

# **STATE REVIEW FRAMEWORK**

## **Illinois**

**Clean Water Act, Clean Air Act, and  
Resource Conservation and Recovery Act  
Implementation in Federal Fiscal Year 2017**

**U.S. Environmental Protection Agency  
Region 5**

**Final Report  
February 8, 2023**

# 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 (FY2008-2011), 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 is 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)**

The EPA Region 5 review team consisted of:

James Coleman, (312) 886-0148, coleman.james@epa.gov;  
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SRF Coordinator: Bill Stokes, (312) 886-6052, stokes.william@epa.gov;

Illinois Environmental Protection Agency (IEPA):

Cathy Siders, (217) 524-6308, catherine.siders@illinois.gov;  
Jim Miles, no longer with the agency (retired);  
Roger Callaway, no longer with the agency (retired)

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

The State Review Framework (SRF) file review was conducted in conjunction with the Illinois Environmental Protection Agency (IEPA) staff on October 23-25, 2018. Region 5 EPA Round 4 Illinois SRF was conducted for the review period of FY2017. The EPA Region 5 review team consisted of:

Nathan Frank, (312) 886-3850, frank.nathan@epa.gov;  
Rochelle Marceillars (no longer with EPA);  
Ashadee King-Hackney (no longer with EPA);  
Dakota Prentice, (312) 886-6761, prentice.dakota@epa.gov;  
SRF Coordinator: Bill Stokes, (312) 886-6052, stokes.william@epa.gov

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

The State Review Framework (SRF) file review was conducted in February 2019. Illinois EPA had provided the files requested electronically in December 2018. Region 5 EPA Round 4 Illinois EPA SRF was conducted for the review period of FY2017.

EPA Region 5 reviewer: Spiros Bourgikos, (312) 886-6862, bourgikos.spiros@epa.gov  
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# 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 Water Act (CWA)

- IEPA completeness of data entry on Permit limits was 99.7%, which exceeds the national goal of greater than or equal to 95%. Furthermore, 91.3% of the DMR data is reported by the regulated community through the Federal NetDMR system.
- IEPA exceeded the majority of its Compliance Monitoring Strategy (CMS) commitments.
- IEPA has an excellent penalty collection and documentation system.

### Clean Air Act (CAA)

- In 19 of 22 files reviewed (86.4%) all FCE elements were thoroughly and accurately documented. Furthermore, in all of the data metrics related to inspections Illinois exceeded national averages.
- Illinois met or made good progress toward national goals in all of the data metrics which measure timeliness of reporting High Priority Violation (HPV) determinations, compliance monitoring Minimum Data Requirements (MDRs), stack test dates, and enforcement MDRs.
- In all relevant cases reviewed, formal enforcement responses were carried out that included required corrective actions to return the facility to compliance in a specified time frame.

### Resource Conservation and Recovery Act (RCRA)

- The review of the selected files revealed that inspection reports were complete and sufficient to determine compliance.
- Appropriate Significant Non-Complier (SNC) determinations were made for the reviewed files that identified violations.
- Appropriate enforcement actions were taken to address cited violations that resulted in returning violators back into compliance at a rate of 87.5% with a national goal of 100%.
- The review of the formal enforcement files revealed that the files contain penalty information. For four out of five files reviewed the proposed penalty and final penalty were the same.

## 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 Water Act (CWA)

- EPA conducted reviews of 34 case files. As in previous SRF reviews, this included a cross-section of National Pollutant Discharge Elimination System (NPDES)- regulated facilities such as Publicly Owned Treatment Works (POTWs) and Industrial Major and Non-Major facilities.
- EPA found that IEPA is not appropriately entering inspections or tracking enforcement schedules in the national database of record, ICIS-NPDES.
- Inspection reports are not completed within National or State guidelines.
- Violations are not always addressed in a timely manner.

