



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
FOUR PENN CENTER – 100 JOHN F. KENNEDY BLVD.  
PHILADELPHIA, PENNSYLVANIA 19103**

**VIA ELECTRONIC MAIL**

Mr. Dean DeLuca  
Air Quality Program Manager  
Allegheny County Health Department  
301 39th Street, Building #7  
Pittsburgh, PA 15201  
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Dear Mr. DeLuca,

We would like to thank you and your staff for the cooperation you provided to the U.S. Environmental Protection Agency (EPA) to finalize the State Review Framework (SRF) for the Allegheny County Health Department (ACHD). The SRF is a program designed so that EPA may conduct oversight of state/local compliance and enforcement programs to ensure that states/local agencies are implementing these programs in a nationally consistent and efficient manner.

EPA conducted the Round Four SRF review of the ACHD Clean Air Act (CAA) Stationary Source enforcement program. The review evaluated compliance and enforcement data and files from Fiscal Year 2020, and prior fiscal years where needed. The enclosed report includes findings from the review and planned actions to facilitate program improvements.

Since the last SRF review, ACHD executed enforcement orders with clear paths to compliance and conducted appropriate enforcement responses for high priority violations (HPVs). All penalties that were reduced from the initial assessed penalties had adequate justifications for those reductions. In addition, all penalties had proof in the file that they were collected. Finally, a Best Practice was identified during the review that may be shared with other states. ACHD entered detailed notes into ICIS-Air case files to explain the violations identified. This allowed the EPA Review Team to have a clear understanding of the enforcement action in both the paper and digital files.

The review also identified aspects of the program that should be prioritized for management attention. ACHD failed to consistently report HPVs and enforcement minimum data requirements (MDRs) into ICIS-Air in a timely manner. Only 40% of the files reviewed had completely accurate MDR data in ICIS-Air. Additionally, ACHD does not consistently address HPVs in a timely manner or have a case development resolution timeline in place when necessary. Finally, only half of the penalty case files reviewed included an economic benefit component or reason for mitigation in the penalty calculations.

EPA looks forward to continuing to work with ACHD to improve program performance in pursuit of our shared mission to protect public human health and the environment. If you have any

RE: *State Review Framework (SRF)*

questions, please feel free to contact me or have your staff contact Ms. Danielle Baltera, Region III SRF Coordinator at 215-814-2342.

Sincerely,

**KAREN  
MELVIN**

Digitally signed by  
KAREN MELVIN  
Date: 2022.04.11  
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Karen Melvin, Director  
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# **STATE REVIEW FRAMEWORK**

## **Pennsylvania**

### **Allegheny County Health Department**

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

#### **U.S. Environmental Protection Agency Region 3**

**Final Report  
March 31, 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)**

Dates of Remote File Review: September 13-16, 2021

Environmental Protection Agency (EPA) contacts include:

Isabella Powers, Air Inspector - Enforcement and Compliance Division

Carly Joseph, Air Inspector - Enforcement and Compliance Division

Kurt Elsner, Senior Environmental Engineer - Enforcement and Compliance Division

Erin Malone, Air Inspector & State Liaison Lead - Enforcement and Compliance Division

Stafford Stewart, Air Inspector - Enforcement and Compliance Division

Allegheny County Health Department (ACHD) contacts include:

Shannon Sandberg, Chief of Compliance and Enforcement

Allason Holt, Air Quality Administrator II

# Executive Summary

## Areas of Strong Performance

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

### Clean Air Act (CAA)

- ACHD executed enforcement orders with clear paths to compliance and conducted appropriate enforcement responses for high priority violations (HPVs).
- All penalties that were reduced from the initial assessed penalties had adequate justifications for those reductions. In addition, all penalties had proof in the file that they were collected.
- Best Practice- ACHD entered detailed notes into ICIS-Air case files to explain the violations identified. This allowed the EPA Review Team to have a clear understanding of the enforcement action in both the paper and digital files.

## Priority Issues to Address

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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)

- ACHD failed to consistently report HPVs and enforcement minimum data requirements (MDRs) into ICIS-Air in a timely manner.
- Only 40% of the files reviewed had completely accurate MDR data in ICIS-Air.
- ACHD does not consistently address HPVs in a timely manner or have a case development resolution timeline (CD&RT) in place by day 225 of the HPV.
- Only half of the penalty case files reviewed included an economic benefit component or reason for mitigation in the penalty calculations.

