

Commonwealth of Virginia Department of Environmental Quality

State Review Framework Report

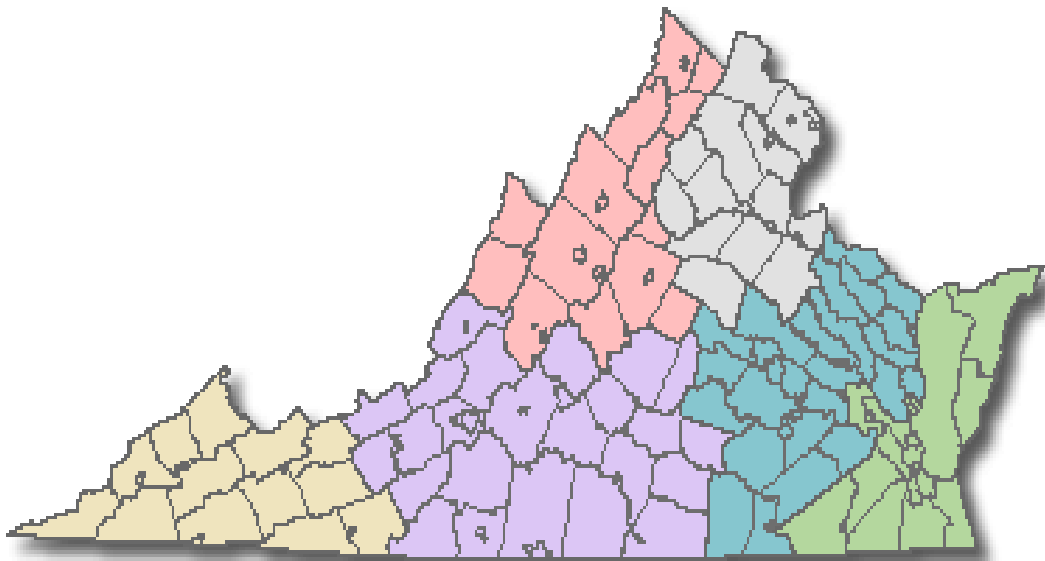


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EXECUTIVE SUMMARY

Major Issues

The U.S. Environmental Protection Agency, Region 3 conducted the SRF review of Virginia Department of Environmental Quality (VADEQ's) enforcement programs performance for the Clean Air Act, Stationary Source; (CAA) Resource Conservation and Recovery Act (RCRA); and the Clean Water Act, National Pollutant, Discharge, Elimination System (NPDES). In addition to this VADEQ review, EPA Region 3's NPDES Enforcement Branch also conducted reviews of two Commonwealth Agencies delegated to implement portions of the NPDES program; the Virginia Department of Conservation and Recreation (DCR), delegated the municipal separate storm sewer system (MS4) and storm water construction programs, and the Virginia Department of Mines Minerals and Energy (DMME), delegated the mining program. The reviews for these agencies are contained in separate reports.

The following are the major issues identified in the DCR report:

MOA DCR does not have a formal memorandum of agreement (MOA) with EPA for implementation of the delegated NPDES program. In 2004, the Commonwealth of Virginia's General Assembly adopted legislation that transferred the Virginia Pollutant Discharge Elimination System (VPDES) construction activity and municipal separate storm sewer system (MS4) storm water permitting and enforcement responsibilities from the VADEQ to DCR. EPA approved DCR's program in December 2004 allowing for the program's transfer to DCR on January 29, 2005. Although EPA and DCR do not have a formal MOA, Region III and DCR did enter into a FY 2012 Letter of Agreement which sets forth EPA's expectations for MS4 and construction stormwater program implementation.

Data: The facility permit data and compliance monitoring data for the facilities regulated by DCR is not reported to the national database. DCR maintains data for these facilities in their internal agency data base.

Inspection Coverage: DCR did not inspect or evaluate the 11 facilities with major MS4 permits. These permits are expired and have been administratively extended by DCR.

Timely and Appropriate Enforcement: Based on the review, DCR does not issue formal enforcement actions and prefers to seek compliance through informal means. DCR typically issues informal enforcement actions or notices of non-compliance (NOCA) to permittees that are continuously out of compliance until final compliance is achieved.

The State Review Framework (SRF) Round 2 review for the Commonwealth of Virginia included reviews for the NPDES construction stormwater and the Municipal Separate Storm Sewer System (MS4) programs. EPA reviewed files and data from fiscal year 2009 (FY 09).

In 2013, after the SRF review had been conducted, the Virginia General Assembly transferred authority for the construction stormwater and MS4 programs from the Virginia Department of Conservation and Recreation (DCR) to the State Water Control Board (SWCB). EPA approved the transfer by letter dated July 2, 2013. The Virginia Department of Environmental Quality (VADEQ) now implements these programs on behalf of the SWCB. The recommendations for the construction stormwater and MS4 programs in the report are no longer applicable for implementation by DCR. EPA has been working with VADEQ as it incorporates and begins implementation of the construction stormwater and the MS4 programs. Listed below are SWCB and VADEQ activities that address deficiencies found in the FY 09 review.

- The SWCB has an existing MOA with EPA under which VADEQ is currently implementing the construction stormwater and MS4 programs.
- The SWCB has promulgated regulations for the Virginia Storm Water Management Program (VSMP), the construction stormwater general permit, and the MS4 program. These regulations became effective on October 23, 2013. On December 17, 2013, the SWCB adopted revisions to the VSMP regulation (effective February 26, 2014) and to the construction stormwater general permit regulation (effective July 1, 2014).
- VADEQ is updating its guidance documents to serve as the foundation for implementing the construction stormwater and MS4 programs. It is also developing a schedule for auditing operations in Virginia with active MS4 individual and general permits.
- VADEQ is developing compliance standard operation procedures for its construction stormwater program and will use requirements of the 2007 Clean Water Act NPDES Compliance Monitoring Strategy (section 2.C.3) along with Virginia's Risk Based Inspection Strategy to write effective guidance.
- VADEQ is developing a management plan for EPA review to address the DCR data deficiencies and will submit for approval within 180 days of the finalization of the SRF report.
- The SWCB is currently authorized to enforce both the construction stormwater and MS4 programs. Enforcement of the MS4 program follows the same guidance and procedures as other VADEQ VPDES permits. VADEQ has incorporated the construction stormwater program into its general enforcement guidance by providing staff with program-specific model documents (Warning Letter, Notice of Violation, and Consent Order). VADEQ has continued the DCR penalty policy, until the VADEQ penalty policy is revised following public notice and comment. VADEQ enforcement procedures provide for escalating, timely and appropriate enforcement actions.

The following are the major issues identified in the DMME report:

Completion of Commitments – In October 1983, EPA approved a modification of Virginia's NPDES authorization to allow DMME's predecessor to assume NPDES responsibilities related to coal mining and reclamation facilities. EPA's approval followed a Virginia legislative change and incorporated by reference a Memorandum of Agreement (MOA) between the State Water Control Board (SWCB) and DMME's predecessor. –

Data Completeness, Accuracy and Timeliness – DMME is not a direct user of the Permits Compliance System (PCS), the national data base for NPDES permit facility and compliance monitoring information. DMME does maintain a state data base, Water Trans to track compliance monitoring and enforcement activities. The PCS Policy Statement requires that the minimum WENDB data elements be directly entered or transferred via interface to the national database.

Inspection Coverage DMME adheres to the SMCRA requirements; however, the inspections do not include a comprehensive evaluation of NDPEs requirements.

Summary of VADEQ Programs Reviewed

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

CAA Program : None

RCRA Program: None

NPDES Program:

Element 2 – Data Accuracy

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

CAA Program:

Element 2 - Data accuracy

Element 3 - Timeliness of Data Entry

Element 4 - Completion of commitments

Element 6.1- Quality of Compliance Monitoring Reports (CMRs)

Element 7 - Identification of alleged violations

Element 8 - Identification of High Priority Violators (HPVs)

Element 9 - Enforcement Actions Promote Return to Compliance

Element 10 - Timely and appropriate action

Element 11 - Penalty calculation method

Element 12 - Final penalty assessment and collection

RCRA Program:

Element 1 – Data Completeness

Element 2 - Data accuracy

Element 3 - Timeliness of Data Entry

Element 4 – Completion of Commitments

Element 5 – Inspection Coverage

Element 6- Quality of Compliance Monitoring Reports (CMRs)

Element 7 - Identification of alleged violations

Element 8 - Identification of High Priority Violators (HPVs)

Element 9 - Enforcement Actions Promote Return to Compliance

Element 10 - Timely and appropriate action
Element 11 - Penalty calculation method
Element 12 - Final penalty assessment and collection

NPDES Program:

Element 1 – Data Completeness
Element 3 - Timeliness of Data Entry
Element 4 - Completion of commitments
Element 5 – Inspection Coverage
Element 6- Quality of Compliance Monitoring Reports (CMRs)
Element 7 - Identification of alleged violations
Element 8 - Identification of High Priority Violators (HPVs)
Element 9 - Enforcement Actions Promote Return to Compliance
Element 10 - Timely and appropriate action
Element 11 - Penalty calculation method
Element 12 - Final penalty assessment and collection

The good practices include:

CAA Program:

Element 1 – Data Completeness
Element 5 – Inspection Coverage
Element 6.2 Quality of Compliance Monitoring Reports

RCRA Program - None

CWA Program -None

II. BACKGROUND INFORMATION

ON STATE PROGRAM AND REVIEW PROCESS

The SRF is a program designed to ensure the Environmental Protection Agency (EPA) conducts oversight of state and EPA direct implementation, compliance and enforcement programs in a nationally consistent and efficient manner. Reviews look at 12 program elements covering: data (completeness, timeliness, and quality); inspections (coverage and quality); identification of violations, enforcement actions (appropriateness and timeliness); and, penalties (calculation, assessment and collection). Reviews are conducted in three phases: analyzing information from the national data systems; reviewing a limited set of state files; and development of findings and recommendations. Considerable consultation is built into the process, to ensure EPA and the state understand the causes of issues, and to seek agreement on identifying the actions needed to address problems. The reports generated by the reviews are designed to capture the information and agreements developed during the review process in order to facilitate program improvements. The reports are designed to provide factual information and do not make determinations of program adequacy. EPA also uses the information in the reports to draw a “national picture” of enforcement and compliance, and to identify any issues that require a national response. Reports are not used to compare or rank state programs.

This report documents the second round SRF Program review of the Virginia Department of Environmental Quality (VADEQ) . VADEQ compliance monitoring and enforcement program is implemented across six regional offices. The U.S. Environmental Protection Agency, Region 3 conducted the SRF review of VADEQ’s enforcement programs performance for the Clean Air Act, Stationary Source; (CAA) Resource Conservation and Recovery Act (RCRA); and the Clean Water Act, National Pollutant, Discharge, Elimination System (NPDES). This report summarizes findings from the review and planned actions to facilitate program improvements. The review evaluated enforcement data and files from Fiscal Year 2009.

Each program chose two to three regional offices to visit and review files for this review. The air program conducted file reviews in two regional offices, the Northern (NRO) and Blue Ridge (BRRO). The RCRA program conducted file reviews in VADEQ’s Southwest Regional Office (SWRO), Northern Regional Office, Blue Ridge Regional Office. The region’s NPDES program conducted file reviews in two regional offices, the Northern Regional office and the Southwest Regional Office.

The Office of Enforcement and Permits Review conducted reviews of air files at VADEQ’s Woodbridge and Blue Ridge regional offices during SRF round 2. These regional offices were chosen because the Region did not visit them in the first round, limited travel resources, and

through the Region's regular conference calls with VADEQ discovered potential problems in these two regional offices.

The Woodbridge regional office was experiencing turnover of inspectors. The Office of Enforcement and Permits Review decided to conduct file reviews in this region to determine if the turnover was having an impact on the quality of their inspections, quality of inspection reports, and their ability to make HPV determinations. Additionally, they wanted to meet with the regional office to discuss the problem with high inspector turnover to help determine a resolution to the problem.

VADEQ combined the West Central (Roanoke) and South Central (Lynchburg) regional offices into the new BRRO. The Office of Enforcement and Permits decided to review this regional office to determine if the combination of these regional offices was having an impact on their compliance and monitoring performance.

The Office of Land Enforcement visited regional offices in Virginia that were not visited during the first round of SRF. The following criteria to select regional offices during round 1:

- Identified in SNC status during the review year
- Identified as having more than one evaluation during the review year
- Identified as having formal and/or formal enforcement action during the review year
- Identified as having a penalty during the review year.

The Office of Land Enforcement conducted file reviews in VADEQ's Southwest Regional Office, Northern Regional Office, Blue Ridge Regional Office. These offices were not visited in round one of the SRF. Additionally, the Blue Ridge Regional office now includes the territories previously covered by the Lynchburg and Roanoke offices.

The NPDES program reviewed files in the Northern Regional Office and the Southwest Regional Office. The Northern Regional Office was reviewed because of the universe of facilities in that geographic area of Virginia and the enforcement activity. The Southwest Regional Office was reviewed because the data review revealed a significant difference in enforcement activity in this regional office compared to the other five regional office enforcement activity.

A. GENERAL PROGRAM OVERVIEW

Agency Structure: VADEQ consist of a Central Office located in Richmond, VA and six regional offices. VADEQ administers the Clean Air Act, Resource, Conservation, and Recovery Act, and the National Pollutant, Discharge, Elimination System. The Central Office included the program offices for Air, Water VPDES, Hazardous Waste and the Division of Enforcement. Regional activities include permits, remediation, air quality, water quality and compliance monitoring and enforcement activities. The six regional offices responsible for these duties include:

- Southwest Regional Office-Abingdon,
- Blue Ridge Regional Office - Roanoke and Lynchburg,
- Valley Regional Office-Harrisonburg,

- Northern Regional Office-Woodbridge,
- Piedmont Regional Office- Glen Allen, and
- Tidewater Regional Office-Virginia Beach.

Compliance/Enforcement Structure: The Central Office program offices and the Division of Enforcement provide guidance, coordination, and review of regional office compliance and enforcement activities. The VADEQ program offices also negotiate grant commitments (including inspection and other compliance monitoring commitments), and they transfer data to EPA's data systems. VADEQ's Division of Enforcement and enforcement staff in the regional offices are responsible for carrying out VADEQ's mission in achieving its enforcement goals. The regional offices are responsible for conducting compliance and enforcement actions within their regional boundaries. The regional offices are principal points of contact with the community, issuing permits, performing inspections, and executing administrative orders. The Division of Enforcement becomes involved in enforcement actions to ensure consistent application of state laws and regulations, to take the lead in certain difficult or multi-regional cases, and/or to provide expertise and policy guidance. In addition, the Division assists and coordinates successful statewide implementation of VADEQ's enforcement programs by developing appropriate enforcement policies and procedures, providing appropriate training to staff, and reviewing regional implementation. The Division prosecutes adversarial administrative actions with regional support.

The Virginia Office of the Attorney General (OAG) provides all legal services in civil matters for the Commonwealth, including the conduct of civil litigation for the three departments.

Within the Air Quality Division, is the Office of Air Compliance Coordination (OACC). The OACC does not have direct authority over the regional offices but develops most of the policy and guidance on compliance with rules, regulations and orders of the Department and tracks enforcement actions. VADEQ's Division of Enforcement also provides guidance and oversight for Air and other media.

The State Water Control Board is responsible for administering the Virginia Water Control Law. The board adopts regulations and considers special orders when resolving violations of its regulations and permits that have had a related public hearing. Day to day administration of the board's programs is delegated to the Department of Environmental Quality.

Roles and responsibilities:

The OACC is responsible for assisting regional staff in their work, as well as managing federal fiscal commitments, providing training opportunities, participating in policy development, and assessing program effectiveness.

Central Office and regional staff work on all VADEQ enforcement cases and are not restricted to the programs evaluated in the SRF. There is one Enforcement Director for the Central Office Division of Enforcement, and three Regional Directors serve as enforcement managers for their regions (SWRO, BRRO and VRO). In two regions (BRRO and SWRO), Air compliance

managers and staff negotiate Air Program consent orders. Supplemental Environmental Projects (SEPs) are reviewed and approved by the Central office. The Central office also provides enforcement assistance and oversight as necessary to regional office staff. Central office serves as liaison with State Attorney General's office and EPA for joint actions.

VADEQ's official compliance monitoring and enforcement files are maintained in the regional offices. However, VADEQ is in the process of developing a state-wide electronic filing system. Each regional office provided copies of all files requested by EPA for the SRF.

Each regional office is responsible for handling enforcement cases. When a violation is found an Informal Correction, Warning Letter (WL), or NOV is sent to the violating source depending on the severity of the violation. When a minor violation can be corrected in 30 days or less, staff may use an Informal Correction to address non-compliance from a source or facility. An Informal Correction is appropriate when a minimal amount of effort is required to secure compliance.

Warning Letters are the appropriate response following the discovery of the majority of alleged violations. A WL is appropriate if the violation can be corrected within 90 days and if there are no emission violations.

A NOV is issued if the alleged noncompliance is chronic or acute or of such significance that a case is appropriate for enforcement action and that a penalty may be warranted.

Other Agencies included/excluded from review: The NPDES Enforcement Branch also conducted reviews of two Commonwealth Agencies delegated to implement portions of the NPDES program; the Virginia Department of Conservation and Recreation (DCR), delegated the municipal separate storm sewer (MS4) and storm water construction programs, and the Virginia Department of Mines Minerals and Energy (DMME), delegated the mining program. The reports for these agencies can be found on the SRF tracker.

Resources: Funding for the Air Compliance Program comes from Title V fees collected. Penalties collected go into the Virginia Environmental Emergency Response Fund which is used by the State for the purpose of emergency response to environmental pollution incidents and for the development and implementation of corrective actions for pollution incidents. EPA Section 105 grant requires a state match and provides some funding, and use of these funds is limited to activities that are not covered under Title V.

Air Compliance – VADEQ has 42 full-time or partial positions that perform Air compliance or Air monitoring tasks (some staff do both). These are located as follows: BRRO = 9 (one vacant), NRO = 8, PRO = 8, SWRO = 5, TRO = 8 (one vacant), and VRO = 4. There are Regional Air Compliance Managers in 5 regions (BRRO, NRO, PRO, SWRO, and TRO). Central Office has 5 positions in the Office of Air Inspections Coordination.

Water VPDES Compliance – VADEQ has 21 Wastewater Inspectors who perform the onsite inspections and compliance reviews. These are located as follows: BRRO = 4, NRO = 3, PRO = 4, SWRO = 2, TRO = 4, and VRO = 4. Five (5) inspector positions have been eliminated over

the past several years, and there are currently 2 vacant inspector positions. In addition, there are 4 Chief Inspectors: BRRO = 1, SWRO = 1, TRO = 1, and VRO = 1. In Central Office, the Water Program has 5 positions dedicated to inspections and operator training (1 vacant). Three other Central Office staff work on CEDS or PCS.

Hazardous Waste Compliance– VADEQ has 9 positions that perform Hazardous Waste Compliance activities. These are located as follows: BRRO = 3, NRO = 1, PRO = 2, SWRO = 1, TRO = 1, VRO = 1. Other staff, including Regional Waste Program Managers (6), spend a portion of their time on hazardous waste compliance. There is 1 coordinator for Hazardous Waste Compliance and a Hazardous Waste Office Director, who spends part of her time on Hazardous Waste Compliance. One staff member is dedicated to RCRAInfo, and part of her supervisors time is spent on Hazardous Waste data.

Enforcement –VADEQ has 23 regional enforcement staff positions. These are located as follows: BRRO = 5 (1 vacant); NRO = 4 (1 vacant); PRO = 5 (1 vacant); SWRO = 1; TRO = 5 (1 vacant) and VRO = 3 (1 vacant). In addition there were 6 civil enforcement staff positions in the Central Office Division of Enforcement, which were all filled in FY 09. Central Office and regional staff work on all VADEQ enforcement cases and are not restricted to the programs evaluated in the SRF. There is one Enforcement Director for the Central Office Division of Enforcement, and three Regional Directors serve as enforcement managers for their regions (SWRO, BRRO and VRO). In two regions (BRRO and SWRO), Air compliance managers and staff negotiate Air Program consent orders.

Staffing/Training: All DEQ vacancies are prioritized for hiring by VADEQ management. Hiring follows state practices mandated by the Virginia Department of Human Resources Management and VADEQ's Office of Human Resources. Each position is identified by class, and the requirements, duties, and qualifications for each position are described in an Employee Work Profile (EWP).

As part of a yearly evaluation, staff and managers agree on Personal Learning Goals for the coming year, including identification of desired in-house or outside courses. The requested courses are put into a computerized system. A Training Committee, with members from program and enforcement staff, set training priorities for the coming year, based in large part on the courses identified in the EWPs. Staff are notified when a training course from their Personal Learning Goals is being offered.

VADEQ appears to have a very strong training program for its compliance monitoring personnel. Employees are encouraged to develop a customized Employee Development Plan (EDP) using a template available on-line. If an employee fails to do this, the Office of Training Services is notified with an automatically generated email. The Office of Training Services uses the EDP to notify employees of course schedules and registrations. Registration for classes is done through the VADEQ Learning Management System.

Data reporting systems/architecture: CEDS is the reporting system used by VADEQ, except for VADEQ Hazardous Waste program. CEDS is a multi-media, Oracle-based system located

on the desk-top of VADEQ staff. It is the primary data system for VADEQ to report compliance monitoring and enforcement data for Air Stationary Sources and NPDES. Data entered into CEDS is done by inspectors, compliance engineers, ACMs and enforcement staff. Virginia uploads data from CEDS to AFS every Friday.

The AFS Data Steward for VADEQ has the responsibility of being the data manager for AFS. If there are edits and/or updates to VADEQ's data, the Data Steward is contacted and would then forward the issue on to the appropriate regional staff for action. Approximately 25% of the Data Stewards time is spent on AFS related activities. The Data Steward does use AFS directly as needed.

