

# **STATE REVIEW FRAMEWORK**

## **Guam**

**Resource Conservation and Recovery Act  
Implementation in Federal Fiscal Year 2018**

**U.S. Environmental Protection Agency  
Region 9**

**Final Report  
December 13, 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 Water Act (CWA)**

**Clean Air Act (CAA)**

**Resource Conservation and Recovery Act (RCRA)**

File review conducted on August 23, 2022 at Guam EPA's offices.

# 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:

### **Resource Conservation and Recovery Act (RCRA)**

GEPA met the two year-inspection coverage goal for Treatment, Storage and Disposal Facility (TSDF) inspections and exceeded the one-year inspection coverage goal for Biennial Report (BR) Large Quantity Generators (LQGs) in 2018.

GEPA's inspection reports were found to be complete and provide sufficient documentation to determine compliance. The inspection reports were also issued in a timely manner.

EPA's review of inspection and enforcement files found that 100% (8 out of 8) of the minimum data requirements were being entered completely and accurately into the national data system (RCRAInfo).

## 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:

### **Resource Conservation and Recovery Act (RCRA)**

Although GEPA met their inspection goals for the review period, GEPA has not conducted any RCRA TSDF or LQG inspections as the lead agency since 2018. This is partially due to continuing impacts from the COVID-19 pandemic as well resource and staffing issues which are expected to be resolved soon.

# Resource Conservation and Recovery Act Findings

## RCRA Element 1 - Data

---

### Finding 1-1

Meets or Exceeds Expectations

---

### Recurring Issue:

No

---

### Summary:

EPA's review of GEPA's 2018 inspection and enforcement files found that 100% (8 out of 8) of the minimum data requirements were being entered completely and accurately into the national data system (RCRAInfo).

---

### Explanation:

No potential data entry issues were identified during the review. GEPA entered 100% of their inspections and informal enforcement actions into RCRAInfo completely and accurately. This is an improvement from Round 3 of the SRF which evaluated Guam's inspection and enforcement activities from 2016. At that time only 93.3% of the minimum data entry requirements were entered completely and accurately.

---

### Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
2b Accurate entry of mandatory data [GOAL]	100%		8	8	100%

---

### State Response:

---

## RCRA Element 2 - Inspections

---

**Finding 2-1**

Meets or Exceeds Expectations

---

**Recurring Issue:**

No

---

**Summary:**

GEPA met the two year-inspection coverage goal for Treatment, Storage and Disposal Facility (TSDF) inspections and exceeded the one-year inspection coverage goal for Biennial Report (BR) Large Quantity Generators (LQGs) in 2018. However, GEPA hasn't conducted an inspection independent of USEPA since 2018 so we are noting it as an area for attention.

GEPA's inspection reports were found to be complete and provide sufficient documentation to determine compliance. The inspection reports were also issued in a timely manner.

---

**Explanation:**

During the reporting period, GEPA inspected both of their TSDFs (100% of their TSDF universe), meeting the national goal of 100% and exceeding the national average of 85%. GEPA inspected two of their four BR LQGs (50% of their BR LQG universe), exceeding the national goal of 20% as well as the national average of 15.6%.

GEPA has not conducted any RCRA TSDF or LQG inspections as the lead agency since 2018. This is partially due to continuing impacts from the COVID-19 pandemic as well resource and staffing issues which are expected to be resolved soon. It is worth noting that GEPA assisted USEPA Region 9 inspectors in conducting twelve RCRA compliance evaluation inspections (CEIs) in 2019, two non-financial record review (NRR) inspections in 2020 and twelve RCRA CEIs in 2022.

All of GEPA's inspection reports were determined to be complete, provided sufficient documentation to determine facility compliance and were completed within 45 days of the inspection which is the agreed upon timeframe for issuing inspection reports in Guam's workplan. This is a vast improvement from Round 3 of the SRF when GEPA was issuing inspection letters that lacked the information needed to evaluate the accuracy of GEPA's compliance determinations.