# Clean Air Act Findings

## CAA Element 1 - Data

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### Finding 1-1

Meets or Exceeds Expectations

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### Recurring Issue:

No

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### Summary:

ACHD entered compliance monitoring MDRs, stack tests, and stack test results timely into ICIS-Air greater than 90% of the time.

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### Explanation:

ACHD demonstrated that a large portion of their data reporting requirements are entered timely into ICIS-Air. Metric 3b1 and Metric 3b2 analyze the timeliness of compliance monitoring MDRs and stack tests and stack test results entered into ICIS-Air. ACHD timely entered the applicable data into ICIS-Air greater than 90% of the time. For metric 3b1, two of the four late entries were two and five days overdue. For metric 3b2, one of the six late entries were just two days overdue while the other five entries were on average 83 days late.

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### 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%	39	43	90.7%
3b2 Timely reporting of stack test dates and results [GOAL]	100%	59.4%	55	61	90.2%

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### ACHD Response:

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## CAA Element 1 - Data

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### Finding 1-2

Area for Attention

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### Recurring Issue:

No

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### Summary:

ACHD failed to consistently report HPV into ICIS-Air in a timely manner.

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### Explanation:

During FY2020, ACHD identified five HPVs. Four out of the five HPVs were reported to ICIS-Air in a timely manner. The only HPV case file not created in a timely manner was for a complicated facility with a lengthy noncompliance history. It took ACHD 181 days to enter this HPV into ICIS-Air. ACHD stated that this delay was due to human error and has since centralized entries for case files. Additionally, ACHD has weekly case file audits, which is an increase in frequency, to prevent HPV reporting delays in the future.

In Round 3, ACHD had a performance of 100% for the timely reporting of HPV determinations (metric 3a2) for FY2016, FY2017, and FY2018. However, in FY2019 ACHD's rating fell to 44% for metric 3a2. For reporting enforcement MDRs in timely manner, ACHD reported four of the 13 enforcement MDRs in an untimely manner. One of the four entries was 10 days overdue, while the other three entries were on average 75 days overdue. ACHD stated that the late entries were due to a transition of management. ACHD has centralized their case files and created protocol requiring the responsible engineer to communicate with responsible staff and case file audits have been increased to weekly reviews to prevent further delays with enforcement MDRs.

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### Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
3a2 Timely reporting of HPV determinations [GOAL]	100%	76.3%	4	5	80.0%

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### ACHD Response:

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## CAA Element 1 - Data

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### Finding 1-3

Area for Improvement

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#### Recurring Issue:

Recurring from Rounds 2 and 3

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#### Summary:

During the file review, the EPA Review Team found that only 40% of the files reviewed had completely accurate MDR data in ICIS-Air. Additionally, ACHD failed to consistently report enforcement MDRs into ICIS-Air in a timely manner.

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#### Explanation:

The EPA Review Team found that 40% of the facility files had completely accurate MDR data entered into ICIS-Air. Although this is an improvement from Rounds 2 and 3, it is still a significant issue with ACHD's reporting of compliance and enforcement activities to ICIS-Air. Some of the issues that the EPA Review Team found in Round 4 include:

- Title V Annual Compliance Certification (TVACC) received and reviewed dates in ICIS-Air were not aligned with the dates in the facility file;
- date of full compliance evaluations (FCEs) in ICIS-Air differing from the date on the inspection in the facility file;
- a formal enforcement action was found to be missing entirely from ICIS-Air;
- missing stack test entry in ICIS-Air;
- stack test results showing as "pending" in ICIS-Air (the CMS Policy requires that the date and result of all stack tests are entered into ICIS-Air within 120 days of completion of the test);
- applicable pollutants and pollutant classification for each air program outdated in ICIS-Air; and
- air programs and subparts missing or outdated in ICIS-Air.