The VADEQ Hazardous Waste program is the implementor of record for all RCRAInfo modules, including the Financial Assurance module, and enters data directly into EPA's RCRAInfo as the database of Records. In 2010, VADEQ's enforcement program developed an Access database called Enforcement Tracking Database (ETD) for consistent tracking and monitoring of enforcement actions across all programs. ETD was not in operation FY09.

MAJOR STATE PRIORITIES AND ACOMPLISHMENTS

- **Priorities:**

1. **Enterprise Content Management**

During Round 1, the VADEQ Air Program had previously utilized an electronic document storage system (Keyfile) to back up physical paper files and has recently migrated to a web-based system (IBM ECM FileNet) to store source files as the file of record. The Air Program was selected as one of two media to develop and pilot the new system. During Round 2, the majority of Air Compliance documents were readily available for review in ECM; however, since Enforcement related documents (those following NOV issuance) had yet to migrate to electronic storage, it was decided the file review would address actual paper files. The VADEQ Enforcement Division (a multimedia program in Virginia) is now in the process of moving to this system and the Air Division is performing quality assurance activities before destruction of paper files. This migration has been a significant accomplishment for the VADEQ Air Program, and will remain a priority in the foreseeable future.

- **Accomplishments:**

1. Risk-Based Inspection Strategy – Virginia DEQ has implemented a pilot Risk-Based Inspection Strategy (RBIS), which is being utilized to focus the agency's inspection resources in areas where needed based on defined risk factors. RBIS is being used in all three programs of the SRF.
2. The VADEQ SRF Programs, all of VADEQ Enforcement, and several other VADEQ programs are converting their files to electronic documents in VADEQ's

Electronic Content Management (ECM) System. Electronic documents will replace most paper documents as the public record. This will allow greater transparency and better access to the documents by both VADEQ staff and the public.

3. Water VPDES staff assisted EPA and Department of Justice attorneys in negotiating a major consent decree with a sanitary sewer service district that operates 13 sewage treatment plants and serves 1.6 million people. The decree addressed sanitary sewer overflows within the district's service area. The decree also required the payment of \$900,000 in civil penalties for past overflows. Although the decree was entered in FY 10, much of the work was done in FY 09.
4. VRO staff were presented with special awards from EPA for the cooperative settlement of a large Air case, which involved a major modification to a source in a PSD area without a corresponding permit amendment and excess emissions. Although the order was entered in FY 10, much of the work was done in FY 09.
5. Enforcement staff has developed a series of Model Orders to standardize structure, organization, references, and schedules of compliance for consent orders in all media programs. The orders have suggested language for returning the most common violations to compliance.
6. Water VPDES staff undertook two sector based initiatives in FY09: (1) Mercury Switch storm water inspections at automobile parts facilities; and (2) Power Plant Coal Ash Impoundment inspections (as a result of the Tennessee River Coal Ash spill).
7. Water VPDES staff established linkage in CEDS and PCS for inspection type and the ability to load single-event violations in CEDS and PCS. Also, VADEQ Water staff developed a new CEDS Inspections Module Manual for the new and enhanced Water Inspections screen. The new module can not only track inspections but also "informal" compliance actions and their resolution.

1. Communication

VADEQ's Air Program and Enforcement Divisions not only hold regular calls, meetings, and workshops with Central Office and Regional staff, but also utilize the Agency's Intranet to openly disseminate goals and procedures and document their basis. Links to the most current information and guidance are readily available to all staff seeking answers to common questions. Developing and updating this technological resource is a significant accomplishment for technical staff and will remain a priority in the future.

2. Emissions Reductions via Enforcement Action

Most enforcement actions include injunctive relief that may directly or indirectly lead to reductions in pollutant emissions. However, some stand out based on

sheer quantity. For example, the Consent Order issued 7/16/2009 to American Electric Power resulted in a potential emissions reduction of nearly 44,000 tons per year of SO₂.

3. Title V Annual Compliance Certification Short Form

In response to the considerable resources dedicated to generation of these reports by sources and review of these reports by VADEQ Air Compliance staff, OACC and regional ACMs researched additional options to meet federal reporting requirements. Negotiations with EPA Region 3 culminated in approval of simplified reporting requirements designed in accordance with the Clean Air Act Advisory Committee recommendations. Due to recent budgetary concerns, this project was considered a significant priority and is now seen as a significant accomplishment from the perspective of both VADEQ staff and the affected source population. Specifically, quality of reviews has benefited because efforts can be focused on the critical components of the no longer voluminous reports and review time has been reduced significantly which allows for resources to be redirected to other areas of the program.

• Best Practices:

1. The VADEQ Hazardous Waste Program has implemented an internal audit program building upon the EPA's SRF. The internal audit focuses on elements of the SRF including: inspection report completeness and timeliness sufficient documentation of noncompliance, appropriate SNC designation and consistency between regions as well as components of data management accuracy and timeliness.
2. The **e-DMR Reporting System** is a web-enabled information system that allows regulated facilities to send electronic e-DMRs to the DEQ. This system is designed to provide an alternative to submitting handwritten or paper-based DMRs in a faster, more efficient manner, and requires less processing for both the regulated facilities and DEQ. As a fully operational electronic reporting system, all of the necessary legal, security, and electronic signature features have been included for this system to serve as a completely paperless reporting system.
3. In the VADEQ Water VPDES Program, the program and regional offices review and verify violation and non-compliance reports pulled from EPA's database on a regular basis. Data verification for all other data families is regularly conducted by the Central Office program staff. The revision of the CEDS VPDES Individual Permits Manual has provided user clear instructions in data entry and reduced data discrepancy.
4. In the VADEQ Hazardous Waste Program, program staff produce monthly compliance and enforcement reports for the regional offices in addition to mid-year and annual reports to improve the data quality and timeliness. There are periodic calls on data management, and VADEQ participates in nationwide calls

on RCRAInfo. VADEQ staff have access to the current status of facilities as reflected in RCRAInfo.

5. In the VADEQ Water VPDES Program, program staff have implemented improvements to the CEDS Inspection Screen to provide better inspection tracking, including risk-based inspections, compliance follow-up, and multimedia inspections.

C. PROCESS FOR SRF REVIEW

Use of Elements and Metrics Found in the SRF Review: The SRF contains thirteen nationally consistent review “elements,” which cover inspection/evaluation quantity and quality, the quality of the inspection/compliance monitoring reports, the timeliness and appropriateness of enforcement actions and data quality, accuracy and completeness. Data metrics are a common set of measures pulled from the national databases of record for the three programs that provide state specific numbers, and in some cases national averages, for elements where a data stream exists. File review metrics are primarily assessed through file reviews (because there is no national data stream). National averages are meant to provide a big picture “ball park” of a particular agency’s performance against that of other agencies. The results of these metrics may on their own not determine areas of weakness or strength, but they do serve as indicators to focus discussion and dialogue on particular successes or potential problem areas with agencies during the review. File review metrics help to capture compliance and enforcement information not available in the national databases.

The data metrics fall into one of the four categories below.

1. **Goal** - Where possible, the data metrics are set up to align with goals or expected activities that are included in national guidance, policy, or regulation. The metrics also provide context showing the national average so that agencies can understand when they are not meeting the goal whether that appears to be a problem unique to that agency or whether a more global issue exists.
2. **Review Indicator** - the SRF uses either the national average or the absence of any activity at all to indicate possible performance issues. If a state is below a target indicated for a review indicator, this is not a final determination that there is a problem, but rather serves as a flag for further investigation through file review.
3. **Information Only** - metrics are used to track the overall effort level for the complete universe of regulated sources – even when a specific national goal does not exist. Other information-only metrics focus on new data requirements as a way to determine what work will be needed in the future to fill in the data set with complete information. Some information-only metrics are based upon non-required data that not all agencies enter into the national data system.

4. **Data Quality** - Most of the data metrics under Elements 1, 2, and 3 focus on data quality or timely data entry. Significant differences in numbers should be understood, and corrective action plans developed.

Virginia Review Period:

The review period for this SRF review was FY2009.

Kick-Off meeting with VADEQ: May 24, 2010. Region 3 attendees included Samantha Beers (Director Office of Enforcement, Compliance and Environmental Justice), William C. Early (Deputy Regional Administrator), Ingrid Hopkins (EPA SRF Review Team), Betty Barnes (SRF Regional Coordinator) and La Ronda Koffi (VA State Liaison). DEQ managers included Rick Weeks (Chief Deputy Director), James Golden (Deputy Director for Program Development), Melanie Davenport (Enforcement Director), and John Ely (SRF Manager)

Key Dates for Virginia Review Air:

1. The Preliminary Data Analysis (PDA) data pull from EPA's Online tracking Information System (OTIS) was completed on 03/25/10.
2. On 04/08/10, the Data Metrics complete with the EPA's PDA was sent to VADEQ electronically.
3. On 04/08/10, EPA sent VADEQ the selection of files to be reviewed as part of the file review metrics.
4. On 05/04/10, EPA Region III met with VADEQ to discuss VADEQ's comments to EPA's PDA.
5. From 05/04/10 to 05/06/10, EPA Region III conducted an on-site file review at VADEQ's NRO in Woodbridge, VA.
6. On 05/18/10, EPA Region III conducted an on-site file review at VADEQ's BRRO in Lynchburg, VA.
7. On 05/19/10, EPA Region III conducted an on-site file review at VADEQ's BRRO in Roanoke, VA.
8. On 5/24/10, EPA Region III met with Management of VADEQ in Washington, DC to kick off the Regional Virginia SRF.
9. EPA held conference call on July 26, 2010 with VADEQ management to discuss preliminary findings.
10. Preliminary draft was sent to VADEQ for comment on 8/12/10.
11. On 9/2/10 VADEQ submitted comments on preliminary draft to EPA.

Key Dates for Virginia Review RCRA:

VA RCRA PDA data pull - 4/8/10

PDA sent to State - April, 2010

File selection sent to State 0 4/29/10

Date of file review - 6/21/10 to 6/25/10 and 7/12/10 to 7/15/10

RCRA draft to State - October, 2010

Key Dates for Virginia Review NPDES:

Data Pull/PDA: June 25, 2010
VADEQ PDA Response: August 27, 2010
On-Site Review: August 2-4, 2010 (NRO)
On-Site Review: May 7-8, 2012 (SWRO)

Communication with Virginia:

On May 4, 2010, personnel from EPA met with VADEQ to discuss VADEQ's comments to EPA's PDA for Air data.

During the on-site file reviews, discussions were held with VADEQ Air Compliance Staff, Enforcement Staff, and their Managers as individual files were reviewed. Subsequent to the on-site review, the Review Team communicated via telephone or e-mail with VADEQ to resolve specific questions/concerns.

The NRO NPDES files was provided to VADEQ on July 28, 2010. EPA and NRO staff and managers met in Woodbridge for an opening conference and to commence the review on August 2, 2010. During the opening conference, an overview of the objectives and outcomes of the Round 2 SRF was discussed. An August 4, 2010 a close-out conference was between the EPA SRF Team's and the NRO/DEQ SRF Team during which EPA shared its preliminary findings. Initial findings focused on addressing permits that need to be inactivated in the data system and ensuring that penalty calculations appropriately consider injunctive relief and economic benefit.

In order to ensure that enough files had been selected for a review of the Commonwealth's NPDES program, EPA selected an additional Regional Office to review. EPA worked with Central Office and SWRO to select a representative number of files to review. EPA and SWRO staff met in Abingdon, Virginia to conduct the opening conference and commencement of the Round 2 SRF on May 7, 2012. An overview of the SRF was provided; general information exchange and program discussions were had and concluded with questions and answers. On May 8, the closeout conference was held with the participants in attendance. An accounting of preliminary findings was presented. The finding were primarily framed around outstanding compliance schedule violations, addressing the inactive permits that remain active in the data system, incorrect facility address data, and erroneous inspection and enforcement data identified for a few permittees.

Lead contacts for the SRF review Air:

EPA Lead: Marcia Spinks
Virginia Leads:
Central Office: Jerome Brooks
Northern: R. David Hartshorn
Blue Ridge: Frank Adams

Lead contacts for the SRF review RCRA:

EPA RCRA SRF lead – Carol Amend
State RCRA SRF lead - Leslie Romanchik

Lead contacts for the SRF review NPDES:

Ingrid Hopkins, EPA, Region III (reviewed NWRO & SWRO files)
Christopher Menen, EPA, Region III (reviewed NWRO files)
Edward Stuart, Water Compliance Manager, VA DEQ, NRO
Bryant Thomas, Water permits Manager, VA DEQ, NRO
Sarah Baker, VA DEQ, NRO
John Ely, VA DEQ, Central Regional Office
Stewart Phipps, Water Compliance Manager, VA DEQ, SWRO
Ralph T. Hilt, Enforcement/Compliance Manager, Sr., VA DEQ, SWRO
Bobby Doss, Coordinator-Inspections, VA DEQ, SWRO
Ruby Scott, Compliance Auditor, VA DEQ, SWRO

**III. STATUS OF OUTSTANDING RECOMMENDATIONS FROM
PREVIOUS REVIEWS**

There are no outstanding recommendations from the first round SRF completed in Virginia.

IV. FINDINGS

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

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

Clean Air Act Program Findings from the Virginia 2010 SRF Review

[CAA] Element 1 – Data Completeness		
Degree to which the Minimum Data Requirements are complete.		
Element + Finding Number	Finding	All date metrics under element 1 were found to be at the national goal and well above the national average.
1.1	Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	<p>There were 14 more operating majors (1a1) than Title V majors (1a2). All of the 14 operating majors without a Title V program in 2009 were verified to be accurate (e.g., Title V permit submitted but not issued). VADEQ developed an Enforcement Document Transmittal Memorandum to be used in transmitting potential HPVs to VADEQ’s Central Office. All of the information required to be included in the HPV pathway (e.g., discovery date, HPV Criteria, violating program, violating pollutant, Day Zero etc.) is included in this transmittal memorandum. The Central Office reviews the memorandum for completeness and forwards a copy along with the NOV to EPA’s Regional State Liaison Officer. Once the new HPV pathway is in AFS, the EPA Regional State Liaison Officer reviews the pathway for accuracy and completeness. Finally, CEDS does not allow the addition of an air program (i.e, MACT, NESHAP and/or NSPS) without specifying a subpart. Through the use of these tools, EPA expects VADEQ to continue to maintain a high level performance in this area.</p>
	Metric(s) and Quantitative Value	<p>1a1 (AFS Operating Majors (Current)): 269 1a2 (AFS Operating Majors with Air Program Code = V (Title V) (Current)): 255 1c4 (CAA Subprogram Designation: % New Source Performance Standards (NSPS) facilities with FCEs conducted after 10/1/05): National Goal – 100%; National Average – 83.8%; VADEQ – 100% 1c5 (CAA Subprogram Designation: % National Emission Standards for Hazardous Air Pollutants (NESHAP) facilities with FCEs conducted after 10/1/05): National Goal – 100%; National Average – 42.2%; VADEQ – 100% 1c6 (CAA Subprogram Designation: % Maximum Achievable Control Technology (MACT) facilities with FCEs conducted after 10/1/05): National Goal – 100%; National Average – 92.8%; VADEQ – 100% 1h1 (HPV Day Zero (DZ) Pathway date: % DZs with discovery action/date) National Goal – 100%; National Average – 49.5%; VADEQ – 100% 1h2 (HPV Day Zero (DZ) Pathway date: % DZs with violating pollutant) National Goal – 100%; National Average – 75.0%; VADEQ – 100% 1h3 (HPV Day Zero (DZ) Pathway date: % DZs with HPV Violation Type Code(s)) National Goal – 100%; National Average – 78.5%; VADEQ – 100%</p>

	Action(s)	None
	State's Response	

[CAA] Element 2 – Data Accuracy

Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).

Element + Finding Number	Finding	The majority of the data reviewed by the EPA review team was found to be accurately entered and maintained in AFS.
2.1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	Except for some minor inconsistencies between two of the files and AFS, the data found to be accurately reflected in AFS. In addition, VADEQ was found to be above the national average and at or near the national goal for all data metrics under this element.
	Metric(s) and Quantitative Value	2c (MDR data accurately reflected in the national data system (AFS)): 95% 2b1 (Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY): National Goal – 0% ; National Average – 1.5%; VADEQ Result - 0%;
	Action(s)	None
	State’s Response	

[CAA] Element 3 – Timeliness of Data Entry

Degree to which the Minimum Data Requirements are timely.

Element + Finding Number	Finding	VADEQ is at the national goal and/or well above the national average in entering MDR data into AFS in a timely manner
3.1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	For Compliance and Enforcement MDRs, VADEQ inputs > 90% of the data in a timely manner. . Note that while VADEQ is more than double the national average in entering HPVs into AFS in a timely manner, they are short of the national goal of 100%. This metric improved in the 2 years following this SRF and EPA Region 3 continues to work with VADEQ to improve the timeliness in which HPVs are getting entered into AFS.
	Metric(s) and Quantitative Value	3a (Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY)) National Goal - 100%; National Average – 32.0%; VADEQ Result – 64.3%; 3b1 (Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1FY): National Goal - 100%; National Average – 52.6%; VADEQ Result – 95.3%; 3b2 (Percent Enforcement related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)): National Goal - 100%; National Average – 67.3%; VADEQ Result – 91.6%
	Action(s)	None
	State's Response	

[CAA] Element 4 - Completion of Commitments.		
Degree to which all enforcement/compliance commitments in relevant agreements (i.e., Performance Partnership Agreements (PPAs), Performance Partnership Grants (PPGs), categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.		
Element + Finding Number	Finding	
		All commitments in the Oct. 2005 Memorandum of Understanding (MOU) were completed by VADEQ in the review year (i.e., FY2009).
4.1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	VADEQ completed all of their commitments in its FY2009 CMS plan and all commitments specified in the Oct. 2005 MOU.
	Metric(s) and Quantitative Value	4a Planned evaluations (full compliance evaluations (FCEs), partial compliance evaluations (PCEs), investigations) completed for the review year pursuant to a negotiated CMS plan): 100% 4b (Planned commitments completed): 100%
	Action(s)	None
	State's Response	

[CAA] Element 5 – Inspection Coverage		
Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and State priorities).		
Element + Finding Number	Finding	VADEQ met or exceeded all planned inspections/compliance evaluations.
5.1	Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	VADEQ met or exceeded all national goals and/or was above the national average for all data metrics within this element.. VADEQ’s existing Risked Based Inspection Strategy (RBIS) enabled VADEQ to target additional SM-80 sources for inspections based on their potential risk to the environment while still meeting their goal for CMS Major FCE coverage. The potential risk is determined on a risk-based protocol included in RBIS. In addition, every inspector’s work description/performance plan includes a core responsibility to inspect 100% of the on-site inspections by September 15. Finally, VADEQ’s ASOP -6 (Title V Report/Certification Evaluations) dated 3/1/02 gives detailed guidance on how to conduct a timely Review of a facility’s Title V Annual Certification. Through the use of these tools and additional Data Quality assurance activities, EPA expects VADEQ to continue to maintain a high level performance in this area.
	Metric(s) and Quantitative Value	5a1 (CMS Major FCE Coverage (2 FY CMS Cycle)): National Goal - 100%; National Average – 87.5%; VADEQ Result – 100% 5b1 (CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)): National Goal - 60%; National Average – 83.0%; VADEQ Result – 99.6% 5e (Number of Sources with Unknown Compliance Status (Current)): National Goal - NA; National Average – NA; VADEQ Result – 3 5g (Review of Self-Certifications Completed (1 FY)): National Goal - 100%; National Average – 93.9%; VADEQ Result – 100%
	Action(s)	None
	State’s Response	

[CAA] Element 6 – Quality of Inspection or Compliance Evaluation Reports		
Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.		
Element + Finding Number	Finding	
6.1		35 of 37 CMRs reviewed included all elements required under § IX of the CMS.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	<p>In the Northern Region, the majority of the CMRs contained language such as "the source appears to be in compliance" instead of more definitive language such as "the source is either in or out of compliance".</p> <p>In general, the CMRs were well written. All but two of the 37 compliance monitoring reports (CMRs) reviewed included all of the required elements under § IX of the CMS. One of the CMRs did not mention an active HPV at the time of the FCE in the compliance and enforcement history section. Another CMR did not reference the emission units in a single section, thus making it unclear if all of the emission units were included in the FCE.</p>
	Metric(s) and Quantitative Value	6a (Number of files reviewed with FCEs): 37 6c (% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility): 95%
	Action(s)	Guidance and/or policy should be provided throughout the Commonwealth to ensure consistency in how staff prepare CMRs in order that accurate and definitive compliance status is found within the CMR as well as in the transmittal letter to the source.
State's Response	VADEQ has developed templates to ensure all elements are included in FCE reports, and will continue to work to ensure references to compliance history (including current HPV status) and emissions units are addressed in the reports. VADEQ's current system used to document FCE reports requires staff to select an overall inspection result ("In Compliance" or "Out of Compliance") for the report consistent with the determinations made for each applicable requirement addressed within the report, which is clearly and succinctly presented in the header of the inspection report. Regarding the qualifying language in some reports, VADEQ regional staff have been historically sensitive when documenting observations and initial compliance determinations to avoid making formal case decisions, which are generally reserved to the more formal enforcement process. VADEQ will continue to work to avoid the potential for perceived ambiguity when documenting compliance and enforcement activities.	