---

**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 %</b>
5a Two-year inspection coverage of operating TSDFs [GOAL]	100%	85%	2	2	100%
5b Annual inspection of LQGs using BR universe [GOAL]	20%	15.6%	2	4	50%
6a Inspection reports complete and sufficient to determine compliance [GOAL]	100%		8	8	100%
6b Timeliness of inspection report completion [GOAL]	100%		8	8	100%

**State Response:**

---

**RCRA Element 3 - Violations**

---

**Finding 3-1**

Meets or Exceeds Expectations

---

**Recurring Issue:**

No

---

**Summary:**

No violations were noted in GEPA's inspection reports. The inspection reports did not contain any information that would indicate inaccurate compliance determinations.

---

**Explanation:**

No potential violations were noted in any of GEPA's 2018 inspection reports. Since GEPA's TSDF and LQG universe is small and inspected regularly, either by USEPA or GEPA, this is not a surprising finding. In Round 3 of the SRF we determined that there was not enough information in GEPA's files and inspection letters to verify the accuracy of their compliance determinations. In response, GEPA developed and now utilizes an inspection report template which includes additional information.

Since no violations were identified during inspections there are no significant non-complier (SNC) activities to evaluate.



During the review we identified that GEPA had two long-standing violators in RCRAInfo from inspections conducted in the 1990s. GEPA has since closed out the violations.

---

**Relevant metrics:**

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
7a Accurate compliance determinations [GOAL]	100%		0	0	0
7b Violations found during CEI and FCI inspections			0	0	0
8a SNC identification rate at sites with CEI and FCI			0	0	0
8b Timeliness of SNC determinations [GOAL]	100%		0	0	0

---

**State Response:**

---

**RCRA Element 4 - Enforcement**

---

**Finding 4-1**

Meets or Exceeds Expectations

---

**Recurring Issue:**

No

---

**Summary:**

GEPA had no formal enforcement actions to evaluate. GEPA is entering informal enforcement actions in a timely manner.

---

**Explanation:**

GEPA had no formal enforcement actions to evaluate in 2018. GEPA entered all eight of their inspection reports as informal enforcement action (Enforcement Type 114 - Inspection Report Written) in RCRAInfo within 5 business days of an inspection. This was a recommendation from Round 3 of the SRF.

---

**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 %</b>
9a Enforcement that returns sites to compliance [GOAL]	100%		0	0	0
10a Timely enforcement taken to address SNC [GOAL]	80%		0	0	0
10b Appropriate enforcement taken to address violations [GOAL]	100%		8	8	100%

---

**State Response:**

---

**RCRA Element 5 - Penalties**

---

**Finding 5-1**

N/A

**Recurring Issue:**

No

**Summary:**

No penalties were collected as GEPA had no formal enforcement action during the review period.

---

**Explanation:**

The inspection reports contain enough information to be reasonably confident that GEPA made accurate compliance determinations during each of their eight inspections in 2018. No penalties were collected during the review period and therefore couldn't be evaluated.

---

**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 %</b>
11a Gravity and economic benefit [GOAL]	100%		0	0	0
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		0	0	0
12b Penalty collection [GOAL]	100%		0	0	0

---

**State Response:**

---

# **STATE REVIEW FRAMEWORK**

## **Pacific Territories**

### **EPA Direct Implementation**

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

**U.S. Environmental Protection Agency  
Region 9**

**Final Report  
January 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 Water Act (CWA)**

This review evaluated inspection coverage, enforcement information, and data metrics during Federal Fiscal Year 2020 (October 1, 2019 to September 30, 2020). Key dates: Kick-off Letter - April 26, 2021 Data Metric Analysis - May 10, 2021 Kick-off Meeting - June 15, 2021 File Selection - June 7, 2021 File Review- July-August 2021 Draft Report- November 2021 Final Report – January 2022 Key contacts for review: CWA EPA Region 9 Contact: John Tinger CWA EPA Review Team: Arlene Anderson, Elsbeth Hearn, Dave Hoffman and Elizabeth Walsh

#### **Clean Air Act (CAA)**

#### **Resource Conservation and Recovery Act (RCRA)**

# 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 Water Act (CWA)

EPA Region 9 exceeded national goals for the entry of key data into the national database for NPDES major and non-major facilities.

