNR shall revise their enforcement SOP to include the necessary content of an enforcement file, the necessary steps to ensure that a source returns to compliance when violations are discovered, timelines for enforcement response and reporting.
1	E7	Penalty Calculations	Completed	12/31/2007	RCRA	Lack of documentation of penalties in files.	Region 2 should improve the file documentation of their decisions on how they apply the 2003 RCRA Civil Penalty Policy. They need to document the economic benefit calculation, and they need to justify a decision not to calculate economic benefit using the BEN model based on the criteria in the penalty policy.
1	E7	Penalty Calculations	Completed	11/30/2007	CAA	VIDPNR has civil penalty policy that they use for the assessment of civil penalties for noncompliance. The policy does conform to the CAA Civil Penalty Policy. Penalty calculation sheets were not included in the enforcement files.	To ensure proper calculation of penalties, EPA shall provide training on calculating economic benefit.

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
1	E7	Penalty Calculations	Completed	2/6/2009	CAA	VIDPNR has civil penalty policy that they use for the assessment of civil penalties for noncompliance. The policy does conform to the CAA Civil Penalty Policy. Penalty calculation sheets were not included in the enforcement files.	VIDPNR shall develop a template for a penalty calculation worksheet to be used in all cases and maintained in the enforcement file.
1	E7	Penalty Calculations	Completed	2/6/2009	CAA	VIDPNR has civil penalty policy that they use for the assessment of civil penalties for noncompliance. The policy does conform to the CAA Civil Penalty Policy. Penalty calculation sheets were not included in the enforcement files.	VIDPNR shall develop a template for a penalty calculation worksheet to be used in all cases and maintained in the enforcement file.
1	E7, E8	Penalty Calculations, Penalties Collected	Completed	3/31/2009	CWA	Of all the files reviewed (actions executed in FY05 and initiated in FY06 but not yet executed at the time of the review), economic benefit was only assessed in one particular case. No economic benefit was assessed nor was a reason given as to why it was not in the remaining four files that were available for EPA to review for violations that occurred in FY05.	VIDPNR more consistent with its use of the Penalty Computation worksheet
1	E7, E8	Penalty Calculations, Penalties Collected	Completed	1/30/2009	CWA	Of all the files reviewed (actions executed in FY05 and initiated in FY06 but not yet executed at the time of the review), economic benefit was only assessed in one particular case. No economic benefit was assessed nor was a reason given as to why it was not in the remaining four files that were available for EPA to review for violations that occurred in FY05.	Provide training on Economic Benefit
1	E9	Grant Commitments	Completed	9/30/2008	CAA	According to VIDPNR's grant work plan, DPNR agreed to issue a minimum of four (4) NOVs or any combination of enforcement actions against major sources and MACT sources during FY 2005. VIDPNR has clearly failed to meet this requirement for FY 2005. A review of the AIRS database reveals that VIDPNR has not taken any enforcement against a major source for more than three years now. Also, VIDPNR has failed to forward copies of all enforcement actions to CEPD on a quarterly basis.	During monthly meetings between EPA and VIDPNR, discuss expected shortfalls with regards to meeting all of its PPG grant work plan commitments. Where necessary steps shall be taken prior to the close of the work plan year to address the shortfalls.

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
1	E9	Grant Commitments	Completed	1/30/2009	CWA	There are no specific enforcement commitments in the PPG workplan and should be re-evaluated.	Ensure that the workplan includes specific inspection numbers, data entry procedures, and ensure inspection reports and enforcement actions are completed in a timely and appropriate manner.
1	E10	Data Timely	Completed	12/31/2007	RCRA	Data entry for SNC is not timely.	Region 2 is entering SNC data into RCRA Info in a timely manner. They are, then, doing something right. There may be a best practice here that can be shared with the other regions and the states. The process for entering SNC data is guided by the Region 2 SOP regarding when SNCs are identified and when they are entered into RCRAINFO.
1	E10	Data Timely	Completed	9/30/2007	RCRA	Universe of sources is not correct.	Region 2 needs to update RCRA Info to ensure that the universe of active facilities in the Virgin Islands is accurately reported in RCRA Info. A timeframe with milestones needs to be set to implement this improvement to data management.
1	E10	Data Timely	Completed	2/6/2009	CAA	In accordance with their PPG work plan, VIDPNR is required to report all compliance and enforcement data to EPA within 30 days of the end of each quarter. VIDPNR did not send these updates on a quarterly basis but instead sent them at the end of the year with the year-end progress report, which is not timely.	VIDPNR shall, upon receipt of training, enter all MDRs in EPA-AFS in accordance with the current ICR, which provides for 60 days timely data entry.
1	E10, E11, E12	Data Timely, Data Accurate, Data Complete	Completed	11/30/2007	CAA	In accordance with their PPG work plan, VIDPNR is required to report all compliance and enforcement data to EPA within 30 days of the end of each quarter. VIDPNR did not send these updates on a quarterly basis but instead sent them at the end of the year with the year-end progress report. A review of completed AIRS data entry sheets revealed that no inspections were reported from the St. Thomas office and no enforcement actions were reported on the AIRS data sheets.	Provide training to VIDPNR staff on entering data in AIRS.
1	E10, E11, E12	Data Timely, Data Accurate, Data Complete	Completed	1/30/2009	CWA	VIDPNR is sporadic in transmitting data to EPA for entry into databases. VIDPNR does not report enforcement actions to DECA CAPSB for input into data systems.	Revisit the current status of the majors and minors in the VIDPNR permit universe.