[CAA] Element 6 – Quality of Inspection or Compliance Evaluation Reports		
Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.		
Element + Finding Number	Finding	All FCEs reviewed had documentation in the files to show that they contained all of the elements of the FCE, per the CMS.
6.2	Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	<p>All 37 FCEs reviewed contained sufficient information in the CMR and/or the file to make a compliance determination. In addition all of the FCEs were completed in a timely manner. VADEQ's Field Operations for Air Inspectors provide guidance for preparing, and conducting an FCE. CEDS generates an inspection report template for a given facility to assure FCE accuracy and completeness. The template includes but is not limited to a complete list of applicable requirements, permit conditions, and regulated sources. The inspector is required to document his or her observations and indicate the compliance status for each applicable requirement. In addition, a March 14, 2008 memorandum to Regional Air Compliance Managers from the Director of the Office of Air Compliance Coordination provides guidance for the completion and documentation of FCEs required by EPA's CMS. Finally, a September 2, 2002 timeliness memo establishes data entry timelines to ensure that FCEs are completed in a timely manner. Through the use of these tools, EPA expects VADEQ to continue to maintain a high level performance in this area.</p>
	Metric(s) and Quantitative Value	6a (# of files reviewed with FCEs): 37 6b (% of FCEs that meet the definition of an FCE per the CMS policy): 100% 6c (% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility): 95%
	Action(s)	None
	State's Response	

[CAA] Element 7 - Identification of Alleged Violations.		
Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g., facility-reported information).		
Element + Finding Number	Finding	The majority of VADEQ's compliance determinations are accurate and promptly reported in AFS.
7.1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	All of the violations were timely reported in AFS. In all but one case, the compliance determination in AFS vs. the file/FCE matched. In the one case, the result of an FCE indicated a violation but the facility's compliance status was not changed to "in violation" to reflect the result of the FCE. In addition, VADEQ exceeded the national goals for the date metrics that are used as review indicators (i.e., 7c1 and 7c2).
	Metric(s) and Quantitative Value	7a (Accuracy of compliance determinations): 97% 7b (Timely reporting of violations of non-HPVs): 100% 7c1 (Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)): National Goal - > ½ Nat'l average ; National Average – 21.9%; VADEQ Result – 17.9% 7c2 (Percent facilities that have had a failed stack test and have noncompliance status (1 FY)): National Goal - > ½ Nat'l average; National Average – 45.4%; VADEQ Result – 66.7%
	Action(s)	None
	State's Response	

[CAA] Element 8 - Identification of SNC and HPV		
Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.		
Element + Finding Number	Finding	
		VADEQ does a thorough job in making HPV determinations and reporting HPVs to AFS in a timely manner.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	The PDA (i.e., Metric 8b) had indicated a potential problem in identifying HPVs and applying the HPV Policy to violations discovered by VADEQ at SM sources. Supplemental files were reviewed that enabled the Review Team to conclude that all violations reviewed at SM sources were appropriately classified. Because all of the violations at SM sources reviewed had the correct HPV determinations (subset of Metric 8f), EPA Region 3 confirmed that VADEQ does not have a problem in identifying HPVs and applying the HPV Policy to violations discovered by VADEQ at SM sources.
8.1	Metric(s) and Quantitative Value	<p>3a (Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY)): National Goal - 100%; National Average – 32.0%; VADEQ Result – 64.3%;</p> <p>8a (High Priority Violation Discovery Rate - Per Major Source (1 FY)): National Goal - > ½ Nat'l average; National Average – 7.8%; VADEQ Result – 4.5%</p> <p>8b (High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)): National Goal - > ½ Nat'l average; National Average – 0.6%; VADEQ Result – 0.1%</p> <p>8c (Percent Formal Actions With Prior HPV - Majors (1 FY)): National Goal - > ½ Nat'l average; National Average – 74.6%; VADEQ Result – 84.6%</p> <p>8d (Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)): National Goal - < ½ Nat'l average; National Average – 45.7%; VADEQ Result – 25.0%</p> <p>8e (Percent Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)): National Goal - > ½ Nat'l average; National Average – 42.8%; VADEQ Result – 7.7%</p> <p>8f (% of violations in files reviewed that were accurately determined to be HPV or non-HPV): 95%</p>

	Action(s)	None
	State's Response	

[CAA] Element 9 - Enforcement Actions Promote Return to Compliance

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

Element + Finding Number	Finding	VADEQ includes corrective actions in formal enforcement responses where appropriate.
9.1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	All formal responses reviewed contained the documentation that required the facilities to return to compliance.
	Metric(s) and Quantitative Value	9a (# of formal enforcement responses reviewed): 8 9b (Formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame (HPVs and non HPVs)): 100%
	Action(s)	None
	State's Response	

[CAA] Element 10 – Timely and Appropriate Action

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

Element + Finding Number	Finding	VADEQ takes appropriate timely and appropriate enforcement actions in accordance with the HPV policy.
10.1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	All HPV related enforcement actions reviewed indicated that VADEQ takes timely and appropriate enforcement actions for HPVs. VADEQ is better than the national average in addressing HPVs in a timely manner as per the T & A policy.
	Metric(s) and Quantitative Value	10a (Percent HPVs not meeting timeliness goals (2 FY)): National Goal - None; National Average – 34.8%; VADEQ Result – 30.3% 10b (Enforcement responses at HPVs (formal & informal) taken in a timely manner as documented in the enforcement files reviewed): 100% 10c (Enforcement responses for HPVs that are appropriate to the violations): 100%
	Action(s)	None
	State's Response	

[CAA] Element 11 - Penalty Calculation Method		
Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.		
Element + Finding Number	Finding	VADEQ includes both gravity and economic benefit calculations in initial penalty calculations.
11.1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	All of the files included calculations for both gravity and economic benefit.
	Metric(s) and Quantitative Value	11a (% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit): 100%
	Action(s)	None
	State's Response	

[CAA] Element 12 - Final Penalty Assessment and Collection		
Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.		
Element + Finding Number	Finding	VADEQ's files contain adequate documentation for the rationale between the initial and final assessed penalties and the collection of penalties.
12.1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	All files reviewed contained adequate documentation for the rationale between the initial and final assessed penalties. In addition, all of the files reviewed contained sufficient information documenting the collection of penalties.
	Metric(s) and Quantitative Value	12c (% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty): 100% 12d (% of files that document collection of penalty): 100%
	Action(s)	None
	State's Response	

RCRA Findings

[RCRA] Element 1 – Data Completeness		
Degree to which the Minimum Data Requirements are complete.		
Element + Finding Number	Finding 1.1	The State met this element. We found the minimum data requirements to be complete.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	Data entry appears complete.
	Metric(s) and Quantitative Value	1e1 (number of new SNCs detected in last FY) State metric 10 1e2 (number of sites in SNC status in last FY) State metric 25
	Action(s)	
	State's Response	

[RCRA] Element 2 – Data Accuracy		
Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).		
Element + Finding Number	Finding 2.1	Some minor concerns were identified with accuracy of data entry.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	Data discrepancies are mostly minor in nature: - In one instance, the date of inspection was off by one day in RCRAInfo - In one instance, one verbal informal enforcement action was not entered into RCRAInfo - In one instance, a two day inspection was entered into RCRAInfo with the date of inspection being the second day; it should have been the first - In one instance, the facility was listed as a CESQG in RCRAInfo, but the facility is actually a SQG (small quantity generator)
	Metric(s) and Quantitative Value	2c (percent of files reviewed where mandatory data are accurately reflected in the national data system) State metric 91%
	Action(s)	
	State's Response	Overall, RCRAInfo accurately reflects the hazardous waste compliance activities conducted by VADEQ. Since the audit was completed, VADEQ has revised the data collection form at the beginning of each federal fiscal year to capture the compliance activity information for improving RCRAInfo data quality and to accurately track program performance and grant commitments. Compliance staff will be reminded of the requirements identified in this element during periodic training. Regarding the last item, DEQ staff inspected the self-identified CESQG facility and determined that it was an SQG. The status was changed in RCRAInfo as a result of the inspection. This accords with standard procedures, and there is nothing to correct.

[RCRA] Element 3 - Timeliness of Data Entry		
Degree to which the Minimum Data Requirements are timely.		
Element + Finding Number	Finding	Some minor concerns were identified associated with timely entry of SNC designations.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	<p>All outliers were complex cases in which it took time to accurately determine status. The issue seems related more to the time it took to make SNC determinations rather than problems with timeliness of data entry. For example:</p> <ul style="list-style-type: none"> - In one instance, the SNC arose from violations ultimately discovered as a result of an investigation of a fish kill; it took some time to determine the nature and origin of the release which had caused the fish kill. - In one instance, the SNC arose from joint investigation with the City Fire Marshall regarding a large number of containers accumulated on-site. It was unclear if the containers contained product or waste, if the waste was hazardous waste (there were problems with analysis), and who was the owner of the waste. - In one instance, the SNC arose from a multi-media inspection performed in concert with the City Fire Marshall regarding used oil and other materials stored on-site. It was unclear if the containers contained materials which still could be used/reused, what the facility's generator status was (and thus, what generator standards it was subject to), who the responsible party was, and the respondent's financial ability to perform injunctive relief and pay a penalty.
	Metric(s) and Quantitative Value	3a (percent of SNCs entered into RCRAInfo more than 60 days after the determination) State metric 53.8%
	State's Response	<p>Since the audit was completed, VADEQ has revised the data collection form at the beginning of each federal fiscal year to capture the compliance activity information for improving RCRAInfo data quality and to accurately track program performance and grant commitments. Compliance staff will be reminded of the requirements identified in this element during periodic training. The cases were complex, and the SNC determinations were timely based on the circumstances of the cases.</p>
	Recommendation	

[RCRA] Element 4 - Completion of Commitments.

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

Element + Finding Number	Finding	The State met this element. Inspection commitments were met or exceeded, in spite of staff vacancies.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	<p>All enforcement/compliance commitments were completed, in spite of staff vacancies.</p> <p>Metric 4a:</p> <ul style="list-style-type: none"> - Federal TSD inspections: 5 completed (commitment of 5) - State and local TSD inspections: 0 completed (commitment of 0) - Private TSD inspections: 5 completed (commitment of 3) - LDF inspections: 12 completed (commitment of 8) - LQG inspections: 70 completed (commitment of 50) - SQG inspections: 284 (commitment of 220) - Financial Assurance Evaluations: 32 completed (commitment of 32) - BIF inspections: 1 completed (commitment of 1) - Incinerator inspections: 2 completed (commitment of 2) - Transporter inspections: 15 completed (commitment of 10) - Compliance Assistance Visits: 52 completed (commitment of 30) <p>Metric 4b:</p> <ul style="list-style-type: none"> - The grantee agrees that all enforcement actions will be taken in accordance with the “timely and appropriate” criteria established in EPA’s December 2003 “Enforcement Response Policy (ERP).” - Encourage the regulated community to voluntarily discover, disclose, and correct violations before they are identified by regulatory agencies for inspection or enforcement response. - Provide compliance assistance activities directed at newly regulated handlers, handlers subject to new regulations, small businesses in priority industrial sectors, and other small businesses with compliance problems.
	Metric(s) and Quantitative Value	4a (planned inspections completed) 4b (planned commitments completed)
	Action(s)	
	State’s Response	At a time of diminishing resources, VADEQ has significantly exceeded its commitments in five of the eleven categories for Metric 4a. EPA has identified no deficiencies with respect to either Metric 4a or 4b. VADEQ’s implementation of this element qualifies as a “Good Practice” and should be so evaluated.

[RCRA] Element 5 – Inspection Coverage		
Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and State priorities).		
Element + Finding Number	Finding	The State effectively met all the core requirements for inspections and compliance evaluations, working together with EPA to deploy their combined resources.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	<p>5a - Appears acceptable. TSDs were inspected annually in accordance to negotiated agreements of the grant work plan. Three “missing” facilities <i>were</i> inspected during the two year period, but were not recognized by data pull as “valid” inspections, specifically:</p> <ul style="list-style-type: none"> - One facility’s inspection was listed in RCRAInfo as FCI because it focused on the TSD requirements (but not generator requirements) of this TSD which is also a generator. This meets the requirement for TSD inspection once every two years. - Two facilities’ inspections were listed in RCRAInfo as FCI by the State because they were accompanying EPA-lead inspections. EPA performed inspections and entered the CEI data into RCRAInfo; this meets the requirements for TSD inspection once every two years. <p>5b - Appears acceptable</p> <p>5c - Very minor concern. The adjusted State coverage rate is 98.4% (240/244), combined State/EPA rate is 99.2% (242/244). EPA and the State have agreed that, in an effort to get the maximum use of our combined resources, a work share approach can be used to accomplishing the goals of the compliance monitoring program. The State considers EPA’s inspection plans in developing their inspection targets, so as to make the best use possible of our limited resources.</p>
	Metric(s) and Quantitative Value	5a (inspection coverage for operating TSDFs for two years) State metric 78.6% 5b (inspection coverage for LQGs for one year) State metric 24.4% 5c (inspection coverage for LQGs for five years) State metric 89.0%
	Action(s)	
	State’s Response	

[RCRA] Element 6 – Quality of Inspection or Compliance Evaluation Reports		
Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.		
Element + Finding Number	Finding	The State performs high quality inspections, and completes inspection reports in a timely manner (in consideration of case complexity and resources available).
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	<p>The State does not shy away from investing their resources into complex matters, nor do they let resource considerations adversely impact the number or quality of inspections performed. 10 of 58 inspection reports reviewed did not meet the 50 day standard for timeliness, due to complexity with the investigation or due to the fact that one State Regional Office was short staffed during FY09.</p> <p>Metric 6b: - Inspection reports contain a narrative that has been incorporated into a very detailed and comprehensive checklist. Inspection reports include process flow diagrams, description of the process(es), and identification of <u>all</u> waste streams. - Nearly a quarter of the inspection reports (24%) also contained additional documentation, such as photos, manifest or shipping documents, MSDS Sheets, site maps, waste inventory, Fire Marshall's report, and/or monitoring logs. - Two inspection reports were narrative only - these were follow up site visits to verify current conditions on-site.</p> <p>Metric 6c: - Of 58 inspections reports reviewed, 10 did not meet the 50 day standard for timeliness. Four of these reports were delayed due to complexity with the investigation (fish kill) or coordination with the Fire Marshalls office. In six instances the delay was due to the fact that one State Regional Office was short staffed during FY09; they chose to perform the same number of inspections which they would have, had they been fully staffed, but had to allow (due to their limited resources) for some delays in report preparation. - Of the FY09 inspection reports reviewed, the average number of days to complete an inspection report was 37; median time to complete inspection reports was 24 days.</p>
	Metric(s) and Quantitative Value	6b (inspection reports that are complete and provide sufficient documentation to determine compliance at the facility) State metric 100% 6c (inspection reports completed with determined time frame) State metric 83%
	State's Response	
	Recommendation	

[RCRA] Element 7 - Identification of Alleged Violations.

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

Element + Finding Number	Finding	Accurate compliance determinations were made in all cases. "Late" SV determinations were a result of delays in inspection report preparation.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	Accurate compliance determinations were made in all cases. "Late" SV determinations were a result of delays in inspection report preparation.
	Metric(s) and Quantitative Value	7a (inspection reports reviewed that led to accurate compliance determinations) State metric 100% 7b (violation determinations that are reported timely to the national database) State metric 96%
	State's Response	
	Recommendation	

[RCRA] Element 8 - Identification of SNC and HPV

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

Element + Finding Number	Finding	The State met this element.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	Virginia's SNC rate exceeds the national average (of 3.1%). The reviewers did not find any instances where we disagreed with the State's SNC/SV determination.
	Metric(s) and Quantitative Value	8a (SNC identification rate) State metric 3.4% 8d (violations that were accurately determined to be SNC) State metric 100%
	Action(s)	
	State's Response	

[RCRA] Element 9 - Enforcement Actions Promote Return to Compliance		
Degree to which state enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.		
Element + Finding Number	Finding	The State's enforcement process reliably addresses all violations with injunctive relief requirements as needed.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	<p>Enforcement actions required injunctive relief for every violation not documented as returned to compliance in advance of the issuance of the action.</p> <p>Metric 9b (10 SNCs identified):</p> <ul style="list-style-type: none"> - In 5 instances, facilities returned to compliance prior to issuance of the formal enforcement action, thus no injunctive relief was necessary - In 2 instances, the formal enforcement action contained injunctive relief requirements - In 1 instance, formal enforcement action is pending, and proposed action includes injunctive relief requirements - In 2 instances, the facilities returned to compliance, after which time the State elected to not follow up with a formal enforcement action, thus no injunctive relief was necessary <p>Metric 9c (46 SVs identified):</p> <ul style="list-style-type: none"> - In 28 instances, the State issued Warning Letters which required a response to document each facility's return to compliance. In all but one of these 28 cases, documentation was in the file demonstrating return to compliance. In one instance, the facility did not respond in writing to the Warning Letter; the State followed up with a re-inspection to verify return to compliance. - In 18 instances, the facility demonstrated return to compliance prior to the State's enforcement follow up.
	Metric(s) and Quantitative Value	9b (enforcement responses that have returned or will return a SNC facility to compliance) State metric 100% 9c (enforcement responses that have returned or will return a SV facility to compliance) State metric 100%
	Action(s)	
	State's Response	

[RCRA] Element 10 – Timely and Appropriate Action

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

Element + Finding Number	Finding	The State has met the guidelines for timeliness and appropriateness of enforcement actions as identified in the Hazardous Waste Civil Enforcement Response Policy.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	<p>Metric 10c: 46 of 51 enforcement actions were taken in a timely fashion. In four instances, the State exceeded the 360 day response time guideline to enter into a final order with the violator as set forth in the Hazardous Waste Civil Enforcement Response Policy. In one instance, the final order is pending, and 360 days has passed. The Policy recognizes that there are circumstances which may result in an exceedance of the standard response times, and a ceiling of 20% per year has been established for consideration of cases involving unique factors that may preclude the State from meeting the standard response times.</p> <p>Metric 10d: All 43 SVs were addressed with appropriate enforcement action, either verbal informal or Warning Letter. All 10 SNCs were appropriately addressed (7 were addressed with a Consent Order; 1 will be addressed with a Consent Order; negotiations underway, final action pending; 1 returned to compliance, company “terminated”; no further action required; 1 returned to compliance, company had no ability to pay penalty; no further action)</p> <p>Metric 10a: Preliminary data review suggests that Virginia has not met the national goal, and is below the national average for this metric. Further examination reveals that one enforcement action not counted (on the data pull) should have been counted, as it involved two facilities that were handled under one formal enforcement action. Another SNC has not reached the 360 day mark. Taking these facts into account, the adjusted rate for Virginia should be 50%, which is above the national average. Issues related to timeliness of formal enforcement action are addressed under metric 10c.</p>
	Metric(s) and Quantitative Value	10c (enforcement responses that are taken in a timely manner) State metric 90% 10d (enforcement responses that are appropriate to the violations) State metric 100%
	State’s Response	
	Recommendation	

[RCRA] Element 11 - Penalty Calculation Method		
Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.		
Element + Finding Number	Finding	The State met this element.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	Of the seven instances where a penalty was assessed, each file contained penalty calculations which consider both gravity and economic benefit, as does the file where settlement is pending.
	Metric(s) and Quantitative Value	11a (penalty calculations that consider and include gravity and economic benefit) State metric 100%
	Action(s)	
	State's Response	

[RCRA] Element 12 - Final Penalty Assessment and Collection

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

Element + Finding Number	Finding	The State met this element.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Explanation of the Finding	Each file documented the difference between the initial and final penalty. Each file documented payment of the penalty, where a non-zero dollar penalty was required. Metric 12a: Of the seven instances where a penalty was assessed, each file documented the difference between the initial and final penalty. Metric 12b: Of the six instances where (non-zero dollar) penalties were required, all files documented payment of the penalty. In the seventh instance where a penalty was “assessed”, that assessment was zero, based on financial ability to pay.
	Metric(s) and Quantitative Value	12a (formal enforcement responses that document the difference and rationale between the initial and final assessed penalty) State metric 100% 12b (enforcement files that document collection of penalty) State metric 100%
	Action(s)	
	State’s Response	

Clean Water Act Findings:

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.																										
1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required																								
	Finding	The minimum data requirements are entered into the national database.																								
	Explanation	<p>The Non-major individual permit data is stored in DEQ’s state database, CEDs, and is not uploaded to or otherwise contained in PCS.</p> <p>Metric 1b1 and 1b3 did not meet the national goal of 95%.</p> <p>This is believed to be a data entry issue that occurs when permits are being reissued and previously permitted outfalls, no longer required, are not archived or reserved impacting the DMRS in the data system.</p>																								
	Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th>DEQ Metric</th> <th>National Goal</th> </tr> </thead> <tbody> <tr> <td>1a1-157</td> <td>NA</td> </tr> <tr> <td>1a2-0</td> <td>NA</td> </tr> <tr> <td>1a3-938</td> <td>NA</td> </tr> <tr> <td>1a4-3,915 (in state system, CEDS)</td> <td>NA</td> </tr> <tr> <td>1b1- 88% limits present in nat’l database for ind. major permittees</td> <td>95%</td> </tr> <tr> <td>1b2- 1,201; 100% outfalls entered for individual major permittees</td> <td>95%</td> </tr> <tr> <td>1b3- 86% of NPDES majors with DMRs present in nat’l database</td> <td>95%</td> </tr> <tr> <td>1b4-0% manual override rate</td> <td></td> </tr> <tr> <td>1c1-0% non-major individual permit in CEDs (not required in PCS, per PPG)</td> <td></td> </tr> <tr> <td>1c2-is an error in linking VA permittees. This data is in CEDS</td> <td></td> </tr> <tr> <td>1d-DMRs for non-majors are not available in PCS to provide for evaluation of the metric. In error, the link in OTIS reports 17 of 21 non-major facilities with NC-SNC compliance schedule violations.</td> <td></td> </tr> </tbody> </table>	DEQ Metric	National Goal	1a1-157	NA	1a2-0	NA	1a3-938	NA	1a4-3,915 (in state system, CEDS)	NA	1b1- 88% limits present in nat’l database for ind. major permittees	95%	1b2- 1,201; 100% outfalls entered for individual major permittees	95%	1b3- 86% of NPDES majors with DMRs present in nat’l database	95%	1b4-0% manual override rate		1c1-0% non-major individual permit in CEDs (not required in PCS, per PPG)		1c2-is an error in linking VA permittees. This data is in CEDS		1d-DMRs for non-majors are not available in PCS to provide for evaluation of the metric. In error, the link in OTIS reports 17 of 21 non-major facilities with NC-SNC compliance schedule violations.	
DEQ Metric	National Goal																									
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	State Response	<p>EPA’s Explanation and DEQ Metrics are not accurate. VADEQ has responded to EPA’s analysis in its PDA Response (August 27, 2010), in subsequent written comments on the draft SRF Report, and in a telephone conference with EPA. This element should be rated as a “Good Practice.”</p> <p>In FY09, VADEQ had authority over 145 major permittees, not 156. In FY09, a different agency had responsibility for 11 MS4 major permittees, in accordance with EPA’s December 30, 2004 authorization and as recognized in the Executive Summary and elsewhere in this SRF report. In FY09, DEQ was neither authorized nor able to enter data for the 11 MS4 permits into PCS. This correction alone raises metric 1b1 to 95.2% (138/145) and metric 1b3 to 93.8% (136/145) (both above the stated national averages).</p>																								