### Finding Summary:

Metric	Round 3 Finding Level	Round 4 Finding Level
2b - Files reviewed where data are accurately reflected in the national data system [GOAL]	Area for Improvement	Area for Improvement
5a1 - Inspection coverage of NPDES majors. [GOAL]	Area for Improvement	Meets or Exceeds Expectations
5b1 - Inspections coverage of NPDES non-majors with individual permits [GOAL]	Area for Improvement	Meets or Exceeds Expectations
6b - Timeliness of inspection report completion [GOAL]	Area for Improvement	Area for Improvement
9a - Enforcement that returns sites to compliance [GOAL]	Area for Improvement	Area for Improvement
10b - Enforcement responses reviewed that address violations in an appropriate manner [GOAL]	Area for Improvement	Area for Improvement

### Clean Air Act (CAA)

- Several files reviewed contained data that was inaccurately reflected in ICIS-Air.
- Illinois should ensure that all penalty calculations document gravity and economic benefit, and that the rationale for the difference between the initial penalty calculation and the final penalty is documented.

#### Finding Summary:

Metric	Round 3 Finding Level	Round 4 Finding Level
2b - Files reviewed where data are accurately reflected in the national data system [GOAL]	Area for Improvement	Area for Improvement
7a - Accurate compliance determinations [GOAL]	Area for Improvement	Area for Attention
11a - Penalty calculations reviewed that document gravity and economic benefit [GOAL]	Area for Improvement	Area for Improvement
12a - Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	Area for Improvement	Area for Improvement

### Resource Conservation and Recovery Act (RCRA)

- Enforcement data for formal cases is missing from RCRAInfo.

#### Finding Summary:

There are no priority RCRA issues which require improvement.

# Clean Water Act Findings

## CWA 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:

IEPA Bureau of Water (BOW) completeness of data entry on Permit limits was 99.7%, which exceeds the national goal of greater than or equal to 95%. Furthermore, 91.3% of the DMR data is reported by the regulated community through the Federal NetDMR system.

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### Explanation:

Our review shows that DMR violations were readily identifiable and timely actions can be taken to ensure compliance with permit limit conditions. In addition, the review team found that IEPA permit limit entry rates for Majors and Non-majors meet national goals.

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### Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
1b5 Completeness of data entry on major and non-major permit limits. [GOAL]	95%	88.1%	1478	1483	99.7%
1b6 Completeness of data entry on major and non-major discharge monitoring reports. [GOAL]	95%	93.3%	53140	58200	91.3%

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### State Response:

No action needed. The IEPA will continue to meet or exceed completeness of data entry on major and non-major permit limits. Further as of 11/2021, the IEPA has 99% of major and non-major NPDES permittees submitting their discharge monitoring reports electronically via the Federal NetDMR system.

## CWA Element 1 - Data

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### Finding 1-2

Area for Improvement

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### Recurring Issue:

Recurring from Rounds 2 and 3

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### Summary:

The case files reviewed had inaccurate or missing Minimum Data Requirements (MDRs) in ICIS-NPDES.

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### Explanation:

Fifteen of 38 files reviewed (39.5%) had reports with inaccurate information or were missing in the national database system of record, ICIS-NPDES. The findings included the following: (1) the inspection was found in the case file but not in ICIS-NPDES; (2) there was an inspection report without a completion date; (3) multiple discharges occurred during the review period at a facility but only one Single Event Violation (SEV) was reported in ICIS-NPDES; (4) one inspection report did not include violations associated with recurrent SSO events (were violations reported); (5) the latest inspection conducted was not reported; (6) only one inspection was reported out of the three conducted; (7) neither the informal actions nor the formal Compliance Commitment Agreements (CCAs) were reported although the actions were located in the case files; (8) the 2016 CCAs were not reported; (9) recon inspections were reported but not found in the case files; (10) the inspection completed in 2017 was not reported in one of the files; (11) a CCA was not reported in one of the files; (12) two inspections dated 11/9/16 and 11/18/16 were reported three times in ICIS-NPDES; (13) an inspection dated 12/17/17 was not reported in ICIS-NPDES; (14) the schedule from the CCA was not reported in one file; (15) SEVs were duplicates of DMR violations; (16) inspections conducted in 2016 were not reported, although inspection lead to final court order; (17) a final court order date was incorrect in ICIS-NPDES; (18) two recon follow-up inspections dated 1/18/17 and 1/26/17 were missing from ICIS-NPDES and; (19) several Violation Notices (VNs) were missing. EPA noted similar findings in IEPA's Round 2 and 3 SRF reports.

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### 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%		15	38	39.5%

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## **State Response:**

To increase accuracy and completeness of the required data elements to be populated/shared via ICIS, IEPA is requesting the following:

### 1. TRAINING

- Within 30 days of finalization of the SRF Report, IEPA is requesting ICIS training from USEPA to ensure all staff understand how to accurately populate all required data elements in ICIS such as: Compliance Monitoring/inspection reports, SEVs, Informal & Formal Enforcement Actions, linking of violations to enforcement actions etc.