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
1	E11	Data Accurate	Completed	12/31/2007	RCRA	Data entry needs to be documented in the files.	Region 2 should include in each of the RCRA files a record, which can be note to the file, indicating when data from inspection reports and enforcement actions are entered into RCRA Info. There needs to be a timeframe and milestones for implementing this recommendation.
1	E11	Data Accurate	Completed	2/6/2009	CAA	MDRs are reported inaccurately to EPA-AFS: non-applicable air programs, pollutant classification, air program pollutants, air program operating status, actions, and ownership.	Develop and implement a quality control/quality assurance plan to ensure all MDRs are entered in AIRS accurately, completely and timely. The plan shall include frequent reviews of the data in AIRS. Update: facility's compliance status per air program pollutant, air program operating status and air program pollutant classification.
1	E12	Data Complete	Completed	2/6/2009	CAA	Not all of the required data is entered in EPA-AFS.	Enter all MDRs. Enter all the CMS Codes and CMS Frequency Indicators
1	E12	Data Complete	Completed	11/30/2007	CAA	Not all of the required data is entered in EPA-AFS.	Modify the FY 2008 PPG work plan to include implementation of the National Stack Test Guidance, which includes entry of the stack test MDRs.
2	E1	Data Completeness	Completed	10/15/2010	CWA	Data Completeness is an area for state improvement.	The data metric 1A1 is showing 5 NPDES major individual permits. VIDPNR has indicated the correct number is 8. There are three additional majors (VI WAPA St. Thomas, Marriott Frenchman's Reef, and St. Croix Renaissance) that need to be entered into ICIS as majors. However, VI WAPA St. Thomas has been classified as a "Major" but did not appear in the universe for Metric 1A1. During the review, VIDPNR informed EPA that Marriott Frenchman's Reef and St. Croix Renaissance should be classified as majors due to flow as both facilities are 2.2 MGD and greater than 40 MGD, respectively. The data metric 1B1 measures correctly coded limits for 4 major individual permits which do not correlate to the 5 major individual permits that are identified in data metric 1A1 that establishes the major individual permit universe. Data metrics 1B2 and 1B3 measure DMR entry rate based on DMRs expected which do not correlate to the universe identified in data metric 1A1. For example, data metric 1B2 only shows DMR entry for 4 majors and data metric 1B3 only shows DMR entry for 3 majors. Inaccurate data for this sub metric can potentially lead to inaccurate SNC determinations. The data metric 1D1 shows a very high noncompliance % of violations at non-majors – 95.5% which is in direct contrast to data metric 1D2 which states that there are 0 violations at non-majors via the ANCR.

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
2	E1	Data Completeness	Completed	10/15/2010	CWA	Data Completeness is an area for state improvement.	<p>The data metric 1A1 is showing 5 NPDES major individual permits. VIDPNR has indicated the correct number is 8. There are three additional majors (VI WAPA St. Thomas, Marriott Frenchman’s Reef, and St. Croix Renaissance) that need to be entered into ICIS as majors. However, VI WAPA St. Thomas has been classified as a “Major” but did not appear in the universe for Metric 1A1. During the review, VIDPNR informed EPA that Marriott Frenchman’s Reef and St. Croix Renaissance should be classified as majors due to flow as both facilities are 2.2 MGD and greater than 40 MGD, respectively.</p> <p>The data metric 1B1 measures correctly coded limits for 4 major individual permits which do not correlate to the 5 major individual permits that are identified in data metric 1A1 that establishes the major individual permit universe. Data metrics 1B2 and 1B3 measure DMR entry rate based on DMRs expected which do not correlate to the universe identified in data metric 1A1. For example, data metric 1B2 only shows DMR entry for 4 majors and data metric 1B3 only shows DMR entry for 3 majors. Inaccurate data for this sub metric can potentially lead to inaccurate SNC determinations.</p> <p>The data metric 1D1 shows a very high noncompliance % of violations at non-majors – 95.5% which is in direct contrast to data metric 1D2 which states that there are 0 violations at non-majors via the ANCR.</p>

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2	E1	Data Completeness	Completed	10/15/2010	CWA	Data Completeness is an area for state improvement.	<p>The data metric 1A1 is showing 5 NPDES major individual permits. VIDPNR has indicated the correct number is 8. There are three additional majors (VI WAPA St. Thomas, Marriott Frenchman’s Reef, and St. Croix Renaissance) that need to be entered into ICIS as majors. However, VI WAPA St. Thomas has been classified as a “Major” but did not appear in the universe for Metric 1A1. During the review, VIDPNR informed EPA that Marriott Frenchman’s Reef and St. Croix Renaissance should be classified as majors due to flow as both facilities are 2.2 MGD and greater than 40 MGD, respectively.</p> <p>The data metric 1B1 measures correctly coded limits for 4 major individual permits which do not correlate to the 5 major individual permits that are identified in data metric 1A1 that establishes the major individual permit universe. Data metrics 1B2 and 1B3 measure DMR entry rate based on DMRs expected which do not correlate to the universe identified in data metric 1A1. For example, data metric 1B2 only shows DMR entry for 4 majors and data metric 1B3 only shows DMR entry for 3 majors. Inaccurate data for this sub metric can potentially lead to inaccurate SNC determinations.</p> <p>The data metric 1D1 shows a very high noncompliance % of violations at non-majors – 95.5% which is in direct contrast to data metric 1D2 which states that there are 0 violations at non-majors via the ANCR.</p>

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
2	E1	Data Completeness	Completed	1/30/2011	CWA	Data Completeness is an area for state improvement.	<p>The data metric 1A1 is showing 5 NPDES major individual permits. VIDPNR has indicated the correct number is 8. There are three additional majors (VI WAPA St. Thomas, Marriott Frenchman’s Reef, and St. Croix Renaissance) that need to be entered into ICIS as majors. However, VI WAPA St. Thomas has been classified as a “Major” but did not appear in the universe for Metric 1A1. During the review, VIDPNR informed EPA that Marriott Frenchman’s Reef and St. Croix Renaissance should be classified as majors due to flow as both facilities are 2.2 MGD and greater than 40 MGD, respectively.</p> <p>The data metric 1B1 measures correctly coded limits for 4 major individual permits which do not correlate to the 5 major individual permits that are identified in data metric 1A1 that establishes the major individual permit universe. Data metrics 1B2 and 1B3 measure DMR entry rate based on DMRs expected which do not correlate to the universe identified in data metric 1A1. For example, data metric 1B2 only shows DMR entry for 4 majors and data metric 1B3 only shows DMR entry for 3 majors. Inaccurate data for this sub metric can potentially lead to inaccurate SNC determinations.</p> <p>The data metric 1D1 shows a very high noncompliance % of violations at non-majors – 95.5% which is in direct contrast to data metric 1D2 which states that there are 0 violations at non-majors via the ANCR.</p>