EPA Region 9's inspection reports were well written, complete, and provided sufficient documentation to determine compliance.

EPA Region 9's inspection reports consistently documented accurate compliance determinations.

EPA Region 9 consistently documented penalty calculations and collection.

## 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 Water Act (CWA)

EPA Region 9 didn't meet the CMS inspection commitment for NPDES non-majors with general permits.

The accuracy of data between files reviewed and data reflected in the national data system needs improvement, specifically data related to facility location such as the street address or GPS coordinates.



# Clean Water Act Findings

## CWA Element 1 - Data

---

### Finding 1-1

Meets or Exceeds Expectations

---

### Recurring Issue:

No

---

### Summary:

EPA Region 9 met both national goals for the entry of key data into the national databases for major and non-major facilities.

---

### Explanation:

Data Metric 1b5 evaluates the entry of NPDES permit limits into the national database. For the FY20 period of review, EPA Region 9 entered 100% of their permit limits for major and non-major facilities. Data Metric 1b6 evaluates the entry of NPDES DMR data for major and non-major facilities. For the FY20 period of review, EPA Region 9 entered 100% of the DMR data for major and non-major facilities. The results show EPA Region 9's implementation of a standard operating procedure to improve communication, coordination, compliance monitoring and enforcement follow up on late or missing DMR's in the Pacific Territories is effective, and the effort should be commended.

---

### Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
1b5 Completeness of data entry on major and non-major permit limits. [GOAL]	95%	99.2%	20	20	100%
1b6 Completeness of data entry on major and non-major discharge monitoring reports. [GOAL]	95%	98.8%	832	832	100%

---

### State Response:

---

## CWA Element 1 - Data

---

**Finding 1-2**

Area for Improvement

**Recurring Issue:**

Recurring from Round 3

**Summary:**

The accuracy of data between files reviewed and data reflected in the national data system needs improvement.

**Explanation:**

Under metric 2b, EPA compared inspection reports and enforcement actions, violations and penalties found in selected files to determine if inspection dates, identification of violations, permit numbers, facility location information and enforcement actions were accurately entered in ICIS. The analysis was limited to data elements mandated in EPA's Integrated Compliance Information System (ICIS) data management policies. EPA's initial file review indicated that for Metric 2b 54.8% (17/31) of the files reviewed reflected accurate data entry of minimum data requirements (MDR) for NPDES facilities into ICIS. EPA analyzed the results for this metric and found that discrepancies observed between ICIS and the Region's files were isolated except for the systemic issue of differences in the facility location. The main differences in addresses are, GPS coordinates, zip codes and street numbers not matching between ICIS and NPDES Permits There was also one facility with 12 quarterly late/unachieved compliance schedule violations reported on the DFR that the Region indicates are a data error and not actually unresolved compliance schedule violations.

**Relevant metrics:**

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
2b Files reviewed where data are accurately reflected in the national data system [GOAL]	100%		17	31	54.8%

**State Response:**

R9 identified and corrected several discrepancies, mainly to coordinate zip code errors. Several facilities had outdated or slightly mismatched facility location addresses. These have also been corrected as noted. Other issues were due to inspection reports using the locally-referred address rather than the ICIS address especially for unpermitted facilities, which may not have a specific street address in the islands. R9 will ensure that inspection reports consistently utilize the same address as listed in ECHO, and that all locational data elements match up with permits, ICIS, and reports.