Entering accurate MDR data has been a continuing issue for ACHD. In Round 2, the EPA Review Team found data discrepancies between MDR data in AFS and the information in the facility file. In particular, the FCE dates in the file did not match the FCE date in the database in many instances. In Round 3, 37% of the facility files were found to be inaccurate when comparing the file to what was reported in ICIS-Air. The majority of the inaccurate data in Round 3 involved stack tests. To address this inaccurate data entry in SRF Round 3, ACHD conducted a root cause analysis, developed protocols, and ACHD data entry personnel attended an ICIS-Air training. EPA conducted a review of stack tests and enforcement MDRs in 2018-2019 and found that 36 of the 39 files reviewed were determined to be accurate in ICIS-Air.

Although data accuracy in ICIS-Air is an issue for ACHD, it appears that each round detected different data issues. ACHD has made some staffing changes in 2021 including training one staff person to act as the data manager for ICIS-Air data entry. Having one or two staff people to act

as gatekeepers for ICIS-Air data entry is a best practice that EPA Region III typically recommends. Since ACHD has already started to implement this new process we anticipate an improvement in data entry accuracy in the subsequent data metric analyses (DMAs).

For reporting enforcement MDRs in timely manner, ACHD reported four of the 13 enforcement MDRs in an untimely manner. One of the four entries was 10 days overdue, while the other three entries were on average 75 days overdue. ACHD stated that the late entries were due to a transition of management. ACHD has centralized their case files and created protocol requiring the responsible engineer to communicate with responsible staff and case file audits have been increased to weekly reviews to prevent further delays with enforcement MDRs.

In Round 3, ACHD achieved 35% for the timely reporting of enforcement MDRs (metric 3b3) which was identified as an "Area for State Improvement." Since ACHD performed a "root cause analysis" and subsequently developed and implemented an SOP during FY2018, the performance for metric 3b3 was as follows:

FY2018 - 95%;  
 FY2019 - 88%;  
 FY2020 – 69.2%; and  
 FY2021 – 85.7%.

The four "untimely" entries in FY2020 were created on 4/30/2020 and 5/1/2020. The COVID-19 shutdown that occurred in mid-March 2020 halted ICIS-Air data entry until 4/30/2020. Currently, the FY2021 performance for metric 3b3 is at 85.7%. The Needs Improvement for this finding is based on the FY2020 review year, although FY2021 performance to date shows improvement for metric 3b3.

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**Relevant metrics:**

<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State Total</b>
2b Files reviewed where data are accurately reflected in the national data system [GOAL]	100%	-	8	20	40%
3b3 Timely reporting of enforcement MDRs [GOAL]	100%	76.3%	9	13	69.2%

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**ACHD Response:**

ACHD agrees with the recommendations.

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**Recommendation:**

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Rec #	Due Date	Recommendation
1	06/30/2022	No later than 60 days from final report issuance, ACHD to provide names of staff to EPA that will be dedicated to ICIS-Air data entry.
2	09/30/2022	EPA to provide ICIS-Air training for selected ACHD staff to be trained in entering data into ICIS-Air.
3	08/01/2023	After the first full quarter of implementation of the new data entry procedures, EPA will review a representative number of files to confirm that appropriate data is being accurately entered into ICIS-Air with a result of 85% for metric 2b. Files will be reviewed at 6 months, 9 months, and 12 months following the ICIS-Air training.

## CAA Element 2 - Inspections

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### Finding 2-1

Meets or Exceeds Expectations

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### Recurring Issue:

No

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### Summary:

ACHD met the negotiated frequency for compliance evaluations of the Compliance Monitoring Strategy (CMS) sources. Additionally, all Compliance Monitoring Reports (CMRs) reviewed provided sufficient documentation to determine facility compliance and document the Full Compliance Evaluations (FCEs) elements.

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### Explanation:

ACHD conducted 100% of the required FCEs at major and SM-80 sources in their CMS plan. In addition, ACHD conducted all FCEs as on-site and did not elect to use the inspection flexibility option provided by the Susan Bodine memo<sup>1</sup>. The initial Data Metric Analysis (DMA), showed four facilities as not having a Title V Annual Compliance Certification (TVACC) review. After further review, the EPA Review Team found that three of the four facilities were not required to submit a TVACC for FY 2020 because they do not have a Title V permit. The fourth entry marked as not having a TVACC review was late due to a staff member being on extended leave. All TVACCs that were scheduled to be reviewed were completed. Finally, all 15 files with an FCE

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<sup>1</sup> AMS conducted virtual inspections in FY2020 per the Susan Bodine memo titled *Recommended Processes for Adjusting Inspection Commitments Due to the COVID-19 Public Health Emergency* dated July 22, 2020.

were determined to include all of the required FCE elements. The EPA Review Team found the CMRs to be thorough and easy-to-follow with comprehensive compliance histories.