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
2	E1	Data Completeness	Completed	3/30/2011	CWA	Data Completeness is an area for state improvement.	<p>The data metric 1A1 is showing 5 NPDES major individual permits. VIDPNR has indicated the correct number is 8. There are three additional majors (VI WAPA St. Thomas, Marriott Frenchman’s Reef, and St. Croix Renaissance) that need to be entered into ICIS as majors. However, VI WAPA St. Thomas has been classified as a “Major” but did not appear in the universe for Metric 1A1. During the review, VIDPNR informed EPA that Marriott Frenchman’s Reef and St. Croix Renaissance should be classified as majors due to flow as both facilities are 2.2 MGD and greater than 40 MGD, respectively.</p> <p>The data metric 1B1 measures correctly coded limits for 4 major individual permits which do not correlate to the 5 major individual permits that are identified in data metric 1A1 that establishes the major individual permit universe. Data metrics 1B2 and 1B3 measure DMR entry rate based on DMRs expected which do not correlate to the universe identified in data metric 1A1. For example, data metric 1B2 only shows DMR entry for 4 majors and data metric 1B3 only shows DMR entry for 3 majors. Inaccurate data for this sub metric can potentially lead to inaccurate SNC determinations.</p> <p>The data metric 1D1 shows a very high noncompliance % of violations at non-majors – 95.5% which is in direct contrast to data metric 1D2 which states that there are 0 violations at non-majors via the ANCR.</p>

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
2	E2	Data Accuracy	Completed	10/15/2010	CAA	Data Accuracy with respect to Air Program/ Pollutant/ Compliance Status and other minor issues have not been accurately maintained. Both the file review and data metric support this finding.	<p>Historical noncompliance count of 40 facilities (Metric 1E), along with a review of the data accuracy from the file review, indicates that approximately 75% of these facilities are incorrectly listed as in-violation. The review found that 75% of the 40 facilities are actually in-compliance or closed. This information needs to be updated in AFS.</p> <p>Data metric 2B indicated that 2 stack test results were not entered, when in actuality they were entered using the incorrect code. This error was corrected on-site during the file review. There were 2 other facilities due for stack testing and are HPVs because of this violation.</p> <p>File metric 2c revealed that facility data is mostly complete in AFS, but 12 of 17 files reviewed are lacking small updates such as correcting addresses and compliance status. On 4/14/10, EPA trained VIDPNR staff on using OTIS to track and run reports to easily identify data needs.</p>
2	E2	Data Accuracy	Completed	1/30/2011	CAA	Data Accuracy with respect to Air Program/ Pollutant/ Compliance Status and other minor issues have not been accurately maintained. Both the file review and data metric support this finding.	<p>Historical noncompliance count of 40 facilities (Metric 1E), along with a review of the data accuracy from the file review, indicates that approximately 75% of these facilities are incorrectly listed as in-violation. The review found that 75% of the 40 facilities are actually in-compliance or closed. This information needs to be updated in AFS.</p> <p>Data metric 2B indicated that 2 stack test results were not entered, when in actuality they were entered using the incorrect code. This error was corrected on-site during the file review. There were 2 other facilities due for stack testing and are HPVs because of this violation.</p> <p>File metric 2c revealed that facility data is mostly complete in AFS, but 12 of 17 files reviewed are lacking small updates such as correcting addresses and compliance status. On 4/14/10, EPA trained VIDPNR staff on using OTIS to track and run reports to easily identify data needs.</p>

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
2	E2	Data Accuracy	Completed	3/30/2011	CAA	Data Accuracy with respect to Air Program/ Pollutant/ Compliance Status and other minor issues have not been accurately maintained. Both the file review and data metric support this finding.	<p>Historical noncompliance count of 40 facilities (Metric 1E), along with a review of the data accuracy from the file review, indicates that approximately 75% of these facilities are incorrectly listed as in-violation. The review found that 75% of the 40 facilities are actually in-compliance or closed. This information needs to be updated in AFS.</p> <p>Data metric 2B indicated that 2 stack test results were not entered, when in actuality they were entered using the incorrect code. This error was corrected on-site during the file review. There were 2 other facilities due for stack testing and are HPVs because of this violation.</p> <p>File metric 2c revealed that facility data is mostly complete in AFS, but 12 of 17 files reviewed are lacking small updates such as correcting addresses and compliance status. On 4/14/10, EPA trained VIDPNR staff on using OTIS to track and run reports to easily identify data needs.</p>
2	E2	Data Accuracy	Completed	10/15/2010	CWA	Data accuracy is an area for state improvement.	<p>VIDPNR's data metric for 2a, actions linked to violations: major facilities, is 0/0. The national goal is 80%.</p> <p>VIDPNR's file review metric for 2b, percentage of files reviewed where data is accurately reflected in the national data system was 70%. 28 of 40 files reviewed contained accurate data that was reflected in OTIS. However, there were 12 files that did not match what was reported in EPA's OTIS pull. For example, dates of inspections in OTIS are not consistent with the records that were reviewed; multiple inspection dates when inspection reports were only found for one inspection; or missing inspections entirely. VIDPNR staff stated that in the case of multiple inspections and missing reports, it is likely that the extra inspections may be Pump Station Inspections (PSIs) which usually are not documented but are entered into ICIS as CEIs.</p>