### 2. SINGLE EVENT VIOLATIONS (SEVs)

- Within 90 days of finalization of this SRF Report, IEPA will begin entering all SEVs (without regard to severity) into ICIS.
  - SEV's detected through compliance monitoring activities, (inspections, etc.) are anticipated to be batch uploaded to ICIS using USEPA's SEV DATA – XML Generator.
  - All other SEV's will be manually populated in ICIS.
  - IEPA's Standard Operating Procedure(s) for entry of SEVs into ICIS and assignment of significance will be reviewed and updated for both; batch uploading and manual entry.
- Within 270 days of finalization of the report, IEPA will provide the region a list of all SEVs identified the previous two quarters (180 days). Region 5 will compare this list to SEVs found in ICIS for that same period.
- Within 270 days of finalization of the report, EPA will conduct a mini-review of five (5) inspection reports, informal and formal actions from FY2020 to determine whether 95% of all required data elements were accurately reported in ICIS-NPDES.

### 3. COMPLIANCE MONITORING – INSPECTIONS

IEPA is currently using USEPA's State Compliance Monitoring – XML Generator to batch upload all compliance monitoring data monthly to ICIS via EN Services.

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## **Recommendation:**

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Rec #	Due Date	Recommendation
1	11/07/2023	(1) Within 30 days of finalization of the SRF Report, USEPA will provide IEPA Basic ICIS training to ensure complete and accurate information is entered into ICIS. (2) Within 90 days of finalization of the SRF report, IEPA will begin entering all SEVs (without regard to severity) into ICIS. (3) Within 270 days of finalization of the report, IEPA will provide the region a list of all SEVs identified the previous two quarters. Region 5 will compare this list to SEVs found in ICIS for that same period. (4) Within 270 days of finalization of the report, EPA will conduct a mini-review of five (5) inspection reports, informal and formal actions from FY2022 to determine whether 95% of all required data elements were accurately reported in ICIS-NPDES.

## CWA 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:

IEPA exceeded the majority of the approved NPDES Alternative Compliance Monitoring Strategy (CMS) goals (average >100%) and met the remaining targets (average >89%).

IEPA inspection reports are generally complete and provide enough detail to make accurate compliance determinations.

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### Explanation:

IEPA exceeded six (6) of nine (9) NPDES CMS inspection commitments for which Illinois is authorized by more than 100%, ranging from 106% to 200%. The remaining three (3) commitments ranged from 82 to 92%. IEPA is not delegated the Pretreatment or Biosolids programs. Consequently, EPA Region 5 carries out direct implementation activities in industrial pretreatment (4a1,4a2) and biosolids(4a11) in Illinois.

Our review found that 26 of 30 (86.7%) IEPA inspection reports were deemed complete.

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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>
4a4 Number of CSO inspections. [GOAL]	100% of commitments		23	25	92%
4a5 Number of SSO inspections. [GOAL]	100% of commitments		14	7	200%
4a7 Number of Phase I and II MS4 audits or inspections. [GOAL]	100% of commitments		69	65	106.2%
4a8 Number of industrial stormwater inspections. [GOAL]	100% of commitments		156	191	81.7%
4a9 Number of Phase I and Phase II construction stormwater inspections. [GOAL]	100% of commitments		295	250	118%
4a10 Number of comprehensive inspections of large and medium concentrated animal feeding operations (CAFOs) [GOAL]	100% of commitments		10	8	125%
5a1 Inspection coverage of NPDES majors. [GOAL]	100% of commitments		157	127	123.6%
5b Inspections coverage of NPDES non-majors (individual and general permits) [GOAL]	100%		320	287	111.5%
6a Inspection reports complete and sufficient to determine compliance at the facility. [GOAL]	100%		26	30	86.7%

**State Response:**

No action needed.

**CWA Element 2 - Inspections**

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**Finding 2-2**

Area for Improvement

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**Recurring Issue:**

Recurring from Rounds 2 and 3

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**Summary:**

IEPA does not consistently complete inspections reports in a timely manner.

