

STATE REVIEW FRAMEWORK

Tennessee

Knox County Air Quality Management

**Clean Air Act
Implementation in Federal Fiscal Year 2020**

**U.S. Environmental Protection Agency
Region 4**

**Final Report
March 9, 2022**

I. Introduction

A. Overview of the State Review Framework

The State Review Framework (SRF) is a key mechanism for EPA oversight, providing a nationally consistent process for reviewing the performance of state delegated compliance and enforcement programs under three core federal statutes: Clean Air Act, Clean Water Act, and Resource Conservation and Recovery Act. Through SRF, EPA periodically reviews such programs using a standardized set of metrics to evaluate their performance against performance standards laid out in federal statute, EPA regulations, policy, and guidance. When states do not achieve standards, the EPA will work with them to improve performance.

Established in 2004, the review was developed jointly by EPA and Environmental Council of the States (ECOS) in response to calls both inside and outside the agency for improved, more consistent oversight of state delegated programs. The goals of the review that were agreed upon at its formation remain relevant and unchanged today:

1. Ensure delegated and EPA-run programs meet federal policy and baseline performance standards
2. Promote fair and consistent enforcement necessary to protect human health and the environment
3. Promote equitable treatment and level interstate playing field for business
4. Provide transparency with publicly available data and reports

B. The Review Process

The review is conducted on a rolling five-year cycle such that all programs are reviewed approximately once every five years. The EPA evaluates programs on a one-year period of performance, typically the one-year prior to review, using a standard set of metrics to make findings on performance in five areas (elements) around which the report is organized: data, inspections, violations, enforcement, and penalties. Wherever program performance is found to deviate significantly from federal policy or standards, the EPA will issue recommendations for corrective action which are monitored by EPA until completed and program performance improves.

The SRF is currently in its 4th Round (FY2018-2022) of reviews, preceded by Round 3 (FY2012-2017), Round 2 (2008-2011), and Round 1 (FY2004-2007). Additional information and final reports can be found at the EPA website under [State Review Framework](#).

II. Navigating the Report

The final report contains the results and relevant information from the review including EPA and program contact information, metric values, performance findings and explanations, program responses, and EPA recommendations for corrective action where any significant deficiencies in performance were found.

A. Metrics

There are two general types of metrics used to assess program performance. The first are **data metrics**, which reflect verified inspection and enforcement data from the national data systems of each media, or statute. The second, and generally more significant, are **file metrics**, which are derived from the review of individual facility files in order to determine if the program is performing their compliance and enforcement responsibilities adequately.

Other information considered by EPA to make performance findings in addition to the metrics includes results from previous SRF reviews, data metrics from the years in-between reviews, multi-year metric trends.

B. Performance Findings

The EPA makes findings on performance in five program areas:

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

Though performance generally varies across a spectrum, for the purposes of conducting a standardized review, SRF categorizes performance into three findings levels:

Meets or Exceeds: No issues are found. Base standards of performance are met or exceeded.

Area for Attention: Minor issues are found. One or more metrics indicates performance issues related to quality, process, or policy. The implementing agency is considered able to correct the issue without additional EPA oversight.

Area for Improvement: Significant issues are found. One or more metrics indicates routine and/or widespread performance issues related to quality, process, or policy. A recommendation for corrective action is issued which contains specific actions and schedule for completion. The EPA monitors implementation until completion.

C. Recommendations for Corrective Action

Whenever the EPA makes a finding on performance of *Area for Improvement*, the EPA will include a recommendation for corrective action, or recommendation, in the report. The purpose of recommendations are to address significant performance issues and bring program performance back in line with federal policy and standards. All recommendations should include

specific actions and a schedule for completion, and their implementation is monitored by the EPA until completion.