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
2	E4	Completion of Commitments	Completed	10/15/2010	CWA	Completion of commitments is an area for state improvement.	<p>VIDPNR's file review metric for % of planned inspections at majors is 100%. VIDPNR's file review metric for % of planned inspections at non-majors is 100%. VIDPNR's file review metric for % of planned inspections at other facilities such as construction stormwater and biosolids is 69%. While VIDPNR exceeded its commitments in accordance with its 2009 CMS for inspections at majors (by one) and non-majors (by forty two), eleven (11) construction sites were listed in the FY09 End of Year (EOY) report as having been inspected but the file review showed that some sites were inspected more than once so the number of CEIs at construction sites may actually be greater than 11; however, it is difficult to tell from reviewing the workplan and EOY report. There is no documentation in the EOY report as to whether two biosolids/sludge inspections were done as called for in the 2009 CMS.</p> <p>Additionally, VIDPNR's workplan commitments under 4b range from appears acceptable to significant issue. Significant issues include quality of stormwater inspection reports, lack of enforcement tracking system, review of DMRs to identify violations and issue timely and appropriate enforcement actions, and lack of formal record of SNAP meeting items discussed. Items of potential concern include transmittal of inspection reports to facilities once reports are drafted and reviewed, follow-up of Corrective Action Plans if required, and not inspecting major individual permittees annually as outlined in the workplan.</p>

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
2	E5	Inspection Coverage	Completed	10/15/2010	CWA	Inspection coverage is an area for state improvement.	<p>VIDPNR's data metric for 5A1, inspection coverage: NPDES majors is 100% which is above the national average of 57.9%. It is important to note that this universe is based on 5 majors in OTIS, not VIDPNR's reported universe of 8. Based on the file review, it appears that inspection coverage is not 100% as Red Point WWTF (a major facility) was not inspected during FY2009 as an inspection report was not found in the file.</p> <p>VIDPNR reports 73 inspections for data metric 5B2, inspection coverage: NPDES non-major individual permits (1 FY). However, according to the Plain Language Guide, the metric only measures the number of facilities inspected, rather than the total number of inspections. As such, VIDPNR has over-reported inspections since their non-major universe is only 62 as indicated in the response to metric 1A3. Therefore, at this time, EPA is unable to determine what the inspection coverage is for non-majors.</p> <p>VIDPNR reports that the universe identified in metric 5C should actually be captured as part of metric 5B2 as the universe in metric 5C is comprised of construction stormwater permittees.</p> <p>The file review indicates that VIDPNR needs to address data entry for "other" inspections in metric 5C.</p>

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
2	E6	Quality of Inspection of Compliance Evaluation Reports	Completed	9/30/2010	CAA	Accurate documentation of compliance evaluations is an area for state improvement.	<p>While facility files documented inspections that generally met the FCE criteria for the CMS policy (metric 6B), 3 of 6 FCE reports reviewed were lacking information (specifically noted were compliance and enforcement history, review of control equipment, and/or process parameters).</p> <p>It should also be noted that 50% equals 3 files, and they were often only missing one piece of the template or checklist; otherwise, they were quite thorough. Also, the templates and checklists were only completed in FY09, so full implementation could not be expected.</p> <p>We reviewed 17 facility files total, and 10 lacked sufficient information to determine compliance (metric 6C). Of these 5 were Minor facilities which do not require extensive reporting.</p>
2	E6	Quality of Inspection of Compliance Evaluation Reports	Completed	1/1/2011	CAA	Accurate documentation of compliance evaluations is an area for state improvement.	<p>While facility files documented inspections that generally met the FCE criteria for the CMS policy (metric 6B), 3 of 6 FCE reports reviewed were lacking information (specifically noted were compliance and enforcement history, review of control equipment, and/or process parameters).</p> <p>It should also be noted that 50% equals 3 files, and they were often only missing one piece of the template or checklist; otherwise, they were quite thorough. Also, the templates and checklists were only completed in FY09, so full implementation could not be expected.</p> <p>We reviewed 17 facility files total, and 10 lacked sufficient information to determine compliance (metric 6C). Of these 5 were Minor facilities which do not require extensive reporting.</p>

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2	E6	Quality of Inspection of Compliance Evaluation Reports	Completed	10/15/2010	CWA	Quality of Inspection or Compliance Evaluation Reports is an area for state improvement.	<p>EPA reviewed 43 inspection reports under file review metric 6a.</p> <p>2% of inspections reports reviewed were deemed complete. EPA's review indicated that not all required information in the EPA inspection form checklist is recorded or maintained in the VIDPNR inspection reports. While VI is using the EPA 3560-3 form for inspections in addition to a narrative inspection report, some inspection reports referenced an outdated 3560-3 form instead of the most recent form available. Only 1 of 43 inspection reports (Krystal Springs) met all of the criteria in the EPA inspection checklist. Typical information that is missing from the inspection report include applicable permit requirements and citation of observations to permit requirements. Other minor information that is missing from some but not all reports includes information such as inspection start and end time, and phone number. While reports do provide some descriptive information about the physical description of the facility and NPDES regulated activities occurring at the site, more information is recommended for the majority of reports. However, the information that is missing is not critical to determining compliance as it is descriptive information about the facility or the facility's processes.</p> <p>60% of inspection reports reviewed under file metric 6c did provide sufficient documentation to lead to an accurate compliance determination.</p> <p>33% of the inspection reports reviewed were timely. 14 of 43 inspection reports reviewed were completed within 30 days. There were 13 reports that were submitted after 30 days but less than 55 days. However, there were 16 reports that were in excess of 55 days. Some reports were as many as more than 200 days late with the latest report being 294 days after the inspection.</p> <p>It is important to note that there were several reports that referenced an obsolete EPA 3560-3 form from September 1994 instead of the most recent version available from April 2006. In addition, there was no documentation in the file that inspection reports were transmitted to the facility after they were reviewed and approved.</p> <p>Generally, VIDPNR's inspection reports contain information necessary for compliance determinations and are completed in a timely manner (within 1.5 months). This is an area for further attention for the state to ensure appropriate information is included in inspection reports.</p>