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**Explanation:**

Our review found that 10 of 30 (33.3%) inspection reports were completed timely. IEPA appears to finalize reports in batches, prioritizing facilities where there are enforcement considerations. Reports that are not deemed priorities may take months to finalize.

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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>
6b Timeliness of inspection report completion [GOAL]	100%		10	30	33.3%

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**State Response:**

Measures have been put into place to track and insure the timeliness of the completion of inspection reports. Individual staff inspection and report tracking spreadsheets have been developed identifying a target report completion date of 45 days. These spreadsheets are reviewed by management at least once each month. Additionally, management maintains electronic copies of all inspection reports to verify the accuracy of the inspection and report completion data and for data submission to ICIS.

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**Recommendation:**

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Rec #	Due Date	Recommendation
1	11/07/2023	<p>IEPA will demonstrate that 80% of the NPDES inspections are completed within the time frame established in the State’s inspection guidance (45 days).</p> <p>(1) Within 60 days of finalizing this report, Illinois will begin tracking inspection report timeliness.</p> <p>(2) Within 180 days Illinois will prepare and submit a report to EPA that documents the number of inspections completed, the timeframes taken to complete each inspection report, and Illinois EPA’s calculated percentage for timely reports.</p> <p>(3) Within 270 days EPA will review the report submitted by Illinois to verify that 80% of the inspection report were completed timely</p>

**CWA Element 3 - Violations**

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**Finding 3-1**

Area for Attention

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**Recurring Issue:**

No

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**Summary:**

IEPA generally makes accurate compliance determinations.

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**Explanation:**

In 27 of 32 files reviewed (84.4%), IEPA inspections report led to accurate compliance determinations.

Metric 7j1, 7k1, and 8a3 indicate a good amount of violations are reported by the state. Please see Finding 1-2 and the recommendations related to SEVs.

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**Relevant metrics:**

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<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>
7e Accuracy of compliance determinations [GOAL]	100%		27	32	84.4%
7j1 Number of major and non-major facilities with single-event violations reported in the review year.					42
7k1 Major and non-major facilities in noncompliance.		18.5%	2249	7706	29.2%
8a3 Percentage of major facilities in SNC and non-major facilities Category I noncompliance during the reporting year.		7.5%	708	7681	9.2%

**State Response:**

No action needed.

**CWA Element 4 - Enforcement**

**Finding 4-1**

Area for Improvement

**Recurring Issue:**

Recurring from Round 3

**Summary:**

IEPA does not always address violations in a timely fashion and enforcement actions don't consistently return facilities to compliance.

**Explanation:**

Major facilities in Illinois are below the national goal for timely enforcement. Onsite file reviews show that 16 of 25 (64.0%) actions reviewed returned facilities to compliance, and that 16 of 25 (64.0%) of the reviewed enforcement actions addressed violations in an appropriate manner (See file metrics 9a and 10b). Examples of actions that were problematic include: three (3) files included multiple successive Compliance Commitment Agreements (CCAs) that did not return facilities to

compliance; one (1) file included CCA-scheduled commitments that were not being tracked in ICIS; two (2) files had CCAs that did not address violations identified in the initial violation notice (VN); three (3) files identified violations without any enforcement response; and one (1) file indicated that a Notice of Intent to Pursue Legal Action (NIPLA) was issued but not pursued. IEPA uses CCAs to address several different types of violations, including DMR non-receipt, lack of timely permit renewal, and effluent violations. Facilities were in some cases out of compliance right after self-certifying compliance as required by a CCA. The Round 3 IEPA SRF review found that CCAs were improperly entered in ICIS as formal enforcement actions. Since the Round 3 review, EPA and IEPA have agreed that CCAs can be used as formal enforcement actions.

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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>
9a Percentage of enforcement responses that returned, or will return, a source in violation to compliance [GOAL]	100%		16	25	64%
10a1 Percentage of major NPDES facilities with formal enforcement action taken in a timely manner in response to SNC violations		15.4%	2	16	12.5%
10b Enforcement responses reviewed that address violations in an appropriate manner [GOAL]	100%		16	25	64%

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**State Response:**

All SNC violations will be accurately linked to Violation Notices and CCAs. A comparison will be made between the IEPA’s internal Violation Notice Tracking System and ICIS to ensure all Violation Notices and CCAs are appropriately entered and associated violations are linked.