III. Review Process Information

Clean Air Act (CAA)

Key dates:

- July 29, 2021 round 4 kick-off letter sent to the local program
- August 12, 2021 data metric analysis (DMA) and file selection sent to the local program
- September 7 – October 19, 2021 SRF evaluation
- October 21, 2021 file review checklist summary spreadsheet provided to the local program

Local Agency and EPA key contacts for review:

	Knox County Air Quality Management	EPA Region 4
SRF Coordinator	Brian Rivera, P.E. Division Director of Air Quality Management	Reginald Barrino, SRF Coordinator Policy, Oversight & Liaison Office
CAA	Coby Webster, Environmental Specialist II, Air Quality Management	Denis Kler, Policy, Oversight & Liaison Office

Executive Summary

Areas of Strong Performance

The following are aspects of the program that, according to the review, are being implemented at a high level:

Clean Air Act (CAA)

Knox County Air Quality Management (Knox County) met the timely reporting of compliance monitoring activity minimum data requirements (MDRs), the timely reporting of stack tests and stack test results, and the timely reporting of enforcement MDRs into ICIS-Air.

Knox County met the negotiated frequency for inspection of Title V sources and SM-80 sources, met the goal for reviewing Title V Annual Compliance Certifications, and fulfilled the documentation requirements for Full Compliance Evaluations (FCEs) and Compliance Monitoring Reports (CMRs).

Knox County had formal enforcement actions that required corrective action that would return the facility to compliance or compliance was achieved prior to the issuance of an order, addressed HPVs in a timely manner, and took appropriate enforcement actions for HPVs. No HPV addressing actions required Knox County to develop case development and resolution timelines for enforcement actions requiring additional time.

Priority Issues to Address

The following are aspects of the program that, according to the review, are not meeting federal standards and should be prioritized for management attention:

Clean Air Act (CAA)

None

Clean Air Act Findings

CAA Element 1 - Data

Finding 1-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Knox County Air Quality Management (Knox County) met the timely reporting of compliance monitoring activity minimum data requirements (MDRs), the timely reporting of stack tests and stack test results, and the timely reporting of enforcement MDRs into ICIS-Air.

Explanation:

Data metrics 3b1 (100%), 3b2 (100%) and 3b3 (85.7%) indicated that Knox County was timely in reporting the compliance monitoring MDRs, the stack tests and stack test results, and the enforcement MDRs into ICIS-Air. Knox County met the national goal and was above the national average for these data metrics. No HPVs were identified during the review period of FY 2020 so data metric 3a2 does not apply.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
3b1 Timely reporting of compliance monitoring MDRs [GOAL]	100%	74.3%	14	14	100%
3b2 Timely reporting of stack test dates and results [GOAL]	100%	59.4%	8	8	100%
3b3 Timely reporting of enforcement MDRs [GOAL]	100%	76.3%	6	7	85.7%

State Response:

CAA Element 1 - Data

Finding 1-2

Area for Attention

Recurring Issue:

No

Summary:

Minor discrepancies were identified between the data in the facility files and the data that was entered into ICIS-Air.

Explanation:

File review metric 2b indicated that 76.9% of the files reviewed reflected accurate entry of all MDRs into ICIS-Air. Three files contained discrepancies between the information in the file and the data that was entered into ICIS-Air. Two files contained administrative order, and the dates on the orders in the file did not match the dates entered into ICIS-Air. A representative from Knox County indicated that the dates listed in ICIS-Air were the dates the orders were mailed to the facilities and not the dates the orders were issued. The other file contained a notice of violation dated 9/9/2020. The date of the notice of violation was identified in ICIS-Air as an informal enforcement action but the informal enforcement action was not identified as a federally reportable violation (FRV) in ICIS-Air. A representative from Knox County indicated that the enforcement action should have been identified as an FRV. Incorrect data has the potential to hinder the EPA's oversight and targeting efforts and may result in inaccurate information being released to the public.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
2b Files reviewed where data are accurately reflected in the national data system [GOAL]	100%		10	13	76.9%

State Response:

CAA Element 2 - Inspections

Finding 2-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Knox County met the negotiated frequency for inspection of Title V sources and SM-80 sources, met the goal for reviewing Title V Annual Compliance Certifications, and fulfilled the documentation requirements for Full Compliance Evaluations (FCEs) and Compliance Monitoring Reports (CMRs).