		<p>In addition, discharge limits (metric 1b1) for the remainder of the 145 DEQ-managed major permits were correctly coded, entered into CEDS, and transmitted to PCS. When DEQ sought to confirm EPA’s PDA in August 2010, only six (not seven) remaining DEQ major facilities (145) were listed as not having correctly coded discharge limits. The discharge limits for each of the six facilities were correct, however, as follows:</p> <p>1 and 2. VA0020991 and VA0090263 were both newly reissued. Discharge limits for both the old and the new permits were kept in PCS for compliance tracking purposes. The old limits are necessary to produce the EPA-required Quarterly Non-Compliance Report (QNCR). Old limits are removed once the QNCR has been completed. The need to maintain the old limits in PCS is unique to Virginia and is caused by having different outfall designators when reissuance occurs. The old limits are also necessary to maintain the DMR entry rate.</p> <p>3. VA0087068 had no discharge during dry weather conditions, so no discharge limits were setup in CEDS or tracked in PCS.</p> <p>4, 5 and 6. VA0090671, VA0091707, and VA0092274 had either not been built or their pipes were deactivated in PCS. No discharge limits or DMR submittals were needed.</p> <p>The query logic used for metric 1b1 does not replicate the entirety of limits and tracking requirements. Questions about the discharge limits for these six facilities should have been resolved in a discussion of VADEQ’s PDA Response in 2010.</p> <p>With respect to metric 1b3, in addition to the 11 MS4 permits, the last four permits above are not expected to have DMRs (140/145=96.6%). VADEQ responded concerning all facilities it could identify in its PDA Response in August 2010. Any remaining issues regarding metric 1b3 should have been resolved in PDA discussions at that time. In 2014, VADEQ cannot identify the remaining facilities. So far VADEQ can ascertain, all VADEQ-managed major facilities (100%) had appropriate DMR entry.</p> <p>All VADEQ major facility permit discharge limits (100%) were correctly coded (metric 1b1). VADEQ rated 100% on metric 1b2. All ascertainable VADEQ major facilities (100%) had appropriate DMR entry (metric 1b3). These metrics well exceed national goals and stated national averages (metric 1b1 by 35 points). This element should be rated is a “Good Practice.”</p> <p>Data for the Commonwealth as a whole should be presented separately from any individually authorized Virginia agency.</p>
	<p>Recommendation(s)</p>	

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

2-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required						
	Finding	A comparison of the files selected for review indicated only minor gaps in NPDES compliance and enforcement reporting for permits issued and managed by VADEQ as the lead permitting and enforcement Agency.						
	Explanation	In FY2009 the Commonwealth issued three formal enforcement actions at majors. All 3 enforcement actions are linked to violations in PCS. This exceeds the national goal of 80% statewide. DEQs SNC rate is 1.9% well below the National Average of 22.9%.						
	Metric(s) and Quantitative Value(s)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DEQ Metric</th> <th style="text-align: right;">National Goal</th> </tr> </thead> <tbody> <tr> <td>2a- 3/3; 100% percent of major actions linked to violations</td> <td style="text-align: right;">80%</td> </tr> <tr> <td>2b- 23/30;77% percent of files reviewed where data is accurately reflected in the data system.</td> <td style="text-align: right;">N/A</td> </tr> </tbody> </table>	DEQ Metric	National Goal	2a- 3/3; 100% percent of major actions linked to violations	80%	2b- 23/30;77% percent of files reviewed where data is accurately reflected in the data system.	N/A
DEQ Metric	National Goal							
2a- 3/3; 100% percent of major actions linked to violations	80%							
2b- 23/30;77% percent of files reviewed where data is accurately reflected in the data system.	N/A							
	State Response	<p>EPA’s percentages for DEQ Metric 2b are not accurate. VADEQ has responded to EPA’s analysis in its PDA Response (August 27, 2010), in subsequent written comments on the draft SRF Report, and in a telephone conference with EPA. VADEQ is not required under its PPG or Water Enforcement National Database (WENDB) requirements to upload data on general permits to PCS. This element should be rated as at least “Meets SRF Program Requirements.”</p> <p>Regarding metric 2b, in Appendix G of the draft SRF Report, EPA states:</p> <p style="padding-left: 40px;">23/30 files reviewed had accurate data in the national database (PCS). This is due to one inspection report that could not be located; one that was not performed; 4 general permits whose data is not in the national database, but tracked in the state database, CEDS; and a CEI record that was in the database but is nonexistent.</p> <p>Again, VADEQ is not required under its PPG or WENDB requirements to upload data on general permits to PCS. The data for these four facilities was properly in the state database, CEDS, raising the percentage for Metric 2b to at least 90% correct (27/30).</p> <p>After DEQ received the draft SRF Report in November 2013, EPA identified the “inspection report that could not be located” as VA0025143. VADEQ conducted a reconnaissance inspection of this facility on 02/02/2009, but cannot locate a copy of the report. EPA also identified the “inspection not performed” as VAG750167 (a general permit). VADEQ conducted a reconnaissance inspection of this facility on 11/10/2008, and a pdf of the report has been sent to EPA. Finally, EPA identified the “CEI record that was</p>						

	<p>in the database but is nonexistent” as VA0091464. Technical and Stormwater inspections of this facility were conducted on 12/10/2008, and a pdf of the reports has been sent to EPA. In sum, there is one inspection report that cannot be located, although the data is in the state database system. No other issues were noted. This raises the “percent of files reviewed where data is accurately reflected in the national data system” (metric 2b) to at least 96.7% (29/30). The written report has no impact on the accuracy of data in the national database.</p> <p>The Finding and Explanation compliment VADEQ’s work on Element 2, noting only “minor gaps.” The percent of major actions linked to violations is 100% (metric 2a). The SNC rate is well below the National Average. The percentage of files accurately in the national database is at least 96.7%.</p> <p>The facts do not support an evaluation of an “Area of State Improvement.” The draft recommendation is unrelated the issues identified, and VADEQ does not concur in the recommendation, especially to the extent it may call for entry of general permit data in the national database. This element should be rated as at least “Meets SRF Program Requirements.”</p>
<p>Recommendation(s)</p>	<p>Within 90 days from the date that the SRF report is final DEQ shall develop an SOP for data entry and verification to address data metrics for those permittees where there are discrepancies with permit limits, DMR entry and non-major permits. The SOPs should be submitted to EPA for review and comment before it is finalized. An SOP should be used moving forward and can be critical for future migration into ICIS. EPA, Region 3 will monitor data accuracy through annual data analysis. This recommendation will be closed once DEQ demonstrates accurate data entry.</p>

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

3-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required				
	Finding	Overall, the review team did not identify major discrepancies when comparing the PDA to the frozen data set. There were no overarching concerns regarding timeliness of data.				
	Explanation	<p>The initial data metrics pull indicated that 84.7% of majors have correctly coded limits. While performing a comparison of the initial data metrics with the frozen data set, it was observed that this percentage increased to 88.5%. The National Average is 88.8%. Improvement is noted.</p> <p>The VA major individual permits with DMR entry rates based upon DMRs expected is at 86%. The National Average is 93.3%, a change of 6.7%. This will be monitored to ensure that the percentage does not increase.</p> <p>During this time when administrative penalty data was reviewed from the initial PDA, an increase by \$30,620 was noted. This was later confirmed with VADEQ.</p>				
	Metric(s) and Quantitative Value(s)	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">VADEQ Metric</td> <td style="width: 30%;">National Goal</td> </tr> <tr> <td>3a-88.5% Comparison of Data Sets</td> <td>N/A</td> </tr> </table>	VADEQ Metric	National Goal	3a-88.5% Comparison of Data Sets	N/A
VADEQ Metric	National Goal					
3a-88.5% Comparison of Data Sets	N/A					
	State Response	<p>EPA’s “Explanation” and “Metric(s) and Quantitative Value(s)” are not accurate. VADEQ has responded to EPA’s analysis in its PDA Response (August 27, 2010), in subsequent written comments on the draft SRF Report, and in a telephone conference with EPA. This element should be rated as at least “Meets Expectations.”</p> <p>First, the percentage of VADEQ facilities with correctly coded limits (cited by EPA as 88.5%) has been addressed in Element 1. 100% of VADEQ’s facilities had correctly coded limits at the time of the NPDES Official Data Pull (Appendix B) and throughout the review. EPA’s cited 84.7% appears to</p>				

	<p>come from EPA’s PDA, but does not take into account VADEQ’s PDA Response. These issues should have been resolved in a discussion of VADEQ’s PDA Response in 2010. There is no information that VADEQ was in any way untimely in entering discharge limit data into CEDS or uploading this data to PCS.</p> <p>Second, the percentage of VADEQ major facilities DMR entry rate has been addressed in Element 1. All ascertainable VADEQ major facilities (100%) had appropriate DMR entry (metric 1b3). Even allowing only for the MS4 facilities and the singular facilities VADEQ can identify, the percentage is 96.7%, well above the national goal and the national average. These percentages have not changed. There is no information that VADEQ was in any way untimely delayed or was delinquent in entering DMR data into CEDS or uploading this data to PCS. EPA’s statements regarding DMR entry have no bearing on the “Timeliness of Date Entry” (Element 3).</p> <p>EPA’s cited \$30,000 correction in penalty amount refers to a three-year “informational only” metric from the PDA (W01G4S). Informational only metrics are not used directly to evaluate state programs. Upon review of the PDA, DEQ did self-correct one FY09 penalty amount (from \$17,260 to \$12,550). The self-correction was noted in VADEQ’s PDA Response of August 27, 2010, which should be included in the appendices to this report.</p> <p>DEQ self-corrected one penalty amount. VADEQ exceeded all metrics with national goals or averages. EPA has identified no other data issues. This element should be rated as at least “Meets Expectations.”</p> <p>Data for the Commonwealth as a whole should be presented separately from any individually authorized Virginia agency.</p>
<p>Recommendation(s)</p>	

Element 4 — Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements are met and any products or projects are completed.								
4-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required						
	Finding	DEQ completed 100% of their planned inspections during the review period. All major permittees in violation received timely and appropriate enforcement during the review period.						
	Explanation	<p>Since 2008, VADEQ has implemented an alternate monitoring strategy, RBIS, an alternative compliance monitoring strategy that allows flexibility to the Commonwealth’s inspection targeting. The RBIS uses five elements to target inspections at facilities that pose the great risk to human health and the environment. VADEQ coordinated the development of this strategy with EPA Region 3 and EPA’s Office of Enforcement And Compliance Assurance. VADEQ received approval to implement the RBIS as a pilot, beginning in FY2009. This compliance monitoring tool allows flexibility for inspection rates over a three year period to meet CMS policy. Inspections are targeted based on the level of risk to public health, ongoing compliance matters and permittees that are the source of Citizen Complaints.</p> <p>During the review period, formal enforcement actions were taken at 3 majors and 8 non- majors and informal enforcement actions were taken at 54 majors and 99 non-majors.</p> <p>-3</p>						
	Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th>DEQ Metric</th> <th>National Goal</th> </tr> </thead> <tbody> <tr> <td>4a- 100% Planned inspections complete</td> <td>N/A</td> </tr> <tr> <td>4b- 100% Planned commitments complete</td> <td>N/A</td> </tr> </tbody> </table>	DEQ Metric	National Goal	4a- 100% Planned inspections complete	N/A	4b- 100% Planned commitments complete	N/A
DEQ Metric	National Goal							
4a- 100% Planned inspections complete	N/A							
4b- 100% Planned commitments complete	N/A							
	State Response							
	Recommendation(s)							

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

5-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required								
	Finding	VADEQ satisfactorily met its inspection commitment for FY'09.								
	Explanation	<p>VADEQ implements a Risk Based Inspection Strategy (RBIS). This compliance monitoring tool allows VADEQ flexibility for inspection rates over a three year period to meet CMS policy. During FY-09 VADEQ opted to conduct fewer inspections at major facilities as well as exercise flexibility for selecting the type of inspections (CEI and CSI). Inspections are targeted based on the level of risk to public health, ongoing compliance matters and permittees that are the source of Citizen Complaints</p> <p>To accomplish their commitment, in FY'09, in accordance with their CMS and RBIS VADEQ conducted sampling inspections at 72 major and 369 non-major individual permits and 146 majors had CEI and CSI inspections at a rate of 41% and 55% respectively. VADEQ exceeded their RBIS goal, 100% of the major permittees received at least one CEI, CSI, PAI, etc. every two fiscal years. In addition to major permits, there are 3,915 general permits (i.e. minors) recorded in the Commonwealth's system, CEDS. Records for minors are not uploaded to PCS. The total number of CEI/CSI inspections conducted in FY'09 at minors was 471.</p>								
	Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th data-bbox="430 1266 1177 1339">DEQ Metric</th> <th data-bbox="1177 1266 1360 1339">National Goal</th> </tr> </thead> <tbody> <tr> <td data-bbox="430 1339 1177 1371">5a- 50% Percent majors inspection coverage</td> <td data-bbox="1177 1339 1360 1371">100%</td> </tr> <tr> <td data-bbox="430 1371 1177 1402">5b1-40% Inspections at individual non-majors</td> <td data-bbox="1177 1371 1360 1402">N/A</td> </tr> <tr> <td data-bbox="430 1402 1177 1476">5b2-12% Percent Non-major inspection coverage: general permits</td> <td data-bbox="1177 1402 1360 1476">N/A</td> </tr> </tbody> </table>	DEQ Metric	National Goal	5a- 50% Percent majors inspection coverage	100%	5b1-40% Inspections at individual non-majors	N/A	5b2-12% Percent Non-major inspection coverage: general permits	N/A
DEQ Metric	National Goal									
5a- 50% Percent majors inspection coverage	100%									
5b1-40% Inspections at individual non-majors	N/A									
5b2-12% Percent Non-major inspection coverage: general permits	N/A									
	State Response	<p>As clarification: VADEQ exceeded its RBIS goal: 100% of the major permittees received at least one CEI, CSI, PAI, etc. every two fiscal years, or every three years for major facilities with good compliance history (RBIS Inspection Frequency flexibility).</p> <p>During FY09, 369 non-major individuals were inspected (371 if including Pretreatment Audit). All records pulled directly from PCS match the records in CEDS. GP inspection records in CEDS are not uploaded into PCS. Listed below is the summary of the total numbers of inspections conducted in FY09 for the non-major Individual Permits:</p> <p style="text-align: center;">Compliance Evaluation Inspection (CEI) - 258 Compliance Sampling Inspection (CSI) - 102</p>								

		Reconnaissance Inspection (RI) - 137 Compliance Follow-up Inspection – 68 A total of 565 inspections were conducted on 369 non-major individual facilities.
	Recommendation(s)	

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

6-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required														
	Finding	<p>Inspection reports did not comport with either the NPDES Compliance Inspection Manual or VADEQ’s Water Compliance Manual. 93% of the inspection reports reviewed included sufficient documentation detailing field observations. However, inspection reports were not considered complete and had varying degrees of absent data. Although data was absent it did not impact the ability to make a compliance determination.</p>														
	Explanation	<p>28 of 30 inspection reports reviewed were completed within 30 days and were timely but did not comport with the NDPEs compliance inspection manual or VADEQ’s Water Compliance Manual. Inspection reports reviewed also included sufficient documentation detailing field observations. Information missing in the reports included: entry time, date of report, date of inspection, and/or inspector/management signature. In 2 of 30 files reviewed, one inspection report was not located in the file and the other did not have an inspection because of plans to connect to the sanitary sewer and resulting in termination of the permit.</p>														
	Metric(s) and Quantitative Value(s)	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">DEQ Metric</td> <td style="width: 40%; text-align: right;">National Goal</td> </tr> <tr> <td>6a-28/30, 97% Inspection reports reviewed</td> <td></td> </tr> <tr> <td>N/A</td> <td></td> </tr> <tr> <td>6b-0/30 Inspection reports were complete</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>6c-28/30, 93% Percent inspection reports reviewed with sufficient documentation for an accurate compliance determination</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>6d-27/30, 90% Percent inspection reports reviewed that were timely</td> <td></td> </tr> <tr> <td>N/A</td> <td></td> </tr> </table>	DEQ Metric	National Goal	6a-28/30, 97% Inspection reports reviewed		N/A		6b-0/30 Inspection reports were complete	N/A	6c-28/30, 93% Percent inspection reports reviewed with sufficient documentation for an accurate compliance determination	N/A	6d-27/30, 90% Percent inspection reports reviewed that were timely		N/A	
DEQ Metric	National Goal															
6a-28/30, 97% Inspection reports reviewed																
N/A																
6b-0/30 Inspection reports were complete	N/A															
6c-28/30, 93% Percent inspection reports reviewed with sufficient documentation for an accurate compliance determination	N/A															
6d-27/30, 90% Percent inspection reports reviewed that were timely																
N/A																
	State Response	<p>Since it “did not impact the ability to make a compliance determination,” the “incompleteness” consisted of relatively minor information (<i>e.g.</i>, facility address not included, on-site contact’s telephone number not included). This information, and much more detail, is maintained (both historical and current) in CEDS.</p> <p>VADEQ has been revising inspection reports and reviewing/updating the VADEQ Compliance Inspection Standard Operating Procedure.</p> <p>Note: The percentages for Metrics 6c and 6d are slightly higher than indicated above. RBIS flexibility was used for a facility that connected to a central sewer system and the permit was terminated. Limited inspection resources were better used elsewhere. Therefore the metrics should be based</p>														

		<p>on 29 inspection reports resulting in the following Metric(s) and Quantitative Value(s), including the following revised percentages:</p> <p>6a-28/29, 97% Inspection reports reviewed N/A</p> <p>...</p> <p>6c-28/29, 97% Percent inspection reports reviewed with sufficient documentation for an accurate compliance determination N/A</p> <p>6d-27/29, 93% Percent inspection reports reviewed that were timely N/A</p> <p>With the correction, these percentages are near or above 95%.</p>
	<p>Recommendation(s)</p>	<p>Inspection reports need to be complete and documented in accordance with the NPDES Compliance Inspection Manual and/or VADEQ's Water Compliance Manual. VADEQ should evaluate inspection report procedures and make any necessary process changes to ensure that documents comport with appropriate guidance.</p>

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

7-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required														
	Finding	There were 28 inspection reports reviewed and all of the reports generally contained accurate compliance determinations. These determinations were all reported to the national database.														
	Explanation	Of the files reviewed, 28 of 30 (93%) inspection files documented observations which resulted in accurate violation and/or compliance determinations. Two inspection reports could not be counted because one inspection report could not be located and one had not been inspected because of plans to connect to the sanitary sewer and terminate permit coverage. The reviewers agreed with the inspection report findings of the files reviewed.														
	Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th data-bbox="430 806 1161 842">DEQ Metric</th> <th data-bbox="1161 806 1357 842">National Goal</th> </tr> </thead> <tbody> <tr> <td data-bbox="430 842 1161 877">7a1-51/157, single event violations at active majors</td> <td data-bbox="1161 842 1357 877">N/A</td> </tr> <tr> <td data-bbox="430 877 1161 913">7a2-23/938, single event violations at non-majors</td> <td data-bbox="1161 877 1357 913">N/A</td> </tr> <tr> <td data-bbox="430 913 1161 949">7b-0.0% , facilities with unresolved compliance schedule violations</td> <td data-bbox="1161 913 1357 949">26.9%</td> </tr> <tr> <td data-bbox="430 949 1161 984">7c-0.0% , facilities w/unresolved permit schedule violations</td> <td data-bbox="1161 949 1357 984">27.0%</td> </tr> <tr> <td data-bbox="430 984 1161 1020">7d-56/157, 35.6% major permittees with DMR violations</td> <td data-bbox="1161 984 1357 1020">52.6%</td> </tr> <tr> <td data-bbox="430 1020 1161 1083">7e-29/30, 96%, inspection reports reviewed that led to an accurate compliance determination</td> <td data-bbox="1161 1020 1357 1083">NA</td> </tr> </tbody> </table>	DEQ Metric	National Goal	7a1-51/157, single event violations at active majors	N/A	7a2-23/938, single event violations at non-majors	N/A	7b-0.0% , facilities with unresolved compliance schedule violations	26.9%	7c-0.0% , facilities w/unresolved permit schedule violations	27.0%	7d-56/157, 35.6% major permittees with DMR violations	52.6%	7e-29/30, 96%, inspection reports reviewed that led to an accurate compliance determination	NA
DEQ Metric	National Goal															
7a1-51/157, single event violations at active majors	N/A															
7a2-23/938, single event violations at non-majors	N/A															
7b-0.0% , facilities with unresolved compliance schedule violations	26.9%															
7c-0.0% , facilities w/unresolved permit schedule violations	27.0%															
7d-56/157, 35.6% major permittees with DMR violations	52.6%															
7e-29/30, 96%, inspection reports reviewed that led to an accurate compliance determination	NA															
	State Response															
	Recommendation(s)															