**Relevant metrics:**

<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State Total</b>
5a FCE coverage: majors and mega-sites [GOAL]	100%	85.7%	11	11	100%
5b FCE coverage: SM-80s [GOAL]	100%	93.6%	1	1	100%
5c FCE coverage: minors and synthetic minors (non-SM 80s) that are part of CMS plan or alternative CMS Plan [GOAL]	100%	-	0	0	0
5e Reviews of Title V annual compliance certifications completed [GOAL]	100%	82.8%	26	27	96.3%
6a Documentation of FCE elements [GOAL]	100%	-	15	15	100%
6b Compliance monitoring reports (CMRs) or facility files reviewed that provide sufficient documentation to determine compliance of the facility [GOAL]	100%	-	13	15	86.7%

**ACHD Response:**

**CAA Element 3 - Violations**

**Finding 3-1**

Meets or Exceeds Expectations

**Recurring Issue:**

No

**Summary:**

ACHD did a thorough job in making HPV determinations.

**Explanation:**

The EPA Review Team reviewed 19 facility files to determine if accurate HPV determinations were made. ACHD made accurate HPV determinations 90% of the time. ACHD had five HPVs identified in FY2020 and all five had an HPV Day Zero within 90 days of the discovery action, achieving 100% for Timeliness of HPV Identification (metric 13). Metrics 7a1 and 8a (defined below) are support metrics to gauge the discovery rate of FRVs and HPVs based on evaluations at active CMS sources. ACHD has been well above the national average for both metrics 7a1 and 8a since Round 3, therefore no supplemental files were needed.

**Relevant metrics:**

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
13 Timeliness of HPV Identification [GOAL]	100%	83.8%	5	5	100%
7a1 FRV 'discovery rate' based on inspections at active CMS sources [SUPPORT]	-	6.8%	6	49	12.2%
8a HPV discovery rate at majors [SUPPORT]	-	2.4%	3	29	10.3%
8c Accuracy of HPV determinations [GOAL]	100%	-	17	19	89.5%

**ACHD Response:****CAA Element 3 – Violations****Finding 3-2**

Area for Attention

**Recurring Issue:**

No

**Summary:**

ACHD has struggled with reporting accurate compliance determinations.

**Explanation:**

The EPA Review Team analyzed 29 CMRs and facility files to determine ACHD's accuracy in making and reporting compliance determinations. The Team found that six of the files did not have accurately reported compliance determinations. Interestingly, these six determinations were for two facilities that have extensive enforcement history. ACHD made accurate compliance determinations for both of these facilities, but they were either reported inaccurately into ICIS-Air or were missing entirely. Accurate compliance determinations (metric 7a) not only requires an analysis of a compliance determination but also asks the reviewer to ensure that the determinations were accurately reported to ICIS-Air.

**Relevant metrics:**

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
7a Accurate compliance determinations [GOAL]	100%	-	23	29	79.3%

**ACHD Response:****CAA Element 4 - Enforcement****Finding 4-1**

Meets or Exceeds Expectations

**Recurring Issue:**

No

**Summary:**

ACHD executed enforcement orders with clear paths to compliance and conducted appropriate enforcement responses for HPVs.

**Explanation:**

ACHD received a perfect score for metric 9a which analyzes the percentage of formal enforcement responses that include corrective actions to return the source to compliance in a specified timeframe or documents how the facility fixed the problem for both HPVs and non-HPVs. The EPA Review Team reviewed 22 facility files and found that all 22 had a clear path to achieving compliance. The reviewers noted that the enforcement orders were well-written and internal ACHD documentation provided clear justifications for decisions made regarding designation of

violations. ACHD also captures this detailed information in the notes section of ICIS-Air to keep the files comprehensive in both paper and digital formats.

Metric 10b examines the removal action or addressing action of the HPV and whether it adheres to the terms of the HPV policy<sup>2</sup>. ACHD had six HPVs that were addressed or removed in FY2020 and the EPA Review Team concluded that all six were addressed with an appropriate addressing action.