**Recommendation:**

Rec #	Due Date	Recommendation
1	02/28/2022	EPA Region 9 will investigate data discrepancies between ICIS, inspection reports and NPDES permits, specifically location data and submit a Root Cause Analysis to EPA HQ for review and comment. It will include a detailed discussion of the investigation of the root problem, a summary of the issues contributing to the problem, and a data entry plan with milestones to address the issues and correct the issue.
2	06/30/2022	EPA Region 9 shall fully implement the data entry plan.
3	09/30/2022	EPA HQ will evaluate the consistency and accuracy of EPA Region 9's locational data listed in 10 FY22 inspection reports, and compare it to ICIS and NPDES permits. If less than 10 inspections occur in FY22, EPA HQ will select all inspections. If 85% of the reports are consistent and accurate, EPA HQ will close this recommendation.

## CWA Element 2 - Inspections

---

### Finding 2-1

Meets or Exceeds Expectations

---

### Recurring Issue:

No

---

### Summary:

EPA Region 9 met or exceeded its FY20 CMS commitments for all areas except Metric 5b2, inspection coverage of NPDES non-majors with general permits. In addition, EPA Region 9's inspection reports generally were well written, complete, provided sufficient documentation to determine compliance, and were timely.

---

### Explanation:

Element 2 includes metrics that measure planned inspections completed (Metrics 4a1 - 4a10) and inspection coverage (Metrics 5a1, 5b1, and 5b2) for NPDES majors and non-majors. The National Goal for these Metrics is for 100% of EPA's CMS Plan commitments. Based on review of the data EPA Region 9 met or exceeded its CMS inspection commitments in FY20 except for its NPDES non-majors with general permits (Metric 5b2). Metric 6a requires complete and sufficient inspection reports to determine compliance at a facility. 93.8% (15/16) of EPA Region 9's inspection reports were found to be well written, complete, and sufficient. Field observations noting compliance issues were also included in inspection reports and/or cover letters, where appropriate. Metric 6b indicated that 100% (15/15) of EPA Region 9's inspection reports were completed in a timely manner. The National Goal for this metric is 100% of inspection reports

completed in a timely manner. The average number of days to complete the inspection reports was 41 days. This metric was noted as an area for improvement in Round 3, and EPA Region 9 should be commended on addressing the root cause.

---

**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 %</b>
4a5 Number of SSO inspections. [GOAL]	100% of commitments%		1	10	10%
4a7 Number of Phase I and II MS4 audits or inspections. [GOAL]	100% of commitments%		0	3	0%
4a8 Number of industrial stormwater inspections. [GOAL]	100% of commitments%		5	13	38.5%
5a1 Inspection coverage of NPDES majors. [GOAL]	100%	1.4%	3	10	30%
5b1 Inspections coverage of NPDES non-majors with individual permits [GOAL]	100%	.5%	4	17	23.5%
6a Inspection reports complete and sufficient to determine compliance at the facility. [GOAL]	100%		15	16	93.8%
6b Timeliness of inspection report completion [GOAL]	100%		15	15	100%

---

**State Response:**

---

**CWA Element 2 - Inspections**

---

**Finding 2-2**

Area for Improvement

---

**Recurring Issue:**

Recurring from Round 3

---

**Summary:**

EPA Region 9 did not meet the FY20 CMS commitments for inspection coverage of NPDES non-majors with general permits.

**Explanation:**

Based on review of the FY20 data in ICIS-NDPES EPA Region 9 did not meet the inspection coverage of NPDES non-majors with general permits (Metric 5b2). EPA Region 9 completed .08% (1/118) of inspections under Metric 5b2 during FY20. The CMS requires a comprehensive inspection at each facility at least every 5 years

**Relevant metrics:**

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
5b2 Inspections coverage of NPDES non-majors with general permits [GOAL]	100%	0%	1	118	.8%

**State Response:****Recommendation:**

Rec #	Due Date	Recommendation
1	05/31/2022	EPA Region 9 should commit to conducting inspections consistent with the CMS, or an approved alternative CMS strategy. The workplan for FY2022 and beyond should reflect these commitments. Refer to the NPDES CMS memo issued July 21, 2014 for additional details and guidance. Ensure the work plan meets requirements for inspection coverage for NPDES Non-majors with general permits. EPA Region 9 will submit the CMS Plan to the Monitoring, Assistance, and Media Programs Division (MAMPD) for review and approval. Once approved, EPA Region 9 will provide the CMS Plan to EPA HQ.
2	12/29/2023	EPA HQ will review EPA Region 9's end of year inspection report for FY22, with a focus on NPDES Non-majors with general permits. If commitments outlined in the CMS are met, this finding will be closed.