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2	E6	Quality of Inspection of Compliance Evaluation Reports	Completed	1/1/2011	CWA	Quality of Inspection or Compliance Evaluation Reports is an area for state improvement.	<p>EPA reviewed 43 inspection reports under file review metric 6a.</p> <p>2% of inspections reports reviewed were deemed complete. EPA's review indicated that not all required information in the EPA inspection form checklist is recorded or maintained in the VIDPNR inspection reports. While VI is using the EPA 3560-3 form for inspections in addition to a narrative inspection report, some inspection reports referenced an outdated 3560-3 form instead of the most recent form available. Only 1 of 43 inspection reports (Krystal Springs) met all of the criteria in the EPA inspection checklist. Typical information that is missing from the inspection report include applicable permit requirements and citation of observations to permit requirements. Other minor information that is missing from some but not all reports includes information such as inspection start and end time, and phone number. While reports do provide some descriptive information about the physical description of the facility and NPDES regulated activities occurring at the site, more information is recommended for the majority of reports. However, the information that is missing is not critical to determining compliance as it is descriptive information about the facility or the facility's processes.</p> <p>60% of inspection reports reviewed under file metric 6c did provide sufficient documentation to lead to an accurate compliance determination.</p> <p>33% of the inspection reports reviewed were timely. 14 of 43 inspection reports reviewed were completed within 30 days. There were 13 reports that were submitted after 30 days but less than 55 days. However, there were 16 reports that were in excess of 55 days. Some reports were as many as more than 200 days late with the latest report being 294 days after the inspection.</p> <p>It is important to note that there were several reports that referenced an obsolete EPA 3560-3 form from September 1994 instead of the most recent version available from April 2006. In addition, there was no documentation in the file that inspection reports were transmitted to the facility after they were reviewed and approved.</p> <p>Generally, VIDPNR's inspection reports contain information necessary for compliance determinations and are completed in a timely manner (within 1.5 months). This is an area for further attention for the state to ensure appropriate information is included in inspection reports.</p>

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2	E6	Quality of Inspection of Compliance Evaluation Reports	Completed	1/1/2011	CWA	Quality of Inspection or Compliance Evaluation Reports is an area for state improvement.	<p>EPA reviewed 43 inspection reports under file review metric 6a.</p> <p>2% of inspections reports reviewed were deemed complete. EPA's review indicated that not all required information in the EPA inspection form checklist is recorded or maintained in the VIDPNR inspection reports. While VI is using the EPA 3560-3 form for inspections in addition to a narrative inspection report, some inspection reports referenced an outdated 3560-3 form instead of the most recent form available. Only 1 of 43 inspection reports (Krystal Springs) met all of the criteria in the EPA inspection checklist. Typical information that is missing from the inspection report include applicable permit requirements and citation of observations to permit requirements. Other minor information that is missing from some but not all reports includes information such as inspection start and end time, and phone number. While reports do provide some descriptive information about the physical description of the facility and NPDES regulated activities occurring at the site, more information is recommended for the majority of reports. However, the information that is missing is not critical to determining compliance as it is descriptive information about the facility or the facility's processes.</p> <p>60% of inspection reports reviewed under file metric 6c did provide sufficient documentation to lead to an accurate compliance determination.</p> <p>33% of the inspection reports reviewed were timely. 14 of 43 inspection reports reviewed were completed within 30 days. There were 13 reports that were submitted after 30 days but less than 55 days. However, there were 16 reports that were in excess of 55 days. Some reports were as many as more than 200 days late with the latest report being 294 days after the inspection.</p> <p>It is important to note that there were several reports that referenced an obsolete EPA 3560-3 form from September 1994 instead of the most recent version available from April 2006. In addition, there was no documentation in the file that inspection reports were transmitted to the facility after they were reviewed and approved.</p> <p>Generally, VIDPNR's inspection reports contain information necessary for compliance determinations and are completed in a timely manner (within 1.5 months). This is an area for further attention for the state to ensure appropriate information is included in inspection reports.</p>

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
2	E6	Quality of Inspection of Compliance Evaluation Reports	Completed	1/1/2011	CWA	Quality of Inspection or Compliance Evaluation Reports is an area for state improvement.	<p>EPA reviewed 43 inspection reports under file review metric 6a.</p> <p>2% of inspections reports reviewed were deemed complete. EPA's review indicated that not all required information in the EPA inspection form checklist is recorded or maintained in the VIDPNR inspection reports. While VI is using the EPA 3560-3 form for inspections in addition to a narrative inspection report, some inspection reports referenced an outdated 3560-3 form instead of the most recent form available. Only 1 of 43 inspection reports (Krystal Springs) met all of the criteria in the EPA inspection checklist. Typical information that is missing from the inspection report include applicable permit requirements and citation of observations to permit requirements. Other minor information that is missing from some but not all reports includes information such as inspection start and end time, and phone number. While reports do provide some descriptive information about the physical description of the facility and NPDES regulated activities occurring at the site, more information is recommended for the majority of reports. However, the information that is missing is not critical to determining compliance as it is descriptive information about the facility or the facility's processes.</p> <p>60% of inspection reports reviewed under file metric 6c did provide sufficient documentation to lead to an accurate compliance determination.</p> <p>33% of the inspection reports reviewed were timely. 14 of 43 inspection reports reviewed were completed within 30 days. There were 13 reports that were submitted after 30 days but less than 55 days. However, there were 16 reports that were in excess of 55 days. Some reports were as many as more than 200 days late with the latest report being 294 days after the inspection.</p> <p>It is important to note that there were several reports that referenced an obsolete EPA 3560-3 form from September 1994 instead of the most recent version available from April 2006. In addition, there was no documentation in the file that inspection reports were transmitted to the facility after they were reviewed and approved.</p> <p>Generally, VIDPNR's inspection reports contain information necessary for compliance determinations and are completed in a timely manner (within 1.5 months). This is an area for further attention for the state to ensure appropriate information is included in inspection reports.</p>