Explanation:

Data metrics 5a (100%) and 5b (100%) indicated that Knox County provided adequate inspection coverage for Title V sources and SM-80 sources during the FY 2020 review year by ensuring that each Title V source was inspected at least once every 2 years, and each SM-80 source was inspected at least once every 5 years.

Data metric 5e (100%) indicated that Knox County completed the reviews of the Title V annual compliance certifications. Knox County met the national goal and was above the national average for these data metrics.

File review metrics 6a (100%) and 6b (100%) indicated that Knox County provided adequate documentation of the FCE elements identified in the CAA Stationary Source Compliance Monitoring Strategy (CMS Guidance) and provided adequate documentation in the CMRs to determine the compliance of the facility. Knox County met the national goal for these file review metrics.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
5a FCE coverage: majors and mega-sites [GOAL]	100%	85.7%	2	2	100%
5b FCE coverage: SM-80s [GOAL]	100%	93.6%	7	7	100%
5e Reviews of Title V annual compliance certifications completed [GOAL]	100%	82.8%	5	5	100%
6a Documentation of FCE elements [GOAL]	100%		10	10	100%
6b Compliance monitoring reports (CMRs) or facility files reviewed that provide sufficient documentation to determine compliance of the facility [GOAL]	100%		10	10	100%

State Response:

CAA Element 3 - Violations

Finding 3-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Knox County made accurate compliance determinations.

Explanation:

File review metric 7a (92.3%) indicated that based on the information contained in the files, Knox County made accurate compliance determinations. One deficiency was noted because Knox

County did not accurately identify a violation as an FRV. No HPVs were identified during the FY 2020 review period, therefore the timeliness of HPV identification (Data metric 13) does not apply. Knox County met the national goal for File review metric 7a.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
7a Accurate compliance determinations [GOAL]	100%		12	13	92.3%

State Response:

CAA Element 3 - Violations

Finding 3-2

Area for Attention

Recurring Issue:

No

Summary:

A minor discrepancy was identified in the accuracy of HPV/non-HPV determinations.

Explanation:

File review metric 8c indicated that 80% of FRVs reviewed showed Knox County made accurate HPV or non-HPV determinations. One deficiency was noted because Knox County did not accurately identify a violation as an FRV, and therefore did not determine whether the FRV would be classified as an HPV. Incorrect information may hinder the EPA's oversight and targeting efforts and may result in inaccurate information being released to the public. The EPA believes that Knox County will be able to address this issue without EPA oversight.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
8c Accuracy of HPV or non-HPV determinations [GOAL]	100%		4	5	80%

State Response:

CAA Element 4 - Enforcement

Finding 4-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Knox County had formal enforcement actions that required corrective action that would return the facility to compliance or compliance was achieved prior to the issuance of an order, addressed HPVs and/or non-HPVs in a timely manner, and took appropriate enforcement actions for HPVs. No HPV addressing actions required Knox County to develop case development and resolution timelines for enforcement actions requiring additional time.

Explanation:

File review metrics 9a (100%), 10a (100%), and 10b (100%) indicated that Knox County was able to return facilities to compliance, to address HPVs in a timely manner, and took appropriate enforcement actions for HPVs. As previously noted, no HPVs were identified during the FY 2020 review year. The supplemental HPV actions from the FY 2018 review year were addressed within the 180-day timeframe required by the HPV Policy, so Knox County did not have to develop case development and resolution timelines and therefore, File review metric 14 does not apply. Knox County met the national goal for these file review metrics.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
9a Formal enforcement responses that include required corrective action that will return the facility to compliance in a specified time frame, or the facility fixed the problem without a compliance schedule [GOAL]	100%		4	4	100%
10a Timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place	100%		2	2	100%
10b Percent of HPVs that have been addressed or removed consistent with the HPV Policy [GOAL]	100%		2	2	100%

State Response:

CAA Element 5 - Penalties

Finding 5-1

Meets or Exceeds Expectations

Recurring Issue:

No