**CWA Element 3 - Violations**

---

**Finding 3-1**Meets or Exceeds Expectations

---

**Recurring Issue:**No

---

**Summary:**EPA Region 9's inspection reports consistently documented accurate compliance determinations.

---

**Explanation:**

Metric 7e indicated that 100% (15/15) of the inspection reports reviewed consistently documented an accurate compliance determination for each facility. EPA Region 9 developed and utilizes an inspection report checklist to effectively document inspection field observations and make clear and accurate compliance determinations.

---

**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 %</b>
7e Accuracy of compliance determinations [GOAL]	100%		16	16	100%
7j1 Number of major and non-major facilities with single-event violations reported in the review year.			1		1
7k1 Major and non-major facilities in noncompliance.		10.8%	23	143	16.1%
8a3 Percentage of major facilities in SNC and non-major facilities Category I noncompliance during the reporting year.		6.1%	14	141	9.9%

---

**State Response:**

---

**CWA Element 4 - Enforcement**

---

**Finding 4-1**

Meets or Exceeds Expectations

---

**Recurring Issue:**No

---

**Summary:**Enforcement Responses (ERs) consistently promote a Return to Compliance (RTC).

---

**Explanation:**

File metric 9a indicated 5 of 6 files (83.3%) reviewed included ERs that returned or were expected to return a facility to compliance. File metric 10b indicated 25 of 25 files (100%) reviewed had an appropriate ER based on criteria listed in the NPDES Enforcement Management System (EMS). The region efficiently notifies permittees of violations and assesses civil penalties for those violations. However, as observed during the review, sources frequently had long term civil orders and EPA Region 9 regularly meets with facility personnel and judicial officials to discuss compliance status. Data Metric 10a1 indicated 1 of 6 (17%) major facilities in SNC during FY20 received a timely formal ER. Of the remaining 5 facilities, they were in SNC for failure to meet compliance timelines, pollutant exceedances and DMR nonreceipt. Each facility had an ongoing civil order. Timely and appropriate ERs which promote a RTC was an area for improvement in Round 3. EPA Region 9 should be commended for its efforts in improving the metrics associated with ER and RTC.

---

**Relevant metrics:**

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
9a Percentage of enforcement responses that returned, or will return, a source in violation to compliance [GOAL]	100%		5	6	83.3%
10a1 Percentage of major NPDES facilities with formal enforcement action taken in a timely manner in response to SNC violations		4.6%	1	6	16.7%
10b Enforcement responses reviewed that address violations in an appropriate manner [GOAL]	100%		25	25	100%

---

**State Response:**

---

**CWA Element 5 - Penalties**

---

**Finding 5-1**Meets or Exceeds Expectations

---

**Recurring Issue:**No

---

**Summary:**

EPA Region 9 accurately documented rationale for the economic benefit component in penalties, the difference, if any between the initial and final penalty and receipt of payment.

---

**Explanation:**

Metric 11a indicated 4 of the 4 files (100%) reviewed contained economic benefit (EB) calculations and documentation. Metric 12a reviews documentation of the rationale for any difference between initial penalty calculation and the final assessed penalty calculation. Per Metric 12a, 1 of 1 files (100%) included adequate documentation of differences between the initial penalty calculations and final assessed penalties. Metric 12b indicated 5 of 5 files (100%) reviewed during the file review included adequate documentation of penalty collection by EPA Region 9.

---

**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 %</b>
11a Penalty calculations reviewed that document and include gravity and economic benefit [GOAL]	100%		4	4	100%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		1	1	100%
12b Penalties collected [GOAL]	100%		5	5	100%

---

**State Response:**

---