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
2	E8	Identification of SNC and HPV	Completed	3/15/2011	CAA	Identification of HPVs is an area for state improvement.	<p>The metric indicated that VIDPNR identified no new HPVs during the review year. EPA reviewed 17 files, but due to inadequate documentation as identified in Elements 6 and 7, could not definitively state that DPNR was correct in identifying no new HPVs. Of special concern is the issue of continuing violations vs. new violations at the same facility. This will be addressed in HPV training for the state.</p> <p>It should be noted that VIDPNR had correctly identified 4 HPVs of their Major universe of 10 facilities in other fiscal years.</p>
2	E9	Enforcement Actions Promote Return to Compliance	Completed	11/30/2010	CAA	The state needs improvement in issuing enforcement actions to return facilities to compliance.	<p>VIDPNR had 4 unaddressed HPVs from prior years and 3 additional noncompliant Major sources for the review year, but no enforcement actions were issued. The 3 additional cases had violations that were not HPVs but that still must be addressed. 2 of the 4 HPVs are under EPA lead, and all 4 are on the Watch List.</p> <p>VIDPNR did have draft enforcement actions that were not issued to the facilities.</p>
2	E9	Enforcement Actions Promote Return to Compliance	Completed	10/15/2010	CWA	Enforcement actions promoting a return to compliance is an area for state improvement.	<p>EPA reviewed one (1) enforcement file (9a) as only one action was taken during FY2009 according to VIDPNR staff. The enforcement action was taken against an unpermitted facility. There were no actions taken against any permitted facilities in FY2009 as a result of noncompliance.</p> <p>There were 0 enforcement responses for majors in VI that have returned or will return a source in SNC to compliance.</p> <p>100% of enforcement responses that have returned or will returned a source with non-SNC violations to compliance (9c). The enforcement action is still in settlement phase.</p> <p>As a result of the file review, the review team found several instances where enforcement actions would have been appropriate but none were taken. For example, DMR reviews for minor and major facilities showed gross exceedances of effluent limits but it did not appear that DMRs were being reviewed. In addition, enforcement action whether it be informal or formal may be appropriate where Corrective Action Plans were requested and not received within the specified timeline.</p> <p>In response to recommendations included in the Round 1 SRF report, on December 30, 2008, VIDPNR indicated it would adopt the federal Enforcement Response Policy.</p>

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
2	E10	Timely and Appropriate Action	Completed	11/30/2010	CWA	Timely and appropriate action is an area for state improvement.	EPA's review of the data metric 10A indicated that 60% of majors did not have timely action which is above the national average of 18%. The national goal is less than 2%. All 3 of the facilities have appeared on the Watch List over throughout FY2009. One facility appears to have been in SNC as a result of a data error. Another facility has been addressed through a federal consent order and has since come off the Watch List. EPA is now considering taking enforcement action against the remaining SNC facility due to lack of formal action by VIDPNR. However, this metric is not a true indicator of SNC in VIDPNR as it does not capture the universe of 8 majors. No enforcement actions reviewed addressed SNC.
2	E11	Penalty Calculation Method	Completed	1/30/2011	CAA	Documentation of economic benefit calculations and consideration is an area for state attention.	The metrics do not reflect the state's activity in penalty calculations because no enforcement actions with penalties were issued during the review year. However, draft penalty actions were reviewed and while penalty calculations were performed, there was not evidence of economic benefit calculations.
2	E11	Penalty Calculation Method	Completed	1/30/2011	CWA	Economic benefit calculation is an area for state improvement.	0% of penalty calculations considered and included where appropriate economic benefit. The State has a Civil Penalty Policy which was approved and implemented on July 10, 2003. The Civil Penalty Policy assesses penalties based on a matrix. The matrix is based on the potential for harm and the extent of deviation from a statutory or regulatory requirement. The matrix only considers gravity and not economic benefit. The policy also states that economic benefit be considered when penalties are assessed and added when a violation results in significant economic benefits to the violator. Of the one (1) penalty action the review team looked at, economic benefit was not considered nor was there an explanation in the file as to why economic benefit was not considered.
2	E11	Penalty Calculation Method	Working	1/30/2011	CAA	Documentation of economic benefit calculations and consideration is an area for state attention.	The metrics do not reflect the state's activity in penalty calculations because no enforcement actions with penalties were issued during the review year. However, draft penalty actions were reviewed and while penalty calculations were performed, there was no evidence of economic benefit calculations.

Round	E#	Element	Status	Due Date	Media	Finding	Recommendation
2	E11	Penalty Calculation Method	Working	1/30/2011	CWA	Economic benefit calculation is an area for state improvement.	<p>0% of penalty calculations considered and included where appropriate economic benefit.</p> <p>The State has a Civil Penalty Policy which was approved and implemented on July 10, 2003. The Civil Penalty Policy assesses penalties based on a matrix. The matrix is based on the potential for harm and the extent of deviation from a statutory or regulatory requirement. The matrix only considers gravity and not economic benefit. The policy also states that economic benefit be considered when penalties are assessed and added when a violation results in significant economic benefits to the violator. Of the one (1) penalty action the review team looked at, economic benefit was not considered nor was there an explanation in the file as to why economic benefit was not considered.</p>

STATE REVIEW FRAMEWORK

Virgin Islands

**Resource Conservation and Recovery Act
Implementation in Federal Fiscal Year 2013**

**U.S. Environmental Protection Agency
Choose an EPA office**

**Final Report
July 1, 2015**

Executive Summary

Introduction

EPA Headquarters enforcement staff conducted a State Review Framework (SRF) enforcement program oversight review of EPA Region 2's direct implementation of the RCRA enforcement program in the Virgin Islands.

EPA bases SRF findings on data and file review metrics, and conversations with program management and staff. EPA will track recommended actions from the review in the SRF Tracker and publish reports and recommendations on EPA's ECHO web site.

Areas of Strong Performance

- Inspection reports were complete and sufficient to determine compliance and were completed within the expected timeframe.
- Files reviewed showed that accurate compliance determinations were made and violations were being identified correctly.

Most Significant RCRA Subtitle C Program Issues

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

- Mandatory data are not all accurately reflected in the national data system.
- TSDFs were not inspected at least once every two years as required by statute.