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**Relevant metrics:**

<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State Total</b>
10b Percent of HPVs that have been addressed or removed consistent with the HPV Policy [GOAL]	100%	-	6	6	100%
10b1 Rate of managing HPVs without formal enforcement action [SUPPORT]	-	11.8%	0	4	0%
14 HPV case development and resolution timeline in place when required that contains required policy elements [GOAL]	100%	-	0	0	N/A
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%	-	22	22	100%

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**ACHD Response:**

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**CAA Element 4 - Enforcement**

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**Finding 4-2**

Area for Attention

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<sup>2</sup> *Timely and Appropriate Enforcement Response to High Priority Violations- 2014* dated August 25, 2014



**Recurring Issue:**

No

**Summary:**

ACHD does not consistently address HPVs in a timely manner or have a case development resolution timeline (CD&RT) in place by day 225 of the HPV.

**Explanation:**

Metric 10a (Timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place) reviews the timeliness of addressing HPVs. The EPA Review Team reviewed seven HPV files to determine if the HPVs were addressed within 180 days of Day Zero or if not addressed within 180 days of Day Zero, had a CD&RT in place within 225 days of Day Zero. The reviewers found that five of the seven files were addressed timely or had a CD&RT in place. The two files that were not addressed timely were for HPVs that went unaddressed for over 225 days from Day Zero without a CD&RT in place. Finally, the support metric 10a1 is used to determine the rate of addressing HPVs within 180 days. ACHD was at 50%, which is above the national average of 44%.

In Round 2, ACHD scored at 33% for metric 10a and it was noted as a minor problem with addressing HPVs within the required timeframe. In Round 3, ACHD did not address any HPVs and there were no unaddressed HPVs that required CD&RTs.

**Relevant metrics:**

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
10a Timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place [GOAL]	100%	-	5	7	71.4%
10a1 Rate of Addressing HPVs within 180 days [SUPPORT]	-	44.2%	2	4	50%

**ACHD Response:**

## CAA Element 5 - Penalties

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### Finding 5-1

Meets or Exceeds Expectations

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### Recurring Issue:

No

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### Summary:

All penalties that were reduced from the initial assessed penalties had adequate justifications for those reductions. In addition, all penalties had proof in the file that they were collected.

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### Explanation:

All penalties reviewed had either 1) no penalty reduction between the assessed and final penalties paid or 2) adequate documentation if the final penalty paid was reduced from the original assessed penalty. Also, for all penalties collected, ACHD included a document for proof of payment such as invoices and/or a check, which made it very easy to determine that the facility paid the penalty. ACHD has facilities with complex enforcement histories that include stipulated penalty actions. ACHD does a great job at organizing the stipulated penalty calculations and presents them in a clear manner in enforcement documentation.

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### Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%	-	10	10	100%
12b Penalties collected [GOAL]	100%	-	18	18	100%

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### ACHD Response:

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## CAA Element 5 - Penalties

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### Finding 5-2

Area for Improvement

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**Recurring Issue:**No

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**Summary:**

All penalty calculations reviewed included a gravity component. However, only 50% of the penalty case files reviewed included an economic benefit components or reason for mitigation in the penalty calculations.

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**Explanation:**

ACHD has a very organized penalty calculation template that was used in all enforcement case files reviewed. The template includes a section for consideration of an economic benefit component as well as a notes section for reasons for including or excluding an economic benefit component. Unfortunately, the economic benefit component section was not complete in for 50% of the files reviewed.

ACHD has agreed to complete the economic benefit section on each penalty assessed to either capture the economic benefit amount or reason for mitigation when no economic benefit is deemed appropriate. EPA will review random penalty calculations to ensure economic benefit is being considered and documented.

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**Relevant metrics:**

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
11a Penalty calculations reviewed that document gravity and economic benefit [GOAL]	100%	-	9	18	50%

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**ACHD Response:**ACHD agrees with the recommendation.

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**Recommendation:**

Rec #	Due Date	Recommendation
1	04/01/2023	EPA to review random penalty calculations on a quarterly basis to ensure that economic benefit is being considered and documented with 85% accuracy as the goal.

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