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

8-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required														
	Finding	Statewide, the metrics show three instances of SNC during FY’2009. Two files were evaluated during the review and it was determined that both were timely identified as SNC and data was available in the national data system within an appropriate timeframe of less than thirty days.														
	Explanation	Twenty-seven instances of SEVs were identified as SNC or non-SNC statewide in the national database during FY’2009. 10 files were evaluated by the review team in NRO and SWRO. 100% of the files reviewed accurately identified SNC. 2 of 2 SEVs were identified as SNC and were timely entered into the national database.														
	Metric(s) and Quantitative Value(s)	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">DEQ Metric</td> <td style="width: 40%; text-align: right;">National Goal</td> </tr> <tr> <td>8a1- 3/157 Major permittees in SNC</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>8a2- 2% Percent SNC rate at majors</td> <td></td> </tr> <tr> <td>N/A8b- 10/10; 100% Percent SEVs that are accurately identified as SNC</td> <td></td> </tr> <tr> <td>N/A</td> <td></td> </tr> <tr> <td style="text-align: center;">or non-SNC</td> <td></td> </tr> <tr> <td>8c- 2/2;100% Percent SEVs identified as SNCs that are reported timely</td> <td style="text-align: right;">N/A</td> </tr> </table>	DEQ Metric	National Goal	8a1- 3/157 Major permittees in SNC	N/A	8a2- 2% Percent SNC rate at majors		N/A8b- 10/10; 100% Percent SEVs that are accurately identified as SNC		N/A		or non-SNC		8c- 2/2;100% Percent SEVs identified as SNCs that are reported timely	N/A
DEQ Metric	National Goal															
8a1- 3/157 Major permittees in SNC	N/A															
8a2- 2% Percent SNC rate at majors																
N/A8b- 10/10; 100% Percent SEVs that are accurately identified as SNC																
N/A																
or non-SNC																
8c- 2/2;100% Percent SEVs identified as SNCs that are reported timely	N/A															
	State Response															
	Recommendation(s)															

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

9-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required								
	Finding	Enforcement actions reviewed included corrective actions that will return the sources to compliance.								
	Explanation	Eight enforcement actions were reviewed. Of the files reviewed, 2 facilities had been in SNC and 6 were non-SNC. All of the enforcement actions reviewed included corrective actions that have, or will return the sources to compliance.								
	Metric(s) and Quantitative Value(s)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">DEQ Metric</th> <th style="width: 30%;">National Goal</th> </tr> </thead> <tbody> <tr> <td>9a-8, enforcement actions reviewed</td> <td>N/A</td> </tr> <tr> <td>9b-2/2; 100%; enforcement responses that have/will return SNC to compliance</td> <td>N/A</td> </tr> <tr> <td>9c-6/6 100%; enforcement responses that have/will return non-SNC to compliance</td> <td>N/A</td> </tr> </tbody> </table>	DEQ Metric	National Goal	9a-8, enforcement actions reviewed	N/A	9b-2/2; 100%; enforcement responses that have/will return SNC to compliance	N/A	9c-6/6 100%; enforcement responses that have/will return non-SNC to compliance	N/A
DEQ Metric	National Goal									
9a-8, enforcement actions reviewed	N/A									
9b-2/2; 100%; enforcement responses that have/will return SNC to compliance	N/A									
9c-6/6 100%; enforcement responses that have/will return non-SNC to compliance	N/A									
	State Response									
	Recommendation(s)									

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

10-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required												
	Finding	VADEQ met the criteria for timely and appropriate response to SNC.												
	Explanation	The Timely and Appropriate Response to SNC is applicable to major permittees. During the FY'2009 review period, there were three formal actions issued to major facilities and eight to non-major facilities. Of these, DEQ completed timely and appropriate enforcement actions 100% of the time.												
	Metric(s) and Quantitative Value(s)	<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">DEQ Metric</th> <th style="text-align: right;">National Goal</th> </tr> </thead> <tbody> <tr> <td>10a-0, # of major permittees w/o timely actions</td> <td style="text-align: right;"><2%</td> </tr> <tr> <td>10b-2/2; 100%, timely enforcement responses</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>10c-2/2; 100%, enforcement responses that appropriately address SNC violations</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>10d-6/6; 100%, enforcement responses that appropriately address non-SNC violations</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>10e-6/6; 100%, timely non-SNC enforcement responses</td> <td style="text-align: right;">N/A</td> </tr> </tbody> </table>	DEQ Metric	National Goal	10a-0, # of major permittees w/o timely actions	<2%	10b-2/2; 100%, timely enforcement responses	N/A	10c-2/2; 100%, enforcement responses that appropriately address SNC violations	N/A	10d-6/6; 100%, enforcement responses that appropriately address non-SNC violations	N/A	10e-6/6; 100%, timely non-SNC enforcement responses	N/A
DEQ Metric	National Goal													
10a-0, # of major permittees w/o timely actions	<2%													
10b-2/2; 100%, timely enforcement responses	N/A													
10c-2/2; 100%, enforcement responses that appropriately address SNC violations	N/A													
10d-6/6; 100%, enforcement responses that appropriately address non-SNC violations	N/A													
10e-6/6; 100%, timely non-SNC enforcement responses	N/A													
	State Response													
	Recommendation(s)													

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

11-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required				
	Finding	Based on the files reviewed, DEQ evaluates gravity and economic benefit during penalty development.				
	Explanation	The review team observed one penalty case that considered both economic benefit and gravity in the calculation and two where economic benefit was evaluated and documented in the file. In one instance, DEQ determined there was no economic benefit derived by the facility for non-compliance. The other file documented that, “financial efforts made for inflow and infiltration (I & I) work demonstrates the expenditure of funds by the permittee.”				
“	Metric(s) and Quantitative Value(s)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">DEQ Metric</th> <th style="width: 40%;">National Goal</th> </tr> </thead> <tbody> <tr> <td>11a-3/3; 100%, % calculations that consider & include gravity and economic benefit</td> <td>N/A</td> </tr> </tbody> </table>	DEQ Metric	National Goal	11a-3/3; 100%, % calculations that consider & include gravity and economic benefit	N/A
DEQ Metric	National Goal					
11a-3/3; 100%, % calculations that consider & include gravity and economic benefit	N/A					
	State Response					
	Recommendation(s)					

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

12-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required						
	Finding	Based on the files reviewed, DEQ did not consistently document differences between the initial and final penalty but did document that the final penalty was collected.						
	Explanation	The review team found one case where the difference in initial penalty and final penalty had been documented and included proof of payment. The 2 nd case file identified the difference between initial and final penalty, but did not contain an invoice. A third case file did not identify the difference between initial and final penalty, but did contain an invoice.						
	Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th data-bbox="513 795 1192 831">DEQ Metric</th> <th data-bbox="1192 795 1440 831">National Goal</th> </tr> </thead> <tbody> <tr> <td data-bbox="513 831 1192 936">12a-2/3; 67%, % of penalties reviewed that document the difference and rationale between the initial and final penalty</td> <td data-bbox="1192 831 1440 936">N/A</td> </tr> <tr> <td data-bbox="513 936 1192 1041">N/A 12b-2/3; 67% , % of final enforcement actions that document collection of the final penalty</td> <td data-bbox="1192 936 1440 1041">N/A</td> </tr> </tbody> </table>	DEQ Metric	National Goal	12a-2/3; 67%, % of penalties reviewed that document the difference and rationale between the initial and final penalty	N/A	N/A 12b-2/3; 67% , % of final enforcement actions that document collection of the final penalty	N/A
DEQ Metric	National Goal							
12a-2/3; 67%, % of penalties reviewed that document the difference and rationale between the initial and final penalty	N/A							
N/A 12b-2/3; 67% , % of final enforcement actions that document collection of the final penalty	N/A							
	State Response	This element is based on a small sample size – 3 files. At its upcoming Enforcement Conference, VADEQ will review these findings with its enforcement staff and issue instructions to correct any issues regarding penalty documentation in enforcement files. Currently, a copy of each order with a penalty is sent to VADEQ’s Office of Financial Management, which tracks payments and takes action to collect overdue accounts.						
	Recommendation(s)	DEQ needs to ensure that a penalty matrix and complete penalty justification is provided for each enforcement file. Additionally, DEQ should ensure that records of penalty payments printed from the state invoice database, “Daily Deposit Receipts Transactions” are documented in the enforcement files.						

APPENDIX A: STATUS OF RECOMMENDATIONS FROM PREVIOUS EPA REVIEWS

Virginia First Round SRF Review Conducted in 2007

Status	Due Date	Media	Title	Finding	Recommendation	E#	Element
Completed	9/30/2008	CAA	Inspection universe	Definiton of an FCE as it pertains to off-site PCEs from the previous year does not reflect EPA's recommended definition.	VADEQ should revise its definition of an FCE to reflect the EPA's recommended definition as it pertains to off-site PCEs from the previous fiscal year, e.g., the Title V semi-annual report.	E1	Insp Universe
Completed	9/30/2008	CAA	Inspection Univers	Review team found facilities classified as major did not receive FCEs. VADEQ provided explanations.	VADEQ should continually update its CMS plan to reflect actual schedules	E1	Insp Universe
Completed	9/30/2008	CAA		Thirteen of 19 CMRs reviewed at the Valley Regional office were found to be inadequate by the review team.	VADEQ should evaluate CMRs include a complete characterization of a facility's compliance status in accordance with the April 2001 CMS Policy. VADEQ should determine if the lack of CMR FCE documentation in the files is a state-wide issue.	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CAA	Timeliness of identifying violations	CMRs at 2 facilities in one regional office were not completed in a timely manner.	VADEQ should determine the reasons why CMRs at 2 facilities at one regional office were not completed in a timely manner. Consider benchmarking process employed at the other regional office reviewed to ensure timely completion of CMRs throughout the Comm	E3	Violations ID'ed Timely
Completed	9/30/2008	CAA	Identifying HPV	A review of the enforcement routing slip showed the newly expanded HPV matrix criteria and "discretionary" HPV criteria are not included on the current version of the Enforcement Routing Slip.	Revise enforcement routing slip to include the most up-to-date HPV criteria.		
Completed	9/30/2008	CAA	Reporting HPV	Two HPVs in one regional office were reported to EPA late.	Determined why 2 HPVs in one regional office were reported to EPA late, and if this is an issue in the other regions. Consider developing an ASOP for reporting HPVs to EPA along with supporting documentation. Benchmark processes employed at the other reg	E4	SNC Accuracy
Completed	9/30/2008	CAA	HPV Identification	Two facilities were not reported to EPA as HPVs in a timely manner. The files in this regional office did not include HPV documentation.	Include copies of HPV documentation in all enforcement files.	E4	SNC Accuracy
Completed	9/30/2008	CAA	Identifying HPV	The review team identified 2 violations in the files report as non-HPVs that should be classified as HPV.	The 2 potential HPVs that were not identified as such should be listed and tracked in AFS as an HPV.	E4	SNC Accuracy

Completed	9/30/2008	CAA	Appropriate enforcement	Appropriate enforcement action was not taken at 2 facilities.	VADEQ should investigate why appropriate action was not taken at 2 facilities and develop procedures as necessary to correct this across the Commonwealth.	E5	Return to Compliance
Completed	9/30/2008	CAA	Data Accuracy	Review team identified compliance status errors in AFS.	VADEQ should develop procedures to ensure that all VADEQ HPVs are listed in AFS as "out of compliance" once a violation is identified and are returned to "compliance" once the HPVs are resolved.	E11	Data Accurate
Completed	9/30/2008	CAA	Data Accuracy	Some Title V Annual Certifications reviewed by VADEQ may be inaccurate.	VADEQ should review facilities that, according to AFS had multiple Title V Annual Certifications reviewed by VADEQ for data accuracy. Update AFS as appropriate.	E11	Data Accurate
Completed	9/30/2008	CAA	Data Quality	Some assessed penalties entered by VADEQ appear to be including portions of civil charges associated with SEPs.	VADEQ should review all formal enforcement actions executed since FY2004 that included SEPs to make sure that SEP values are not included as assessed penalties.	E12	Data Complete
Completed	9/30/2008	CAA	Data complete	During the file review the review team found one Title V annual certification review and 4 stack test that were not entered into AFS.	Enter the Title V certification and 4 stack test into AFS.	E12	Data Complete
Completed	9/30/2008	CAA	Accurate stack test data	The review team noticed that the date of the actual stack test was not reported to AFS as the date when VADEQ observes a stack test.	VADEQ should review all stack tests conducted in FY2007 to ensure that the stack testing event dates are now accurate.	E11	Data Accurate
Completed	9/30/2008	RCRA	Data Quality	VADEQ uses RCRAInfo enforcement action code 210 for initial 3008(a) order to indicate the date which a proposed/draft Consent Order was sent to the violating facilities. Enforcement code 210 is meant to be used for the issuance of a complaint which could	EPA and VADEQ will work together to clarify and resolve the issues regarding entry of proposed/draft Consent Orders and use of the NRR code.	E12	Data Complete
Completed	9/30/2008	CWA	Inspection Universe	VADEQ is conducting inspections at major and minor facilities in accordance with their grant commitments. However, VADEQ is not conducting certain types of inspections such as CEIs.	EPA and VADEQ should clarify the 106 grant agreement by providing a link between CEI and CSI inspections and the types of inspections referenced in the VADEQ Inspection Strategy. Recommendation under Element 11 - EPA and VADEQ should develop and implement	E1	Insp Universe
Completed	9/30/2008	CWA	Timely Inspection Reports	There were 2 inspection reports that were not finalized due to extenuating circumstance.	If there are extenuating circumstance where VADEQ anticipates a delay in completing an inspection report, VADEQ should document the file with an explanation as to why an inspection report may not be completed in a timely manner.	E3	Violations ID'ed Timely
Completed	9/30/2008	CWA	Return to Compliance	In the files reviewed, only 4 of 11 (36%) actions other than formal enforcement returned the facility compliance.	If a respondent has engaged VADEQ in onsite conferences in lieu of providing a written response to Warning letters and/or NOAVs, VADEQ should document the file.	E5	Return to Compliance

Completed	9/30/2008	CWA	Return to Compliance	In the files reviewed, only 4 of 11 (36%) actions other than formal enforcement returned the facility compliance.	Multi-media Administrative Consent Orders should be clearly outlined and identify to which media/program the required complying actions are applicable.	E4 , E5	SNC Accuracy, Return to Compliance
Completed	9/30/2008	CWA	Return to Compliance	In the files reviewed, only 4 of 11 (36%) actions other than formal enforcement returned the facility compliance.	Based upon the PCS data and the files reviewed, it appears that the issuance of numerous WLs and NOVs alone does not return facilities to compliance. VADEQ should review its policy on issuing multiple WVs and NOVs to determine its effectiveness. VADEQ s	E5	Return to Compliance
Completed	9/30/2008	CWA	Penalty calculations	VADEQ assesses penalties in accordance with their current policy. VADEQ considers gravity factors and economic benefit when developing penalty calculations, however, economic benefit is not always collected.	Penalty calculations should be consistent with applicable VADEQ policy and economic benefit should be collected. VADEQ should disclose the actual economic benefit calculation as an attachment to the ERP and Water Civil Charge Worksheet. The supporting do	E7	Penalty Calculations

Metric	Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			269	NA	NA	NA
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			255	NA	NA	NA
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			1539	NA	NA	NA
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			2	NA	NA	NA
A01B3S	Source Count: Active Minor facilities or otherwise Fed Rep, not including NESHAP Part 61 (Current)	Informational Only	State			2763	NA	NA	NA
A01C1S	CAA Subprogram Designation: NSPS (Current)	Data Quality	State			707	NA	NA	NA
A01C2S	CAA Subprogram Designation: NESHAP (Current)	Data Quality	State			18	NA	NA	NA
A01C3S	CAA Subprogram	Data Quality	State			220	NA	NA	NA

Metric	Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted
	Designation: MACT (Current)								
A01C4S	CAA Subprogram Designation: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	83.80%	100.00%	741	741	0
A01C5S	CAA Subprogram Designation: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	42.20%	100%	16	16	0
A01C6S	CAA Subprogram Designation: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	92.80%	100%	697	697	0
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			503	NA	NA	NA
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			508	NA	NA	NA
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			6,823	NA	NA	NA
A01E0S	Historical Non-	Data Quality	State			151	NA	NA	NA

Metric	Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted
	Compliance Counts (1 FY)								
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			52	NA	NA	NA
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			49	NA	NA	NA
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			14	NA	NA	NA
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			13	NA	NA	NA
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery actions/date	Data Quality	State	100%	49.50%	100.0%	14	14	0
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs with violating pollutant	Data Quality	State	100%	75.00%	100.0%	14	14	0
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	78.50%	100.0%	14	14	0

Metric	Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			39	NA	NA	NA
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			39	NA	NA	NA
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$483,469	NA	NA	NA
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State			1	NA	NA	NA
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	≤ 50%	59.1%	51.9%	14	27	13
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.5%	0.0%	0	124	124
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			12	NA	NA	NA
A03A0S	Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	32.0%	64.3%	9	14	5

Metric	Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted
A03B1S	Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	52.6%	91.3%	963	1,055	92
A03B2S	Percent Enforcement related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	67.3%	91.6%	76	83	7
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	87.5%	100.0%	269	269	0
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	State	100%	83.2%	99.6%	270	271	1
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS)	Review Indicator	State	20% - 100%	83.0%	99.6%	228	229	1

Metric	Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted
	Cycle) (FY07 - FY09)								
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY - FY05 - FY09)	Informational Only	State	100%	90.3%	98.7%	230	233	3
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		80.9%	95.2%	1,506	1,582	76
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		29.7%	60.6%	3,216	5,311	2,095
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			3	NA	NA	NA
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	93.9%	100%	267	267	0
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or	Review Indicator	State	> 1/2 National Avg	21.9%	17.9%	99	554	455

Metric	Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted
	enforcement (1 FY)								
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	45.4%	66.7%	8	12	4
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	7.8%	4.5%	12	269	257
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.6%	0.1%	1	1,539	1,538
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	74.6%	84.6%	11	13	2
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	45.7%	25.0%	4	16	12
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 National Avg	42.8%	7.7%	2	26	24

Metric	Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		34.8%	30.3%	10	33	23
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			39	NA	NA	NA
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	Greater or equal to 80%	86.7%	63.6%	7	11	4

PRELIMINARY DATA ANALYSIS – RCRA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Virginia Metric	EPA Preliminary Analysis
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			14	Appears acceptable
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			266	Appears acceptable
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			4,438	Appears acceptable
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			4,605	Appears acceptable
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			254	Appears acceptable
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			301	Appears acceptable
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			293	Appears acceptable
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			148	Appears acceptable

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Virginia Metric	EPA Preliminary Analysis
R01C2S	Number of sites with violations determined during the FY	Data Quality	State			93	Appears acceptable
R01D1S	Informal action: number of sites (1 FY)	Data Quality	State			94	Appears acceptable
R01D2S	Informal action: number of actions (1 FY)	Data Quality	State			106	Appears acceptable
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			10	Appears acceptable
R01E2S	SNC: number of sites in SNC (1 FY)	Data Quality	State			25	Appears acceptable
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			13	Appears acceptable
R01F2S	Formal action: number taken (1 FY)	Data Quality	State			15	Appears acceptable
R01G0S	Total amount of assessed penalties (1 FY)	Data Quality	State			\$125,994	Appears acceptable
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	Appears acceptable

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Virginia Metric	EPA Preliminary Analysis
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	Appears acceptable
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			22	Appears acceptable
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			53.8%	Minor concern. Possible data entry/timeliness issue. All outliers are complex cases in which it took time to accurately determine status.
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	85.9%	78.6%	Appears acceptable. Preliminary data suggests that three TSDFs were not inspected by the State during the two year time frame. Two of these facilities were the subject of EPA-lead inspections during the two year period, inspections in which the State was a participant. The third facility was the subject of a State FCI inspection, in accordance with the EPA approved VA Risk-Based Inspection Strategy.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Virginia Metric	EPA Preliminary Analysis
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.6%	24.4%	Appears acceptable

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Virginia Metric	EPA Preliminary Analysis
R05C0S	Inspection coverage for LQGs (5 FY)	Goal	State	100%	68.4%	89.0%	<p>Minor concern. The State's performance far exceeds the national average. The combined State/EPA inspection rate is 99.2%, which also far exceeds the national average (of 73.8%) for this metric. Preliminary data review suggests that 28 LQGs were not inspected by the State within the five year time frame. Of these 28 facilities, 10 are no longer LQGs, 14 were the subject of a State FCI inspection, in accordance with the EPA approved VA Risk-Based Inspection Strategy, and two were the subject of EPA-lead inspection. Only 2 of 244 LQGs were not inspected during the five year time frame (one of these was inspected the next year, and one, which was first identified as a LQG in FY07 is scheduled for inspection in FY11). Taking these facts into account, the adjusted State coverage rate is 98.4% (240/244), combined State/EPA rate is 99.2% (242/244).</p>

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Virginia Metric	EPA Preliminary Analysis
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			7.0%	Appears acceptable
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only				418	Appears acceptable
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			88	Appears acceptable
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			20	Appears acceptable
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			17	Appears acceptable
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			31.7%	Appears acceptable
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review indicator	State	at least ½	3.1%	3.4%	Appears acceptable. Virginia's SNC rate exceeds the national average.
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	75.2%	100.0%	Appears acceptable. Virginia has met the national goal for this metric.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Virginia Metric	EPA Preliminary Analysis
R08C0S	Percent of formal (initial and final) actions taken that received a prior SNC listing (1 FY)	Review indicator	State	at least ½ National average	60.7%	100.0%	Appears acceptable. Virginia has exceeded the national goal for this metric.
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	40.3%	30.0%	Potential concern, supplemental review. Preliminary data review suggests that Virginia has not met the national goal, and is below the national average for this metric. Further examination reveals that one enforcement action not counted (on the data pull) should have been counted, as it involved two facilities that were handled under one formal enforcement action. Another SNC has not reached the 360 day mark. Taking these facts into account, the adjusted rate for Virginia should be 50%, which is above the national average. Issues related to timeliness of formal enforcement action will be examined further as part of the file review.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Virginia Metric	EPA Preliminary Analysis
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			15	Appears acceptable
R12A0S	No activity indicator - penalties (1 FY)	Review indicator	State			\$125,994	Appears acceptable
R12B0S	Percent of final formal actions with penalty (1 FY)	Review indicator	State	at least ½ National average	64.7%	71.4%	Appears acceptable. Virginia has exceeded the national goal for this metric.