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I. Background on the State Review Framework

The State Review Framework (SRF) is designed to ensure that EPA conducts nationally consistent oversight. It reviews the following local, state, and EPA compliance and enforcement programs:

- Clean Water Act National Pollutant Discharge Elimination System
- Clean Air Act Stationary Sources (Title V)
- Resource Conservation and Recovery Act Subtitle C

Reviews cover:

- **Data** — completeness, accuracy, and timeliness of data entry into national data systems
- **Inspections** — meeting inspection and coverage commitments, inspection report quality, and report timeliness
- **Violations** — identification of violations, determination of significant noncompliance (SNC) for the CWA and RCRA programs and high priority violators (HPV) for the CAA program, and accuracy of compliance determinations
- **Enforcement** — timeliness and appropriateness, returning facilities to compliance
- **Penalties** — calculation including gravity and economic benefit components, assessment, and collection

EPA conducts SRF reviews in three phases:

- Analyzing information from the national data systems in the form of data metrics
- Reviewing facility files and compiling file metrics
- Development of findings and recommendations

EPA builds consultation into the SRF to ensure that EPA and the state understand the causes of issues and agree, to the degree possible, on actions needed to address them. SRF reports capture the agreements developed during the review process in order to facilitate program improvements. EPA also uses the information in the reports to develop a better understanding of enforcement and compliance nationwide, and to identify issues that require a national response.

Reports provide factual information. They do not include determinations of overall program adequacy, nor are they used to compare or rank state programs.

Each state's programs are reviewed once every five years. The first round of SRF reviews began in FY 2004. The third round of reviews began in FY 2013 and will continue through FY 2017.

II. SRF Review Process

Review period: Fiscal Year 2013

Key dates: Data metric analysis and file selection list sent to R2 – 9/8/14
Kick off call – 9/22/14
File Review – 10/20/14 to 10/24/14
Draft Report -

State and EPA key contacts for review: Chad Carbone
Tom Ripp
Derval Thomas
Ramon Torres

III. SRF Findings

Findings represent EPA’s conclusions regarding state performance and are based on findings made during the data and/or file reviews and may also be informed by:

- Annual data metric reviews conducted since the state’s last SRF review
- Follow-up conversations with state agency personnel
- Review of previous SRF reports, Memoranda of Agreement, or other data sources
- Additional information collected to determine an issue’s severity and root causes

There are three categories of findings:

Meets or Exceeds Expectations: The SRF was established to define a base level or floor for enforcement program performance. This rating describes a situation where the base level is met and no performance deficiency is identified, or a state performs above national program expectations.

Area for State Attention: An activity, process, or policy that one or more SRF metrics show as a minor problem. Where appropriate, the state should correct the issue without additional EPA oversight. EPA may make recommendations to improve performance, but it will not monitor these recommendations for completion between SRF reviews. These areas are not highlighted as significant in an executive summary.

Area for State Improvement: An activity, process, or policy that one or more SRF metrics show as a significant problem that the agency is required to address. Recommendations should address root causes. These recommendations must have well-defined timelines and milestones for completion, and EPA will monitor them for completion between SRF reviews in the SRF Tracker.

Whenever a metric indicates a major performance issue, EPA will write up a finding of Area for State Improvement, regardless of other metric values pertaining to a particular element.

The relevant SRF metrics are listed within each finding. The following information is provided for each metric:

- **Metric ID Number and Description:** The metric’s SRF identification number and a description of what the metric measures.
- **Natl Goal:** The national goal, if applicable, of the metric, or the CMS commitment that the state has made.
- **Natl Avg:** The national average across all states, territories, and the District of Columbia.
- **State N:** For metrics expressed as percentages, the numerator.
- **State D:** The denominator.
- **State % or #:** The percentage, or if the metric is expressed as a whole number, the count.

Resource Conservation and Recovery Act Findings

RCRA Element 1 — Data						
Finding 1-1	Area for State Improvement					
Summary	Mandatory data are not all accurately reflected in the national data system.					
Explanation	Data discrepancies between the files reviewed and the national data system included 2 violations and an informal action found in the files, but not in the data system.					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	EPA N	EPA D	EPA % or #
	2b Complete and accurate entry of mandatory data	100%		6	9	66.7%
Region response	A Standard Operation Procedure (SOP) for RCRA has been prepared and implemented. The SOP includes a description of when and how to enter all the enforcement data into the national data system as well as any updates. The data will be reviewed at least twice a year for completeness and accuracy. The SOP went into effect in 2014.					
Recommendation	It is recommended that R2 develop and implement a process to ensure all mandatory data are entered in an expeditious manner into the national data system after inspections and compliance determinations take place. In addition, it is recommended that R2 also check and verify its data periodically through quarterly or semi-annual checks or at least during the annual data verification process after the end of the fiscal year.					

RCRA Element 2 — Inspections

Finding 2-1	Area for State Attention																													
Summary	Two-year inspection coverage of operating TSDFs, and annual and five-year inspection coverage of LQGs in the Virgin Islands did not meet the expected national goals.																													
Explanation	<p>RCRA requires that every operating TSDFs be inspected at least once every two years and every LQG be inspected once every five years. There was one TSDF (Hovensa) identified in the national data system for FY13. This facility was not inspected during the two year period of review, FY2012 to FY2013.</p> <p>The EPA Compliance Monitoring Strategy suggests that regions and states inspect 20% of LQGs annually so that all LQGs get inspected at least once every five years. Hovensa and Total Petroleum were identified as the only LQGs in the national data system for FY13. Because no inspections were identified in the national data system during FY13 at either facility, annual inspection coverage was zero. Hovensa was inspected within the five-year period of review, providing for an LQG inspection coverage of 50%.</p>																													
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>EPA N</th> <th>EPA D</th> <th>EPA % or #</th> </tr> </thead> <tbody> <tr> <td>5a Two-year inspection coverage of operating TSDFs</td> <td>100%</td> <td>93.9%</td> <td>0</td> <td>1</td> <td>0%</td> </tr> <tr> <td>5b Annual inspection coverage of LQGs</td> <td>20%</td> <td>32.2%</td> <td>0</td> <td>2</td> <td>0%</td> </tr> <tr> <td>5c Five-year inspection coverage of LQGs</td> <td>100%</td> <td>7.1.7%</td> <td>1</td> <td>2</td> <td>50%</td> </tr> </tbody> </table>						Metric ID Number and Description	Natl Goal	Natl Avg	EPA N	EPA D	EPA % or #	5a Two-year inspection coverage of operating TSDFs	100%	93.9%	0	1	0%	5b Annual inspection coverage of LQGs	20%	32.2%	0	2	0%	5c Five-year inspection coverage of LQGs	100%	7.1.7%	1	2	50%
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5c Five-year inspection coverage of LQGs	100%	7.1.7%	1	2	50%																									
Region response	<p>The one TSDF (Hovensa) is no longer operating as a refinery though the TSD portion continues to operate. When the refinery shut down it was not clear that the TSD operations would continue. As a result, an inspection cycle was missed. The facility is presently on a two-year inspection cycle with the next inspection scheduled for FY2016. Given the travel costs associated with inspecting this facility every other year, the required LQG inspection is done in conjunction with the TSDF inspection. This is not always accurately reflected in national data systems.</p> <p>Total was identified as an LQG in 2012 and will be inspected before the five-year period of review expires in 2017.</p>																													