APPENDIX B: NPDES OFFICIAL DATA PULL

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Virginia Metric Prod	Count Prod	Universe Prod	Not Counted Prod	Virginia Metric Froz	Count Froz	Universe Froz	Not Counted Froz
W01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			152	NA	NA	NA	156	NA	NA	NA
W01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	NA	NA	NA	0	NA	NA	NA
W01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			881	NA	NA	NA	937	NA	NA	NA
W01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			48	NA	NA	NA	44	NA	NA	NA
W01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	≥; 95%	64.4%	61.2%	93	152	59	88.5%	138	156	18

C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	94.6%	100.0%	1,201	1,201	0	100.0%	1,201	1,201	0
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=; 95%	93.3%	86.6%	136	157	21	86.6%	136	157	21
W01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined		0.0%		0	6	6	0.0%	0	4	4
W01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined		0.3%		3	881	878	0.0%	0	937	937
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined		14.3%		1	7	6	14.3%	1	7	6

C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			0.1%	1	941	940	0.1%	1	941	940
W01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			2.4%	21	881	860	2.2%	21	937	916
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			20.3%	190	934	744	20.3%	190	934	744
W01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			0	NA	NA	NA	0	NA	NA	NA
W01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			22	NA	NA	NA	22	NA	NA	NA
W01E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA

W01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			54	NA	NA	NA	54	NA	NA	NA
W01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
W01E3S	Informal actions: number of non- major facilities (1 FY)	Data Quality	State			99	NA	NA	NA	99	NA	NA	NA
W01E3E	Informal actions: number of non- major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
W01E4S	Informal actions: number of actions at non- major facilities (1 FY)	Data Quality	State			323	NA	NA	NA	323	NA	NA	NA
W01E4E	Informal actions: number of actions at non- major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA

W01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			3	NA	NA	NA	3	NA	NA	NA
W01F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
W01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			3	NA	NA	NA	3	NA	NA	NA
W01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
W01F3S	Formal actions: number of non- major facilities (1 FY)	Data Quality	State			8	NA	NA	NA	8	NA	NA	NA
W01F3E	Formal actions: number of non- major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
W01F4S	Formal actions: number of actions at non- major facilities (1 FY)	Data Quality	State			8	NA	NA	NA	8	NA	NA	NA

W01F4E	Formal actions: number of actions at non- major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
W01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			10	NA	NA	NA	10	NA	NA	NA
W01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
W01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$135,153	NA	NA	NA	\$139,863	NA	NA	NA
W01G2E	Penalties: total penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA	\$0	NA	NA	NA
W01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA	NA	\$0	NA	NA	NA
W01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$0	NA	NA	NA	\$0	NA	NA	NA

W01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$552,392	NA	NA	NA	\$521,772	NA	NA	NA
W01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$0	NA	NA	NA	\$0	NA	NA	NA
W01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$135,153	NA	NA	NA	\$139,863	NA	NA	NA
W01G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA	\$0	NA	NA	NA
W02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		66.7%	2	3	1	100.0%	3	3	0
W02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	>=; 80%		0 / 0	0	0	0	0 / 0	0	0	0
W05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	65.9%	39.5%	60	152	92	38.5%	60	156	96

W05A0E	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100%	5.9%	0.0%	0	152	152	0.0%	0	156	156
W05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	68.6%	39.5%	60	152	92	38.5%	60	156	96
W05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			35.3%	311	881	570	35.2%	330	937	607
W05B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA			0.0%	0	881	881	0.0%	0	937	937
W05B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			35.3%	311	881	570	35.2%	330	937	607
W05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			0.0%	0	48	48	0.0%	0	44	44
W05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA			0.0%	0	48	48	0.0%	0	44	44

W05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			0.0%	0	48	48	0.0%	0	44	44
W05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.0%	0	138	138	0.0%	0	136	136
W05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			0.0%	0	138	138	0.0%	0	136	136
W05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			0.0%	0	138	138	0.0%	0	136	136
W07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			50	NA	NA	NA	51	NA	NA	NA
W07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			23	NA	NA	NA	24	NA	NA	NA
W07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		20.0%	0.0%	0	26	26	0.0%	0	26	26

W07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		15.6%	0 / 0	0	0	0	0 / 0	0	0	0
W07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		51.4%	21.1%	32	152	120	32.7%	51	156	105
W08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			3	NA	NA	NA	3	NA	NA	NA
W08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		21.2%	2.0%	3	152	149	1.9%	3	156	153
W10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.8%	0.0%	0	152	152	0.0%	0	156	156

APPENDIX C: PDA TRANSMITTAL

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

On May 4, 2010, EPA met with VADEQ to discuss the results of the CAA PDA pulled on March 25, 2010. EPA identified areas that the data review suggests the need for further examination and discussion during the SRF review process. VADEQ discussed the CAA and RCRA PDAs with EPA in 2010. VADEQ has no record of discussions with EPA on the CWA PDA response.

Please see Appendix B for the NPDES PDA

APPENDIX D: PRELIMINARY DATA ANALYSIS CHART

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

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

Please see Appendix B for the NPDES and RCRA PDA

Clean Air Act Preliminary Analysis Chart for Virginia

Original Data Pulled from Online Tracking Information System (OTIS) on 03/25/10							EPA Preliminary Analysis
Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Initial Findings
A01C4S	CAA Subprogram Designation: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	83.80%	100.00%	Well above national average and at the national goal of 100%.
A01C5S	CAA Subprogram Designation: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	42.20%	100%	Well above national average and at the national goal of 100%.
A01C6S	CAA Subprogram Designation: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	92.80%	100%	Well above national average and at the national goal of 100%.
A03B1S	Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	52.6%	95.3%	40 untimely data entries. Action type "TR" (unobserved stack test) accounted for 29. Note that only 8 "TR" action types were entered. "timely" (see A03B1S (Counted)).
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	45.4%	66.7%	Well above national goal.
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.6%	0.1%	Only 1 HPV identified in FY2009 was at an SM source. Additional files at SM sources with violations reported in FY2009 will be selected to examine whether the state is applying the national HPV definitions at SM sources appropriately.

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

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			269	NA	NA	NA	No			Operating Majors and Title V Majors are not identical. 10 majors are in the process of receiving Title V permit. 2 majors were issued permits in FY2010, 1 major's Title V permit was revoked, and 1 major's Title V permit application is due 08/2010.
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			255	NA	NA	NA	No			See A01A1S.
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			1539	NA	NA	NA	No			
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			2	NA	NA	NA	No			
A01B3S	Source Count: Active Minor facilities or otherwise Fed	Informational Only	State			2763	NA	NA	NA	No			Metric is informational only and data are not required to be reported.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
	Rep, no including NESHAP Part 61 (Current)												
A01C1S	CAA Subprogram Designation: NSPS (Current)	Data Quality	State			707	NA	NA	NA	No			
A01C2S	CAA Subprogram Designation: NESHAP (Current)	Data Quality	State			18	NA	NA	NA	No			
A01C3S	CAA Subprogram Designation: MACT (Current)	Data Quality	State			220	NA	NA	NA	No			
A01C4S	CAA Subprogram Designation: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	83.8%	100%	741	741	0	No			Well above national average and is at the national goal of 100%
A01C5S	CAA Subprogram Designation: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	42.2%	100%	16	16	0	No			Well above national average and at national goal of 100%
A01C6S	CAA Subprogram Designation: Percent MACT	Data Quality	State	100%	92.8%	100%	697	697	0	No			Above national average and at national goal of 100%

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
	facilities with FCEs conducted after 10/1/2005												
A01D1S	Compliance Monitoring: sources with FCEs (1 FY)	Data Quality	State			503	NA	NA	NA	No			See A01D2S
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			508	NA	NA	NA	No			No facility with > 1 FCE in FY 2009. A01D1S pulls only active major sources while A01D2S pulls all major sources regardless of operational status.
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			6823	NA	NA	NA	No			Metric is informational only and data are not required to be reported.
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			151	NA	NA	NA	No			

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01F1S	Informal Enforcement Actions: Number Issued (1FY)	Data Quality	State			52	NA	NA	NA	No			
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			49	NA	NA	NA	No			
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			14	NA	NA	NA	No			
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			13	NA	NA	NA	No			
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery action/date	Data Quality	State	100%	49.5%	100%	14	14	0	No			Well above national average and is at the national goal of 100%
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs with violating pollutant	Data Quality	State	100%	75.0%	100%	14	14	0	No			Well above national average and is at the national goal of 100%

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	78.5%	100%	14	14	0	No			Well above national average and is at the national goal of 100%
A01I1S	Formal Action: Number of Issued (1 FY)	Data Quality	State			39	NA	NA	NA	No			
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			39	NA	NA	NA	No			
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$483,469	NA	NA	NA	No			
A01K0S	Major Source Missing CMS Policy Applicably (Current)	Review Indicator	State	0		1	NA	NA	NA	No			
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	≤ 50%	59.1%	51.9%	14	27	13	No			

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.5%	0.0%	0	124	124	No			At national goal of 0.0%
A02B2S	Stack Test Results at Federally-Reportable Sources- Number of Failures (1 FY)	Data Quality	State			12	NA	NA	NA	No			
A03A0S	Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	32.0%	64.3%	9	14	5	No			Well above national average but well short of the national goal of 100%
A03B1S	Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	52.6%	95.3%	818	858	40	Yes	“Universe” should be 858, “Count” should be 818, and “Not Counted” should be 40.	Action type “CB” is not an MDR. Action type “CR” should be revised to show stack testing events.	40 untimely data entries. Action type “TR” (unobserved stack test) accounted for 29. Note that only 8 “TR” action types were entered. “timely” (see A03B1S (Counted)).
A03B2S	Percent Enforcement related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	67.3%	91.6%	76	83	7	No			Well above national average and near national goal of 100%.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	87.5%	100%	269	269	0	No			
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	State	100%	83.2%	99.6%	270	271	1	No			
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle) (FY07 – FY08)	Review Indicator	State	20% - 100%	83.0%	99.6%	228	229	1	No			
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (at full 5 FY- FY04-FY08)	Informational Only	State	100%	90.3%	98.7%	230	233	3	No			Metric is informational only and data are not required to be reported.
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		80.9%	95.2%	1,506	1,582	76	No			Metric is informational only and data are not required to be reported.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		29.7%	60.6%	3,216	5,311	2,095	No			Metric is informational only and data are not required to be reported.
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			3	NA	NA	NA	No			
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA	No			Metric is informational only and data are not required to be reported.
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	93.9%	100%	267	267	0	No			At national goal of 100%
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> ½ National Avg	21.9%	17.9%	99	554	455	No			Above national goal.
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> ½ National Avg	45.4%	66.7%	8	12	4	No			Well above national goal.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A08A0S	High Priority Violation Discovery Rate – Per Major Source (1 FY)	Review Indicator	State	> ½ National Avg	7.8%	4.5%	12	269	257	No			.
A08B0S	High Priority Violation Discovery Rate – Per Synthetic Minor Source (1 FY)	Review Indicator	State	> ½ National Avg	0.6%	0.1%	1,539	1,538	1	No			Only 1 HPV identified in FY2009 was at an SM source. Additional files at SM sources with violations reported in FY2009 will be selected to examine whether the state is applying the national HPV definitions at SM sources appropriately.
A08C0S	Percent Formal Actions With Prior HPV – Majors (1 FY)	Review Indicator	State	> ½ National Avg	74.6%	84.6%	11	13	2	No			
A08D0S	Percent Informal Enforcement Actions Without Prior HPV – Majors (1FY)	Review Indicator	State	< ½ National Avg	45.7%	25.0%	4	16	12	No			

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing – Majors and Synthetic Minors (2 FY)	Review Indicator	State	> ½ National Avg	42.8%	7.7%	2	26	24	No			Note that this metric includes Day Zeros for failed stack tests that took place during FY2009 and two quarters prior to FY2009. Out of the 24 actions that are “not counted”, 20 of them were at SM facilities.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	State Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		34.8%	30.3%	10	33	23	No			Even though VADEQ is slightly better than the national average, they could have a minor problem addressing HPVs within the 270 day timeframe. Need to look at Timely and Appropriate (T&A) notes/conduct interviews to determine potential causes. Also, need to see if any of the 10 HPVs are joint lead HPVs.
A12A0S	No Activity Indicator – Actions with Penalties (1 FY)	Review Indicator	State			39	NA	NA	NA	No			
A12B0S	Percent Actions at HPVs With Penalties (1 FY)	Review Indicator	State	Greater or Equal to 80%	86.7%	63.6%	7	11	4	No			

NPDES OFFICIAL DATA PULL With State Comments

All data source information came from VADEQ database

Metric	Metric Description	Metric Type	Agency	Nation Goal	Nation Ave	VA Metric Prod	Count Prod	Univ Prod	Not Count Prod	State Discrepancy and explanation	State Correction	Initial Finding
W01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			157	NA	NA	NA	No discrepancy. 11 of these are MS4, managed by DCR.	N/A	27 in NRO
W01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	NA	NA	NA	No discrepancy. General permit information is stored and tracked in CEDS; data are not uploaded into EPA's data system. All major facilities are issued with NPDES individual permits but may also have general permits.		
W01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			938	NA	NA	NA	No discrepancy. The count for non-major permits fluctuates		51 in NRO
W01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			44	NA	NA	NA	Discrepancy. GP information is stored and tracked in CEDS; data are not uploaded into EPA's data system (PCS). There are 11 general permits/regulations and a total of 3,915 general permit registrations.	There are 3,915 general permit registrations; records are stored in the state database. In accordance with the PPG agreement, general permit information	Needs verification.

												does not transmit to PCS.	
W01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	88.8%	84.7%	133	157	24	Discrepancy. The 11 MS4 permits are managed by DCR; DEQ does not enter any information into PCS for the MS4 permits. As of Aug 4, 2010, the "Correctly Coded Limits" report generated from PCS shows only 3 out of the DEQ's 146 majors are "not counted or not correctly coded". The three facilities are: 1. Rohoic Creek WWTP (VA0092274) isn't built; limits are in PCS with their start dates in 2013. DMR submittal is not needed. 2. Dan River-Schoolfield Complex (VA0001261) has just recently been terminated. Permit and its limits can not be deactivated until the completion of the quarterly RNC/SNC run for QNCR. 3. Alexandria Combined Sewer System (VA0087068) has no discharge during dry weather conditions; DMR is not tracked in CEDS. Hardcopy report is submitted to the Northern regional office annually. The total number for the VADEQ "not counted" should be zero. The percentage shown does	All of the 146 DEQ managed major individual permits are correctly coded, entered into CEDS, and transmitted to PCS; none should be included in the "Not counted". Please see comment.	Culpeper, Alexandria Basham	

											not accurately reflect VADEQ managed major individual permit limit data in PCS.		
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	94.6%	100.0%	1,201	1,201	0		No discrepancy. Data discrepancy between CEDS and PCS is narrowed by routine verification of various reports pulled from PCS and CEDS.		
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=; 95%	93.3%	86.6%	136	157	21		Discrepancy. DMRs for all DEQ managed major individual permits in PCS are up-to-date; the "Not Counted" number shown in this metric is not accurate. Besides the 11 MS4 permits (not managed by DEQ), none of the major individual permits should be listed in the "Not Counted" category. The 3 permits listed in the comment of metric W01B1C are not expected to have any DMR, therefore, should not be counted as not having any DMR entry. All of DEQ managed permits have DMR in PCS.	All of the 146 DEQ managed major individual permit DMR are entered into CEDS and transmitted to PCS; none of the 146 permits should be included in the "Not counted" column. Please see comment.	Alexandria
W01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			0.0%	0	4	4		No discrepancy. None of the system-assigned RNC/SNC status code has been manually changed in PCS.		Town or Orange & Arlington Co.

W01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			0.0%	3	938	938	Discrepancy. Under the PPG agreement, VA does not upload any non-major individual permit limit information to PCS. All non-major individual permit limit data are stored and tracked in CEDS.	All of the non-major individual permit limit data are in CEDS. In accordance with the PPG agreement, information does not transmit to PCS.	
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			14.3%	1	7	6	Discrepancy. Under the PPG agreement, VA does not upload non-major individual DMR into PCS. All non-major individual DMR data are stored and tracked in CEDS. Counts shown here are mistakenly linked to permits issued by Maryland. On the OTIS SRF site, MD0064556 is linked to the '1' count; two permits, MD0068187 and MD0067598, are linked to the '6' count.	All of the non-major individual DMR data are in CEDS. In accordance with the PPG agreement, DMR information does not transmit to PCS.	0 in NRO
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			0.1%	1	941	940	Discrepancy. Under the PPG agreement, VA does not upload non-major individual DMR into PCS. All non-major individual DMR data are stored and tracked in CEDS. On the OTIS SRF site, MD0064556 is mistakenly linked to the '1' count.	All of the non-major individual DMR data are in CEDS. In accordance with the PPG agreement, DMR information does not transmit to PCS.	51 in NRO
W01D1C	Violations at non-majors: non-compliance rate (1 FY)	Informational Only	Combined			2.2%	21	938	917	Discrepancy. The count in this metric is not reliable. Under the PPG agreement, VA does not upload non-major individual DMR into PCS; DMR data are not available in PCS for the evaluation of NC-RNC or non-compliance rate. The link on OTIS for this	DMR data in CEDS are not transmitted to PCS, therefore, can not be evaluated in PCS for reportable non-compliance (RNC). There was no compliance schedule violation in FY09 for any	48 NRO non-majors.

										metric mistakenly reported 4 of the 21 with NC-RNC violations. None of the records in PCS shows any violation in compliance schedule (please see metric W07B0C) but the link on OTIS for this metric mistakenly reported 17 of the 21 non-major facilities with NC-SNC compliance schedule violations.	non-majors. The "counted" column should be "0"
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0/0	0	0	0	Discrepancy. Items on the ANCR CY09 are: 1. Number of non-major NPDES permittees - 934 2. Number of non-major NPDES permittees reviewed by the state - 934 3. Number of non-major NPDES permittees in Category I non-compliance - 93 4. Number of non-major NPDES permittees in Category II - 197 5. Number of formal enforcement actions taken by the state against non-major NPDES permittees - 9 5a. Dollar amount of penalties assessed by the state against these non-major facilities by the state - \$114,474.94 5b. Number of non-major NPDES permittees that received administrative penalty actions from the state - 7 5c. Number of individually-permitted non-major permittees receiving either a formal action or an administrative penalty	In accordance with the PPG agreement, non-major individual permit limit and DMR information does not transmit to PCS. ANCR CY09 was submitted to EPA in March and July 2010. Please see comment for more details.

										<p>order, or both, in CY2009 from the state - 9</p> <p>6. Number of permit modifications extending compliance deadlines granted to non-major NPDES permittees - 1</p> <p>7. Number of non-major NPDES permittees which are one or more years behind in construction phases of the compliance schedule, in alphabetical order by name and permit number - 0</p> <p>8. Number of non-major NPDES permittees that received informal enforcement actions from the state - 387</p>		
W01E1S	Informal actions; number of major facilities (1FY)	Data Quality	State			22	NA	NA	NA	No discrepancy. Count is accurate for FY09.		
W01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			54	NA	NA	NA	No discrepancy. Count is accurate for FY09.		
W01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			99	NA	NA	NA	No discrepancy. Count is accurate for FY09.		

W01E4S	<i>Informal actions: number of actions at non-major facilities (1 FY)</i>	<i>Data Quality</i>	<i>State</i>			323	NA	NA	NA	<i>No discrepancy. Count is accurate for FY09.</i>		
W01F1S	<i>Formal actions: number of major facilities (1 FY)</i>	<i>Data Quality</i>	<i>State</i>			3	NA	NA	NA	<i>No discrepancy. Count is accurate for FY09.</i>		
W01F2S	<i>Formal actions: number of actions at major facilities (1 FY)</i>	<i>Data Quality</i>	<i>State</i>			3	NA	NA	NA	<i>No discrepancy. Count is accurate for FY09.</i>		
W01F3S	<i>Formal actions: number of non-major facilities (1 FY)</i>	<i>Data Quality</i>	<i>State</i>			8	NA	NA	NA	<i>No discrepancy. Count is accurate for the universe of non-major individual permits.</i>		
W01F4S	<i>Formal actions: number of actions at non-major facilities (1 FY)</i>	<i>Data Quality</i>	<i>State</i>			8	NA	NA	NA	<i>No discrepancy. Count is accurate for the universe of non-major individual permits. Information for the non-major general permit is not uploaded into PCS; 15 formal actions were taken for GP in FY09.</i>		
W01G1S	<i>Penalties: total number of penalties (1 FY)</i>	<i>Data Quality</i>	<i>State</i>			10	NA	NA	NA	<i>No discrepancy. Count is accurate for the universe of major and non-major individual permits. VADEQ does not upload GP info into PCS.</i>		

W01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$139,863	NA	NA	NA	Discrepancy. The amount reported in the metric includes only the total penalties of major and non-major individual permits - Total amount for FY09 should be \$135,153. The penalty for Chesapeake Marine Railway LLC, VA0091294, should have been \$12,550 instead of \$17,260. The correct total amount has been updated in PCS and is correctly reflected on the OTIS SRF FY09 Production site. In addition, the total penalties for the GP during FY09 were \$183,638.	The correct penalties for major and non-major individual permits in FY09 were \$135,153. The updated amount is now correctly posted on OTIS. In accordance with the PPG agreement, GP information does not transmit to PCS. Please note that penalties for GP in FY09 were \$183,638.	
W01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA	NA	No discrepancy. No civil judicial action was completed in FY06-09. During this period, DEQ worked with EPA on a very large, joint Consent Decree that was completed in FY 10		
W01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$521,772	NA	NA	NA	Discrepancy. Several updates were made recently in the state database and PCS. The total penalties of \$552,392 is now correctly posted on the OTIS SRF FY09 Production. In addition, the total penalties for GP during FY 07-09 were \$481,149 with \$101,971, \$195,540, and \$183,638 collected in FY07, FY08, and FY09, respectively.	The correct penalties for major and non-major individual permits during FY06-09 were \$552,392. The updated amount is correctly reflected on OTIS Production. In accordance with the PPG agreement, GP information does not transmit to PCS. Please note that penalties for GP during FY06-09 were \$481,149.	NRO collected \$40,208

W01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$139,863	NA	NA	NA	Discrepancy. The total penalties for FY09 should be \$135,153. The penalty for Chesapeake Marine Railway LLC, VA0091294 was recently updated in PCS due to a revision made in the state database - it is now corrected from \$17,260 to \$12,550. The changed total amount is correctly reflected on the OTIS SRF FY09 Production site.	The correct penalties for major and non-major individual permits in FY09 were \$135,153. The updated amount is now correctly posted on OTIS. In accordance with the PPG agreement, GP information does not transmit to PCS. Please note that penalties for GP in FY09 were \$183,638.	
W02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		100%	3	3	0	No discrepancy. Count is accurate for FY09.		
W05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	65.9%	38.9%	61	157	96	Discrepancy. During FY09, 72 major facilities were inspected (75 if including Pretreatment Audit). Percentage listed should be subsequently higher. All records pulled directly from PCS match up with records in CEDS. Please note that certain types of inspections conducted by VADEQ can not be transmitted to PCS due to restricted PCS rules. PCS does not allow more than one inspection type to be entered into PCS if they are conducted on the same day, such as Compliance Sampling Inspection (CSI) or Reconnaissance	The number for the "count" column should be 72; please see comment.	RBIS allows for a 40% inspection rate and flexibility.

										<p><i>Inspection (RI) can not be entered into PCS if Compliance Evaluation Inspection (CEI) has already been conducted that day. Listed below is the summary of the total numbers of inspections conducted in FY09 for the major Individual permits:</i></p> <p><i>Compliance Evaluation Inspection (CEI) - 60</i> <i>Compliance Sampling Inspection (CSI) - 20</i> <i>Reconnaissance Inspection (RI) - 31</i> <i>Compliance Follow-up Inspection - 5</i> <i>Total number of inspections conducted on 72 major facilities - 116.</i></p> <p><i>VA complies with the goals set in the EPA's Compliance Monitoring Strategy (CMS) dated Oct. 17, 2007 and EPA approved VADEQ Risk Based Inspection Program (RBIS) dated March 4, 2009. Among the DEQ-managed 146 majors, 41% had the Compliance Evaluation Inspections (CEI) completed; and 55% of these majors had CEI and/or CSI completed. VA has met and exceeded the goals stated on page 6 of the CMS: "100% of major permittees should receive at least one CEI, CSI, PAI, DI, CBI,</i></p>
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										and/or XSI every two fiscal years" and "States that use this targeting model can adjust the inspection frequency for NPDES major facilities that are in compliance and are not contributing to Section 303(d) or 305(b) listings to one comprehensive inspection every three (3) years." The "100%" National Goal" listed in this metric does not reflect the goal set in CMS and is out of date.		
W05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	67.5%	38.9%	61	157	96	Same comment as above.	The number for the "count" column should be 72; please see comment.	
W05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			35.0%	328	938	610	Discrepancy. During FY09, 369 non-major individuals were inspected (371 if including Pretreatment Audit). Percentage listed in this metric should be subsequently higher. All records pulled directly from PCS match up with records in CEDS. GP inspection records in CEDS are not uploaded into PCS. Listed below is the summary of the total numbers of inspections conducted in FY09 for the non-major Individual Permits: Compliance Evaluation Inspection (CEI) - 258 Compliance Sampling Inspection (CSI) - 102	The number for the "count" column should be 369; please see comment.	RBIS allows for a 40% inspection rate and flexibility.

										Reconnaissance Inspection (RI) - 137 Compliance Follow-up Inspection - 68 Total number of inspections conducted on 369 non-major individual facilities - 565	
W05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			0.0%	0	44	44	Discrepancy. GP inspection records are stored and tracked in CEDS; info is not uploaded into PCS. The counts shown in the metric do not represent the number of inspections or the universe of GPs. Listed below is the summary of the total numbers of inspections conducted in FY09 for the non-major GP: Compliance Evaluation Inspection (CEI) - 465 Compliance Sampling Inspection (CSI) - 6 Reconnaissance Inspection (RI) - 90 Compliance Follow-up Inspection - 19 Total number of inspections conducted on non-major GP facilities – 508.	In accordance with the PPG agreement, GP information does not transmit to PCS. A total of 3,915 general permit registrations are stored in the state database.
W05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.0%	0	136	136	Discrepancy. The "Not Counted" VAP and VAR permits are entered by EPA region 3, not by VADEQ. The counts do not represent the universe of "NPDES other" or permits other than NPDES. The VAR permits are those of storm water industrial GP; they should not be under the category of "NPDES other". In order to distinguish major or	None of the 136 VAR (storm water industrial permit) and VAP permits listed for "Universe Prod" are entered or uploaded by DEQ. 296 VAR facilities were inspected; 14 pretreatment control authorities were audited by DEQ in FY09. All

										non-major individual permits that have pretreatment program, EPA added an extra "P" to the permit numbers and named them "VAP". Pretreatment Audit information is uploaded into PCS.	pretreatment audit records are in PCS.	
W07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			51	NA	NA	NA	No discrepancy. Count is accurate for FY09.		4 NRO Arlington County, Noman Cole, US Marine-MCB, Quantico, Leesburg
W07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			25	NA	NA	NA	Discrepancy. Data were recently updated in CEDS. There should be a total of 23 non-major facilities that had at least one single event violation occurrence. Records in PCS have been updated.	Count for the "Virginia Metric Prod" column should be 23.	6 NRO - Naval Surface Warfare, DOC-Caroline, Middleburg, Town of Orange, Hiway MHP, Evergreen Club
W07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		26.9%	0/0	0	26	26	No discrepancy. Count is accurate in FY09.		4 NRO - Fredericksburg, Arlington Cty, US Marine-Quantico, Dominion Campground
W07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		27%	0 / 0	0	0	0	No discrepancy. Count is accurate in FY09.		

W07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		52.64%	31.8%	50	157	107	Discrepancy. Counts shown in this metric vary with OTIS pulling date. The 'counted' seems to be only retrieving violations from the active records, not necessarily including violations occurred prior to permit modification or reissuance. The count, therefore, does not accurately reflect the number of violations in FY09. A total of 56 facilities had effluent violations in FY09; all records are in PCS. Percentage should be subsequently different from the figure shown in this metric.	Count for the "Count Prod" column should be 56. Please see comment.	
W08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			3	NA	NA	NA	No discrepancy. Count is accurate in FY09.		1 NRO Arlington County
W08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		22.9%	1.9%	3	157	154	No discrepancy. Count is accurate in FY09.		1 NRO Arlington County
W10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.6%	0.0%	0	157	157	No discrepancy. Count is accurate in FY09.		

F: FILE SELECTION

Files to be reviewed are selected according to a standard protocol (available to EPA and state users here: http://www.epa-otis.gov/srf/docs/fileselectionprotocol_10.pdf) and using a web-based file selection tool (available to EPA and state users here: http://www.epa-otis.gov/cgi-bin/test/srf/srf_fileselection.cgi). The protocol and tool are designed to provide consistency and transparency in the process. Based on the description of the file selection process in section A, states should be able to recreate the results in the tables in section B1 for NRO and B2 for BRRO.

A. File Selection Process - Air

Enclosure 2 – Methodology of VADEQ SRF File Selection (FY 2009)

- I. Source: OTIS File Selection Tool
- II. Northern Regional Office (NRO) Table B.1.

Representative File Selection (17 files)

There were 302 compliance/enforcement records in FY2009 (Majors and SMs only). From the Table on page 2 in the SRF File Selection Protocol Version 2.0 (September 30, 2008), the range of facilities to select for review is from 15 to 30. Seventeen (17) files will be selected because the current universe of major sources is 37 sources, and the current universe of synthetic minor (SM) sources is 376 sources.

Breakdown of representative files selected.

For this round of the SRF, EPA Region III has used the following breakdown:

- 80% of the representative files reviewed are major sources;
- 20% of the representative files reviewed are SM sources.

In addition, the representative files will include a mix of facilities with various compliance history information in the national system. If a compliance monitoring file had an enforcement action associated with it, both activities will be reviewed (and vice-versa when an enforcement file had a compliance monitoring action). Note that only one major source in the Northern Region had an enforcement action in FY2009.

Major Sources (13 sources total):

- 1) Sources that had compliance monitoring activity but no enforcement activity: 12
- 2) Sources with enforcement activity but no compliance monitoring activity: 0
- 3) Sources with compliance monitoring and enforcement activity: 1

Synthetic Minor Sources (4 sources total):

- 1) Sources that had compliance monitoring activity but no enforcement activity: 3
- 2) Sources with enforcement activity but no compliance monitoring activity: 0
- 3) Sources with compliance monitoring and enforcement activity: 1

III. Blue Ridge Regional Office (BRRO)

Representative File Selection (17 files) - Table B.2.

There were 305 compliance/enforcement records in FY2009 (Majors and SMs only). From the Table on page 2 in the SRF File Selection Protocol Version 2.0 (September 30, 2008), the range of facilities to select for review is from 15 to 30. Seventeen (17) files will be selected because the current universe of major sources is 68 sources, and the current universe of synthetic minor (SM) sources is 260 sources.

Breakdown of representative files selected.

For this round of the SRF, EPA Region III has used the following breakdown:

- 80% of the representative files reviewed are major sources;
- 20% of the representative files reviewed are SM sources.

In addition, the representative files will include a mix of facilities with various compliance history information in the national system. If a compliance monitoring file had an enforcement action associated with it, both activities will be reviewed (and vice-versa when an enforcement file had a compliance monitoring action). Note that only three major sources in the Blue Ridge Region had an enforcement action in FY2009.

Major Sources (13 sources total):

- 1) Sources that had compliance monitoring activity but no enforcement activity: 10
- 2) Sources with enforcement activity but no compliance monitoring activity: 0
- 3) Sources with compliance monitoring and enforcement activity: 3

Synthetic Minor Sources (4 sources total):

- 1) Sources that had compliance monitoring activity but no enforcement activity: 3
- 2) Sources with enforcement activity but no compliance monitoring activity: 0
- 3) Sources with compliance monitoring and enforcement activity: 1

IV. Supplemental File Selection (3 files from each Regional Office)

Supplemental files are used to ensure that EPA has enough files to look at to understand whether a potential problem pointed out by data analysis is in fact a problem.

The preliminary data analysis showed the following data metric of potential concern where supplemental files could help to understand whether a potential problem pointed out by data analysis is in fact a problem:

Data Metric No. A08B0S

Data Metric No. A08B0S measure a state’s ability to apply the HPV definition to violations that the state has discovered at synthetic minor sources. In FY2009, VADEQ only identified one HPV at an SM source out of a possible 1,539 SM sources. Therefore an additional three (3) SM sources with enforcement activity that did not rise to the level of an HPV will be chosen.

B. File Selection

Table B. 1. File Selection – Northern Regional Office (NRO)

File Selection Category	Program ID	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
2	5151000139	1	24	3	0	0	0	0	1	0	MAJR	Representative
5	5110700897	1	3	4	1	0	0	0	1	15000	SM	Supplemental
5	5115300143	1	2	4	0	0	0	0	1	23517	SM	Supplemental
5	5105973515	0	1	6	0	0	0	0	1	4978	SM	Supplemental
1	5103300040	1	25	0	0	0	0	0	0	0	MAJR	Representative
1	5105900034	1	8	0	0	1	0	1	0	0	MAJR	Representative
1	5105900575	1	3	0	0	0	0	0	0	0	MAJR	Representative
1	5105900743	1	4	0	0	0	0	0	0	0	MAJR	Representative
1	5109900012	1	12	0	0	0	0	0	0	0	MAJR	Representative
1	5110700125	1	3	0	0	0	0	0	0	0	MAJR	Representative
1	5110700849	1	11	2	1	0	0	0	0	0	MAJR	Representative
1	5113700022	1	6	0	0	0	0	0	0	0	MAJR	Representative
1	5113700027	1	7	0	0	0	0	0	0	0	MAJR	Representative
1	5115300010	1	2	0	0	0	0	0	0	0	MAJR	Representative
1	5117900029	1	6	0	0	0	0	0	0	0	MAJR	Representative
1	5168300003	1	2	0	0	0	0	0	0	0	MAJR	Representative
3	5106100060	1	1	0	0	0	0	0	0	0	SM80	Representative
4	5113700035	1	5	3	0	0	0	1	0	0	SM80	Representative
3	5153000812	1	3	2	0	0	0	0	0	0	SM80	Representative
3	5151000133	1	5	0	0	0	0	0	0	0	SM80	Representative
File Selection Category												

1	Major Sources with Compliance Monitoring Activity			
2	Major Sources with Enforcement Activity			
3	Synthetic Minor Sources with Compliance Monitoring Activity			
4	Synthetic Minor Sources with Enforcement Activity			
5	Synthetic Minor Sources with Enforcement Activity but no HPV.			

Table B. 2. File Selection – Blue Ridge Regional Office (BRRO)

File Selection Category	Program ID	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
2	5101900003	0	19	3	0	0	1	1	1	5148	MAJR	Representative
2	5112100006	0	16	3	0	0	0	0	1	3510	MAJR	Representative
1	5100900022	1	17	0	0	0	0	0	0	0	MAJR	Representative
1	5102300006	1	5	0	0	0	0	0	0	0	MAJR	Representative
1	5102900016	1	13	0	0	0	0	0	0	0	MAJR	Representative
1	5103100163	1	8	0	0	0	0	0	0	0	MAJR	Representative
1	5108300046	1	18	0	0	0	0	0	0	0	MAJR	Representative
1	5108900122	1	10	0	0	0	0	0	0	0	MAJR	Representative
1	5112100065	1	6	0	0	0	0	0	0	0	MAJR	Representative
1	5114300109	1	9	0	0	0	0	0	0	0	MAJR	Representative
1	5116100181	1	5	0	0	0	0	0	0	0	MAJR	Representative
1	5168000095	1	7	0	0	0	0	0	0	0	MAJR	Representative
3	5103100071	1	2	4	0	0	0	0	0	0	SM80	Representative
3	5111700057	1	1	0	0	0	0	0	0	0	SM80	Representative
3	5159000093	1	12	3	0	0	0	0	0	0	SM80	Representative
2	5108900035	1	10	2	0	0	1	1	1	11154	MAJR	Representative
5	5106700026	1	1	3	0	0	0	0	1	5775	SM	Supplemental
5	5106700044	1	2	2	0	0	0	0	1	2075	SM	Supplemental
5	5111700009	1	1	3	0	0	1	1	1	9477	SM	Supplemental
4	5168000097	1	4	4	0	0	0	0	1	10955	SM80	Representative
File Selection Category												
1	Major Sources with Compliance Monitoring Activity											
2	Major Sources with Enforcement Activity											
3	Synthetic Minor Sources with Compliance Monitoring Activity											
4	Synthetic Minor Sources with Enforcement Activity											
5	Synthetic Minor Sources with Enforcement Activity but no HPV.											

V File Selection- RCRA

A. File Selection Process

Using the EPA OTIS SRF file selection templates, we choose facilities which any of the following criteria for our representative sample:

- Identified in SNC status during FY09
- Identified as having more than one evaluation during FY09
- Identified as having formal and/or informal enforcement action during FY09
- Identified as having a penalty during FY09

In some instances, this was supplemented with random selection of facilities with violations and/or evaluations to ensure sufficient quantity of files for review in each State Regional Office.

B. File Selection Table

Enforcement Confidential Virginia Round II File Review List

ID	Facility Name	RCRA ID
1-1	AERUS LLC.	VAD990710675
1-2	AUSTINVILLE LIMESTONE CO INC	VAD053177861
1-3	EAST RIVER METALS INC	VAD130529662
1-4	JERRCO, INC. SHOP	VAR000517664

1-5	HAPCO AMERICAN FLAGPOLE	VAD982572232
1-6	MAUMEE EXPRESS INC	VAR000503912
1-7	MOUNTAIN MATERIALS, INC.	VAR000517573
1-8	POUNDING MILL QUARRY	VAR000517250
1-9	ROYAL MOULDINGS LTD	VAD062357298
1-10	SANDVIK MINING AND CONSTRUCTION	VAD030662324
1-11	STRATA MINE SERVICES, INC.	VAR000516872
1-12	STRONGWELL - HIGHLANDS	VAR000003830
2-1	AKZO NOBEL COATINGS, INC.	VAD000019828
2-2	AMERICAN OF MARTINSVILLE, INC.	VAD000797464
2-3	AUTO CRUSHERS, INC.	VACESQG20907
2-4	BASSETT FURNITURE PLANT 11	VAR000014472
2-5	BONDCOTE CORPORATION	VAD053182481
2-6	CEI-ROANOKE, INC.	VAD982578619
2-7	CELANESE ACETATE LLC	VAD005007679
2-8	INTERMET NEW RIVER FOUNDRY	VAD981730930
2-9	MEHLER ENGINEERED PRODUCTS	VAR000015446
2-10	OFFICE OUTLET INC.	VACESQG20803
2-11	PRAGMATTIC ENVIRONMENTAL SOLUTIONS COMPANY	VAR000517185
2-12	TECTON PRODUCTS ROANOKE	VAR000512350
2-13	TRANSFORMER ELECTRIC CO, INC	VAR000516732
2-14	VEDCO, LLC	VAR000514992
2-15	WHITE'S AUTOMOTIVE, JOHN L HUFFMAN T/A	VAR000008037
2-16	WOLVERINE ADVANCED MATERIALS	VAD065408692
2-17	WOLVERINE ADVANCED MATERIALS	VAR000001677

4-1	CULPEPER WOOD PRESERVERS	VAR000004846
4-2	CYCLES INC	VAD988175006
4-3	DYNAMIC DETAILS, INC	VAD981034895
4-4	GEORGE MASON UNIVERSITY	VAD981105752
4-5	HYDROCARBON RECOVERY SERVICES	VAD980537302
4-6	KLI SITE	VAD052356623
4-7	MIRANT POTOMAC RIVER L.L.C.	VAD000731588
4-8	NORFOLK SOUTHERN RAILWAY CORP CARLYLE PROJECT SITE	VAD988203550
4-9	PALM POOLS CORPORATION	VAR000517797
4-10	PAUL DECORATIVE PRODUCTS	VAR000500884
4-11	US ARMY GARRISON FORT BELVOIR	VA7213720082
4-12	US NAVY DAHLGREN	VA7170024684
4-13	VSE - LADYSMITH BLAST & PAINT FACILITY	VAD988223723
7-1	AMERICAN HOFMANN CORP	VAD046955134
7-2	CHARTER OF LYNCHBURG	VAD003111952
7-3	CLOVER POWER STATION	VAD988187589
7-4	CRAFT COLLISION CENTER	VAR000515569
7-5	DON IRBY 'S TRANSMISSIONS, LLC	VAR000508689
7-6	G & V SERVICE	VAD988204046
7-7	GEORGIA-PACIFIC WOOD PRODUCTS LLC	VAR000004887
7-8	J & E FINISHING, INC.	VAR000504548
7-9	JAMES RIVER EQUIPMENT	VAR000006361
7-10	NICHOLS JOHN ENT DBA MAACO	VAR000011049
7-11	SOLITE, LLC	VAD042755082
7-12	SWEDWOOD DANVILLE, LLC	VAR000515585

7-13	WESTOVER DAIRY	VAD988186847
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A. CWA-NPDES File Selection Process

The program reviewed both the NRO-Woodbridge and the SWRO – Abingdon to represent the Commonwealth’s program. NRO – Woodbridge manages a universe of 68 individual major and non-major files. Thirteen (13) files were selected for review from the File Selection Tool for NRO. SWRO manages a universe of 143 individual major and non-major permits. Twelve (12) were selected for review from the File Section Tool for SWRO. File selection in each Region was based upon the total number of available formal enforcement actions; inspection files having varying degrees of violations and SNC; and informal actions taken. For NRO, an additional supplement of five (5) permit files from a universe of 661 general permits in various industrial sectors was reviewed. These minor permits receive a compliance inspection once a permit cycle and any compliance matters can potentially go undetected for years.

The permit files selected include a blend of municipal and industrial permittees. The general permits selection includes a landfill, rail yard, concrete co., dairy and a car wash.

B. CWA-NPDES File Selection Table

[Notes to report authors: The file selection table is generated during using the file selection tool accessed in OTIS. Once files are selected, the tool generates a report as an Excel spreadsheet. The region will select and copy the spreadsheet and paste it into the SRF report.]