	The RCRA program relies on the data systems to identify LQGs not inspected in 5 years and TSDs not inspected in 2 years to cross check their planned inspection schedule.
Recommendation	Because the RCRA statute requires every TSDF be inspected every 2 years and every LQG be inspected every five, it is recommended that R2 develop and implement a strategy to meet these statutory requirements, even though this may be geographically challenging. Once R2 develops its strategy, it should share that with HQ so this recommendation can be closed.

RCRA Element 2 — Inspections

Finding 2-2	Meets or Exceeds Expectations																		
Summary	Inspection reports were complete and sufficient to determine compliance and were completed within the expected timeframe.																		
Explanation	R2 inspection reports included narrative discussions of the nature of facility activities, discussed manufacturing, process and waste management operations, described generation and handling of wastes, and provided documentary evidence of potential violations such as photographs, maps, drawings, and statements. Only one report (for a rum barrel warehouse) was deemed not sufficient to determine compliance because not all areas of the facility were actually inspected. The one report that took longer than the expected maximum time period of 150 days to complete exceeded this time frame by only 5 days.																		
Relevant metrics	<table border="1"> <thead> <tr> <th>Metric ID Number and Description</th> <th>Natl Goal</th> <th>Natl Avg</th> <th>EPA N</th> <th>EPA D</th> <th>EPA % or #</th> </tr> </thead> <tbody> <tr> <td>6a Inspection reports complete and sufficient to determine compliance</td> <td>100%</td> <td></td> <td>8</td> <td>9</td> <td>88.9%</td> </tr> <tr> <td>6b Timeliness of inspection report completion</td> <td>100%</td> <td></td> <td>8</td> <td>9</td> <td>88.9%</td> </tr> </tbody> </table>	Metric ID Number and Description	Natl Goal	Natl Avg	EPA N	EPA D	EPA % or #	6a Inspection reports complete and sufficient to determine compliance	100%		8	9	88.9%	6b Timeliness of inspection report completion	100%		8	9	88.9%
Metric ID Number and Description	Natl Goal	Natl Avg	EPA N	EPA D	EPA % or #														
6a Inspection reports complete and sufficient to determine compliance	100%		8	9	88.9%														
6b Timeliness of inspection report completion	100%		8	9	88.9%														
Region response																			
Recommendation																			

RCRA Element 3 — Violations

Finding 3-1	Meets or Exceeds Expectations					
Summary	Files reviewed for R2 showed that accurate compliance determinations were made and violations were being identified correctly.					
Explanation	For all 8 files reviewed that had documentation concerning compliance, R2 accurately made compliance determinations and accurately identified violations as SV or SNC.					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	EPA N	EPA D	EPA % or #
	7a Accurate compliance determinations	100%		8	8	100%
	7b Violations found during inspections		31.3%	2	3	66.7%
	8b Timeliness of SNC determinations	100%		0	0	0%
	8c Appropriate SNC determinations	100%		4	4	100%
Region response						
Recommendation						

RCRA Element 4 — Enforcement

Finding 4-1	Area for State Attention					
Summary	R2 took appropriate action to return facilities to compliance.					
Explanation	R2 took appropriate action to return to compliance at 3 of 4 facilities found in violation at the time of inspection. The one exception was a facility inspected by a contractor who properly identified violations, but that did not receive any appropriate follow-up action and thus showed no evidence of return to compliance in the file reviewed.					
Relevant metrics	Metric ID Number and Description	Natl Goal	Natl Avg	EPA N	EPA D	EPA % or #
	9a Enforcement that returns violators to compliance	100%		3	4	75%
	10a Timely enforcement taken to address SNC	80%		0	0	0%
	10b Appropriate enforcement taken to address violations	100%		3	4	75%
Region response	We are in the process of changing our SOPs to ensure follow-up to contractor inspections is performed and recorded in a timely and appropriate manner in RCRAInfo.					
Recommendation						

RCRA Element 5 — Penalties

Finding 5-1	Area for State Attention						
Summary	Documentation was lacking for the only penalty action reviewed.						
Explanation	The only file with a penalty action did not include any documentation of the difference between the initial and final penalty and whether the penalty was ever collected. It did, however, show that gravity and economic benefit had been calculated. Even though this metric value is zero, one example does not provide enough evidence to draw a definitive conclusion, so this finding is being identified as an Area for Attention that R2 should at least be aware of.						
Relevant metrics	Metric ID Number and Description		Natl Goal	Natl Avg	EPA N	EPA D	EPA % or #
	11a Penalty calculations include gravity and economic benefit		100%		1	1	100%
	12a Documentation on difference between initial and final penalty		100%		0	1	0%
	12b Penalties collected		100%		0	1	0%
Region response	The program will provide refresher training to staff regarding the requirements for documenting differences between initial and final penalty determinations. With respect to the case referenced here, all documentation related to penalty calculations and payments is available in the Office of Regional Counsel (ORC) file. ORC is responsible for memorializing the penalty reduction justification.						
Recommendation							