Files Selected for NRO

Program ID	f_city	f_zip	Permit Type	Inspection	Violation	Single Event Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
VA0025143	ARLINGTON COUNTY	22201	0	1	10	3	1	4	0	0	Major	accepted_representative
VA0091383	LEESBURG	20147	0	0	1	0	0	1	0	0	Major	accepted_representative

VA0002 071	DUMFRIES	220 26	0	4	0	0	0	0	0	0	0	Major	accepted_represent ative
VA0087 891	HAYMARKET	201 69	0	2	6	2	4	3	0	0	0	Minor	accepted_represent ative
VA0025 127	FREDERICKSBUR G	224 01	0	5	1	0	0	2	0	0	0	Major	accepted_represent ative
VA0020 974	HAMILTON	220 68	0	2	0	0	0	1	1	19,63 8	0	Minor	accepted_represent ative
VA0074 942	LEESBURG	201 76	0	3	1	1	0	1	0	0	0	Minor	accepted_represent ative
VA0076 392	FREDERICKSBUR G	224 05	0	1	0	0	0	0	0	0	0	Major	accepted_represent ative
VA0023 183	LOVETTSVILLE	201 80	0	1	0	0	0	3	1	10,00 0	0	Minor	accepted_represent ative
VA0070 106	KING GEORGE	224 85	0	6	0	0	0	12	0	0	0	Minor	accepted_represent ative
VA0076 678	LOUISA	229 42	0	1	0	0	0	0	1	10,57 0	0	Minor	accepted_represent ative
VA0091 464	BLUEMONT	201 35	0	1	0	0	0	0	0	0	0	Minor	accepted_represent ative
VA0002 151	QUANTICO	221 34	0	2	1	0	0	0	0	0	0	Major	accepted_represent ative

Files Selected for SWRO

ID	Location	Permit Type	Inspection	Violation	SEV	SNC	Informal Action	Formal Action	Penalty	Facility Type	Select
VAD001015	Russell County	0	2	0	0	0	0	0	0	Major	Accepted Representative
VAD0020940	Big Stone Gap	0	1	7	6	0	0	1	0	Major	Accepted Representative
VAD0090531	Vansant	0	1	1	1	0	0	0	0	Major	Accepted Representative
VAD0026379	Chilhowie	0	2	3	3	0	0	0	0	Minor	Accepted Representative
VAD0026565	Clintwood	0	0	0	0	0	1	0	0	Minor	Accepted Representative
VAD0067571	Haysi	0	0	5	1	4	2	0	0	Minor	Accepted Representative
VAD0074161	Wytheville	0	1	0	0	0	1	0	0	Major	Accepted Representative
VAD0020745	Lebanon	0	1	4	4	0	0	0	0	Minor	Accepted Representative
VAD021199	Richlands	0	1	0	0	0	0	0	0	Major	Accepted Representative
VAD0026808	Saltville	0	1	6	2	4	0	0	0	Minor	Accepted Representative

VAD0026298	Tazewell	0	2	2	0	0	0	0	0	Major	Accepted Representative
VAD0087378	Abingdon	0	2	4	4	0	0	0	0	Minor	Accepted Representative

APPENDIX G: FILE REVIEW ANALYSIS

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

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

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

Name of State:		Virginia Department of Environmental Quality (VADEQ) Northern and Blue Ridge Regional Offices Air			Review Period:	FY2009
CAA Metric #	CAA File Review Metric Description:	Numerator	Denominator	Metric Value	Initial Findings	
1	Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	38	40	95%	The majority of the data reviewed by the EPA review team was found to be accurately entered and maintained in AFS.
2	Metric 4a	Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan where completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? Yes or no? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning evaluation coverage are to be discussed pursuant to the metrics under Element 5. If a state/local agency had negotiated and received approval for conducting its compliance monitoring program pursuant to an alternative plan, details concerning the alternative plan and the S/L agency's implementation (including evaluation coverage) are to be discussed under this Metric.	NA	NA	100%	The state committed to conducting a traditional CMS plan that includes FCEs at 100% of the major sources over two years and 100% of SM sources over 5 years. The state committed to conducting 269 FCEs at major sources over the FY2008 - 2009 CMS cycle. The state completed 100% of the FCEs based on the data provided in Data Metric 5a1. For SM-80 sources, FY2009 was the third year of the 5 year cycle. Therefore, the state was required to complete 60% of the SM-80 sources through FY2009. Data metric 5b1 shows that the state completed > 60% of the SM-80 FCEs.
3	Metric 4b	Delineate the air compliance and enforcement commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The compliance and enforcement commitments should be delineated.	NA	NA	NA	VADEQ successfully completed all commitments specified in the Oct. 2005 Memorandum of Understanding (MOU).
4	Metric 6a	# of files reviewed with FCEs.	NA	NA	37	37 FCEs were reviewed
5	Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	37	37	100%	All 37 FCEs reviewed contained sufficient information in the CMR and/or the file to make a compliance determination. In addition all of the FCEs were completed in a timely manner. VADEQ's Field Operations for Air Inspectors provide guidance for preparing, and conducting an FCE. CEDS generates an inspection report shell for a facility. This includes but is not limited to a complete list of applicable requirements, permit conditions, and regulated sources. The inspector is required to document his or her observations and indicate the compliance status for each applicable requirement. In addition, a March 14, 2008 memorandum to Regional Air Compliance Managers from the Director of the Office of Air Compliance Coordination provides guidance for the completion and documentation of FCEs required by EPA's CMS. Finally, a September 2, 2002 timeliness memo establishes data entry timelines to ensure that FCEs are completed in a timely manner. Through the use of these tools, EPA expects VADEQ to continue to maintain a high level performance in this area.
6	Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	35	37	95%	In general, the CMRs were well written. All but two of the 37 compliance monitoring reports (CMRs) reviewed included all of the required elements under § IX of the CMS. One of the CMRs did not mention an active HPV at the time of the FCE in the compliance and enforcement history section. Another CMR did not reference the emission units in a single section, thus making it unclear if all of the emission units were included in the FCE. Finally, in the Northern Region, the majority of the CMRs contained language such as "the source appears to be in compliance" instead of more definitive language such as "the source is either in or out of compliance".

	CAA Metric #	CAA File Review Metric Description:	Numerator	Denominator	Metric Value	Initial Findings
7	Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	37	38	97%	In all but one case, the compliance determination in AFS vs. the file/FCE matched. In the one case, the result of an FCE indicated a violation but the facility's compliance status was not changed to "in violation" to reflect the result of the FCE. The review team believes that this was an isolated incidence and believes that Virginia doesn't have a problem in accurate compliance determinations.
8	Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	18	18	100%	All of the violations were timely reported in AFS.
9	Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	21	22	95%	All but one of the violations reviewed had the correct HPV determination. Specifically, a Title V Annual Certification submitted > 60 days late was not elevated to HPV status. The EPA review team believes that this was an isolated incident and believes that Virginia doesn't have a problem in making accurate HPV determinations.
10	Metric 9a	# of formal enforcement responses reviewed.	NA	NA	12	12 enforcement responses were reviewed.
11	Metric 9b	% of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame.	12	12	100%	All formal responses reviewed contained the documentation that required the facilities to return to compliance.
12	Metric 10b	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	3	3	100%	All of the enforcement responses reviewed for HPVs were addressed in a timely manner.
13	Metric 10c	% of enforcement responses for HPVs appropriately addressed.	3	3	100%	All HPV related enforcement actions reviewed indicated that VADEQ takes appropriate enforcement actions for HPVs
14	Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	10	10	100%	All files with penalty calculations included calculations for both gravity and economic benefit.
15	Metric 12c	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	10	10	100%	All files reviewed contained adequate documentation for the rationale between the initial and final assessed penalties.
16	Metric 12d	% of files that document collection of penalty.	10	10	100%	All of the files reviewed contained sufficient information documenting the collection of penalties.

VI. FILE REVIEW ANALYSIS CHART

RCRA Program

Name of State: Virginia

Review Period: FY09 (10/1/08 - 9/30/09)

RCRA Metric #	RCRA File Review Metric Description	Metric Value	Initial Findings
Metric 2c	% of files reviewed where mandatory data are accurately reflected in the national data system	91% (50/55)	We found the data to be in good shape, and especially note that the State enters every step of the enforcement process into RCRAInfo (including proposed Consent Orders, revised proposed Consent Orders, and referral for enforcement). The data discrepancies were mostly very minor in nature: <ul style="list-style-type: none"> - Facility 1-1 - Date of inspection was off by one day in RCRAInfo - Facility 4-3 - One verbal informal enforcement action was not entered into RCRAInfo - Facility 4-12 - Two day inspection was entered into RCRAInfo with the date of inspection being the second day; it should have been the first - Facility 7-10 - Facility was listed as a CESQG in RCRAInfo, but the facility is actually a SQG (small quantity generator)
Metric 4a	Planned inspections completed (based on grant commitments)	Reported in grant end-of-year report	<ul style="list-style-type: none"> - Federal TSD inspections: 5 completed (commitment of 5) - State and local TSD inspections: 0 completed (commitment of 0) - Private TSD inspections: 5 completed (commitment of 3) - LDF inspections: 12 completed (commitment of 8) - LQG inspections: 70 completed (commitment of 50) - SQG inspections: 284 (commitment of 220) - Financial Assurance Evaluations: 32 completed (commitment of 32) - BIF inspections: 1 completed (commitment of 1) - Incinerator inspections: 2 completed (commitment of 2) - Transporter inspections: 15 completed (commitment of 10) - Compliance Assistance Visits: 52 completed (commitment of 30)

Metric 4b	Planned commitments completed (grant non-inspection commitments)	Reported in grant end-of-year report	<ul style="list-style-type: none"> - The grantee agrees that all enforcement actions will be taken in accordance with the “timely and appropriate” criteria established in EPA’s December 2003 “Enforcement Response Policy (ERP).” - Encourage the regulated community to voluntarily discover, disclose, and correct violations before they are identified by regulatory agencies for inspection or enforcement response. - Provide compliance assistance activities directed at newly regulated handlers, handlers subject to new regulations, small businesses in priority industrial sectors, and other small businesses with compliance problems.
Metric 6a	# of inspection reports reviewed	58	
Metric 6b	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility	100%	<ul style="list-style-type: none"> - Inspection reports contain a narrative that has been incorporated into a very detailed and comprehensive checklist. Inspection reports include process flow diagrams, description of the process(es), and identification of <u>all</u> waste streams. - Nearly a quarter of the inspection reports (24%) also contained additional documentation, such as photos, manifest or shipping documents, MSDS Sheets, site maps, waste inventory, Fire Marshall’s report, and/or monitoring logs. - Two inspection reports were narrative only - these were follow up site visits to verify current conditions on-site.
Metric 6c	% of timely inspection reports reviewed	83% (48/58)	<ul style="list-style-type: none"> - Of 58 inspections reports reviewed, 10 did not meet the 50 day standard for timeliness (facilities 1-11, 2-1, 2-11, 2-14, 4-1, 4-2, 4-3, 4-5, 4-6, 4-13). Four of these reports (1-11, 2-1, 2-11, 2-14) were delayed due to complexity with the investigation (fish kill) or coordination with the Fire Marshalls office. In six instances (4-1, 4-2, 4-3, 4-5, 4-6, 4-13) the delay was due to the fact that one State Regional Office was short staffed during FY09; they chose to perform the same number of inspections which they would have, had they been fully staffed, but had to allow (due to their limited resources) for some delays in report preparation. - Of the FY09 inspection reports reviewed, the average number of days to complete an inspection report was 37; median time to complete inspection reports was 24 days.

Metric 7a	% of inspection reports reviewed that led to accurate compliance determinations	100%	- Based on the information available, accurate compliance determinations were made in all cases.
Metric 7b	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days)	96% (49/51)	- Two SV determinations were not entered in a timely fashion (facilities 4-2, 4-3); these were both “late” as a result of delays in inspection report preparation.
Metric 8d	% of violations in files reviewed that were accurately determined to be SNC	100%	- The reviewers did not find any instances where we disagreed with the State’s SNC/SV determination.
Metric 9a	# of enforcement responses reviewed	57	
Metric 9b	% of enforcement responses that have returned or will return a facility in SNC to compliance	100%	10 SNCs identified: - In 5 instances, facilities returned to compliance prior to issuance of the formal enforcement action, thus no injunctive relief was necessary (facilities 1-11, 2-4, 2-12, 4-13, 7-7) - In 2 instances, the formal enforcement action contained injunctive relief requirements (facilities 4-9, 4-10) - In 1 instance, formal enforcement action is pending, and proposed action includes injunctive relief requirements (facility 2-11) - In 2 instances, the facilities returned to compliance, after which time the State elected to not follow up with a formal enforcement action, thus no injunctive relief was necessary (facilities 2-10, 2-13)

Metric 9c	% of enforcement responses that have or will return Secondary Violators (SVs) to compliance	100%	46 SVs identified: - In 28 instances, the State issued Warning Letters which required a response to document each facility's return to compliance. In all but one of these 28 cases, documentation was in the file demonstrating return to compliance. In one instance, the facility did not respond in writing to the Warning Letter; the State followed up with a re-inspection to verify return to compliance. - In 18 instances, the facility demonstrated return to compliance prior to the State's enforcement follow up.
Metric 10c	% of enforcement responses reviewed that are taken in a timely manner	90% (46/51)	46 of 51 enforcement actions were taken in a timely fashion. In four instances (for facilities 2-4, 2-12, 4-9, 4-10), the State exceeded the 360 day response time guideline to enter into a final order with the violator as set forth in the Hazardous Waste Civil Enforcement Response Policy. In one instance, the final order is pending, and 360 days has passed. The Policy recognizes that there are circumstances which may result in an exceedance of the standard response times, and a ceiling of 20% per year has been established for consideration of cases involving unique factors that may preclude the State from meeting the standard response times.
Metric 10d	% of enforcement responses reviewed that are appropriate to the violations	100%	- All 43 SVs were addressed with appropriate enforcement action, either verbal informal or Warning Letter. - All 10 SNCs were appropriately addressed: -- 7 were addressed with a Consent Order (facilities 1-11, 2-4, 2-12, 4-9, 4-10, 4-13, 7-7) -- 1 will be addressed with a Consent Order; negotiations underway, final action pending (facility 2-11) -- 1 returned to compliance, company "terminated"; no further action required (facility 2-10) -- 1 returned to compliance, company had no ability to pay penalty; no further action (facility 2-13)
Metric 11a	% of penalty calculations reviewed that consider and include, where appropriate, gravity and economic benefit	100% (7/7)	Of the seven instances where a penalty was assessed, each file contained penalty calculations which consider both gravity and economic benefit, as does the file where settlement is pending.

Metric 12a	% of formal enforcement responses reviewed that document the difference and rationale between the initial and final assessed penalty	100% (7/7)	Of the seven instances where a penalty was assessed, each file documented the difference between the initial and final penalty.
Metric 12b	% of enforcement files reviewed that document the collection of penalty	100% (6/6)	Of the six instances where (non-zero dollar) penalties were required, all files documented payment of the penalty. In the seventh instance where a penalty was “assessed”, that assessment was zero, based on financial ability to pay.

File Review Analysis – NPDES

Name of State: Virginia

Review Period: FY'2009

CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings and Conclusions
Metric 2b	% of files reviewed where data is accurately reflected in the national data system.	77%	23/30 files reviewed had accurate data in the national database (PCS). This is due to one inspection report that could not be located; one that was not performed ; 4 general permits whose data is not in the national database, but tracked in the state database, CEDS; and a CEI record that was in the database but is nonexistent
Metric 4a	% of planned inspections completed. Summarize using the Inspection Commitment Summary Table in the CWA PLG.	100%	All major inspections were completed during FY'2009 in accordance with the approved Risk Based Inspection Strategy (RBIS). This compliance monitoring tool allows for a 40% inspection rate and flexibility to adjust the frequency of inspections based on the history of compliance.
Metric 4b	Other Commitments. Delineate the commitments for the FY under review and describe what was accomplished. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The commitments should be broken out and delineated.	N/A	In accordance with the compliance and enforcement commitments identified in VA DEQ's FY'2009 PPG agreement, inspections have been conducted in compliance with the approved inspection targeting strategy; copies of major inspections are provided to EPA. DEQ has taken timely and appropriate enforcement at major permittees and have made copies of these actions available via DEQs webpage. Enforcement action at CSOs is ongoing with all communities having LTCPs with schedules being met. Participation in Quarterly Enforcement calls is consistent and DEQ has reduced the number of permittees on the WL that are in SNC.
Metric 6a	# of inspection reports reviewed	30	25 inspection reports were reviewed. Five supplemental case files were also reviewed. In total, 30 case files (inspection and enforcement) received inspection report review.
Metric 6b	% of inspection reports reviewed that are complete.	0%	In accordance with SRF criteria and guidelines found at Appendix A of the CWA Inspection Report Evaluation Guide, 0 of 30 inspection reports reviewed were complete. In all cases, the review team identified varying degrees of absent data. This included entry time, date of report, date of inspection, appropriate signature, etc.

Metric 6c	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.	93%	28 of 30 inspection reports reviewed contained ample information to make an accurate compliance determination. In 28 of 30 files reviewed, one inspection report was not located in the file and the other did not receive an inspection because of plans to connect to the sanitary sewer, resulting in termination of the permit.
Metric 6d	% of inspection reports reviewed that are timely.	90%	27 of 30 inspection reports reviewed were timely. In 3 of 30 files reviewed, one inspection report was not located in the file; one inspection report did not receive an inspection due to plans to connect to the sanitary sewer, resulting in termination of the permit; and one inspection report had a late final review signature.
Metric 7e	% of inspection reports or facility files reviewed that led to accurate compliance determinations.	93%	28/30 inspection records reviewed documented accurate compliance determinations. In 2 of 30 files reviewed, one inspection report was not located in the file and the other did not have an inspection because of plans to connect to the sanitary sewer and resulting termination of the permit.
Metric 8b	% of single event violation(s) that are accurately identified as SNC or Non-SNC.	100%	27 instances of SEV were identified statewide in the national database during FY 2009 and 10 files were evaluated during the review period. During the review EPA evaluated 1 major permit in SNC, 1 major permit in non-SNC and 5 minor permits in non-SNC in SWRO. In the NWRO the review team evaluated 1 major permit in SNC, 1 major permit in non-SNC and 1 minor permit in non-SNC. The total number of files reviewed in both offices include: 2 major permits in SNC, 2 major permits in non-SNC and 6 minor (non-major) permits in non-SNC. The definition of SNC applies to major permittees only.
Metric 8c	% of single event violation(s) identified as SNC that are reported timely.	100%	2/2 SEVs were identified as SNC and reported in the national data system timely in FY'2009. This metric pertains to major facilities only.
Metric 9a	# of enforcement files reviewed	8	8 enforcement files were selected for review during the FY'2009 Round 2, SRF review period.
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	2 of 2 enforcement responses reviewed had returned or will return a source in SNC to compliance.
Metric 9c	% of enforcement responses that have returned or will return a source with non-SNC violations to compliance.	100%	6 of 6 enforcement responses reviewed had or will return sources with non-SNC violations to compliance.

Metric 10b	% of enforcement responses reviewed that address SNC that are taken in a timely manner.	100%	2 of 2 enforcement responses that addressed SNC were timely and within sixty (60) days.
Metric 10c	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	100%	2 of 2 enforcement actions address SNC and were appropriate in relation to the violations cited.
Metric 10d	% of enforcement responses reviewed that appropriately address non-SNC violations.	100%	6 of 6 enforcement responses appropriately addressed non-SNC violations.
Metric 10e	% enforcement responses for non-SNC violations where a response was taken in a timely manner.	100%	6 of 6 enforcement responses for non-SNC violations were taken timely.
Metric 11a	% of penalty calculations that consider and include appropriate gravity and economic benefit.	100%	3/3 penalty actions were identified where gravity and economic benefit were considered.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	67%	2/3 enforcement actions reviewed document the difference and rationale between the initial and final assessed penalty.

Metric 12b	% of enforcement actions with penalties that document collection of penalty.	67%	2/3 final enforcement actions document collection of the final assessed penalty.
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APPENDIX H: CORRESPONDENCE

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
1650 Arch Street
Philadelphia, Pennsylvania 19103-2029**

April 8, 2010

Jerome A. Brooks
Air Compliance Coordination Director
Virginia Department of Environmental Quality
629 East Main Street
P. O. Box 1105
Richmond, VA 23218

Dear Jerome:

EPA Region III is preparing for the file review, which is the next step in the State Review Framework (SRF) process. The region is forwarding our selection of files to be reviewed (Enclosure 1).

EPA has followed the guidelines outlined in the “SRF File Selection Protocol – September 30, 2008” (protocol) when selecting the listed files. This guideline is available on EPA’s OTIS website www.epa-otis.gov/otis.

EPA is requesting 40 files for the CAA portion of the SRF. Twenty (20) files (each) from the Blue Ridge and Northern Regional Offices. Seventeen (17) files from each region were selected under the process for determining random, representative files for review described in the protocol. The remaining three (3) files from each region were selected under the process for selecting additional files for review based on Data Metric Analysis described in the protocol. Enclosure 2 describes EPA’s file selection process in more detail.

The on-site file review will begin on May 4, 2010 in the Northern Regional Office and May 18, 2010 in the Blue Ridge Regional Office. Please have these files ready for review in their entirety. Files should include inspection reports, sampling if applicable, any enforcement documents, and penalty documentation. Please have someone available, either the inspector, case developer, or manager familiar with the files should there be any questions regarding the files. We will make ourselves available at the end of the file review should you have any questions for the review team. The review team may have follow-up questions regarding the files after returning to

the office and conducting a more thorough review of the files. The report will contain a file review analysis chart which will include initial findings which will be a statement about the observed performance, and whether the performance indicates a potential issue.

All information and material used in this review may be subject to federal and/or state disclosure laws. While EPA intends to use this information only for discussions with the Virginia Department of Environmental Quality, we will do everything possible to prevent the release of these records.

If you have any questions, please contact Kurt Elsner of my staff at 215-814-2082.

Sincerely,

/s/

Bernard E. Turlinski, Associate Director
Enforcement & Permits Policy

Enclosure 1 – File Selection VADEQ SRF Round 2

Enclosure 2 – Methodology of File Selection VADEQ SRF Round 2

cc: Samantha Beers, Director OECEJ