In addition to Violation Notices addressing all SNC and RNC violations in Attachment A, most VNs also now include an Attachment B which includes general and/or specific recommendations on actions to take for resolution of the violations. IEPA CCAs now clearly document violations that must be resolved, and include, when appropriate, explicit schedules with definitive due dates for resolving the violations.

The IEPA will monitor and verify that compliance has been achieved either through a records review or onsite inspection prior to closing a CCA. Once all compliance schedule items have been achieved and compliance has been verified, the CCA will be closed and ICIS will be updated. If compliance has not been achieved, and no adequate/appropriate extension request has been filed, the matter will be elevated.

Section 31 of the Illinois Environmental Protection Act is very specific on deadline requirements for both the Agency and the recipient of the VNs regarding Violation Notices and CCA responses. Although Section 31 deadlines cannot be reduced, the Agency is giving a high priority to responding to the recipient through-out the Section 31 process in as short as period as possible. This action should significantly reduce enforcement response time through-out the VN process and assist with the timely resolution of SNC.

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**Recommendation:**

Rec #	Due Date	Recommendation
1	11/07/2023	There are both data tracking and enforcement escalation components to this recommendation. 1) Within 180 days of the finalization of the SRF report, IEPA will ensure that violations and schedules are appropriately linked to CCAs and Violation Notices. CCAs should clearly document violations that must be resolved, and if appropriate include schedules for resolving those violations. Violations and schedules must be linked to the CCA in ICIS. Violation Notices should also be clearly linked to violations in ICIS. 2) Within 270 days of finalizing the report, EPA will evaluate progress by running a report for metric 9(a) and 10a1. The reports will be evaluated to determine if 80% of enforcement actions in response to SNC violations are timely.
2	11/07/2023	IEPA should verify that the facility has returned to compliance prior to closing a CCA. (1) Within 180 days of the finalization of the SRF, IEPA will amend CCA language to include state monitoring after the facility self- certifies return to compliance. The type of facility monitoring will be determined by the state. 2) Within 270 of finalizing the report, EPA will evaluate progress by evaluating the revised CCA language and randomly selecting closed CCAs to determine if 80% of the selected facilities were complying at the time the CCA was closed.

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**CWA Element 5 - Penalties**

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**Finding 5-1**

Meets or Exceeds Expectations

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**Recurring Issue:**

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**Summary:**

IEPA's system to track and collect penalties is practical and effective

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**Explanation:**

All penalty cases reviewed considered gravity and economic benefit, documented the difference between initial and final penalty and documented that all penalties were collected.

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

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**State Response:**

No action needed.

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# Clean Air Act Findings

## CAA Element 1 - Data

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### Finding 1-1

Area for Improvement

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### Recurring Issue:

Recurring from Rounds 2 and 3

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### Summary:

In 12 of 33 files reviewed (36.4%), data was accurately reflected in ICIS-Air. Some files reviewed contained data that was inaccurately reflected in ICIS-Air.

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### Explanation:

In 21 of 33 files reviewed, the EPA review team found data inconsistencies between the state files and the data entered into ICIS-Air. Representative examples of anomalies include address inconsistencies, an incorrect facility classification or NAIC designation, and an incorrectly entered FCE date. The most frequent error found was Title V Annual Compliance Certification dates were often entered as the date received instead of the date reviewed.

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### 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%		12	33	36.4%

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**State Response:** No response provided

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**Recommendation:**

Rec #	Due Date	Recommendation
1	06/30/2023	Illinois should review data entry practices and recent data submissions to ensure these issues have been addressed and modify standard operating procedures and training practices as necessary, with an emphasis on TV ACC review and reporting practices. Illinois will share the revised SOP for EPA review within 120 days from finalization of this report. Within 60 days of receipt of the revised SOP, EPA will review a selection of five or more TV ACCs to determine that this issue has been resolved. EPA will also continue to monitor data entry into ICIS-Air during our bimonthly conference calls with Illinois.

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**CAA Element 1 - Data**

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**Finding 1-2**

Meets or Exceeds Expectations

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**Recurring Issue:**

No

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**Summary:**

Data metrics 3a2, 3b1, 3b2, and 3b3 measure timeliness of reporting High Priority Violation (HPV) determinations, compliance monitoring Minimum Data Requirements (MDRs), stack test dates, and enforcement MDRs, respectively. Illinois is making progress towards national goals in all of these measures.

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**Explanation:**

Illinois is to be commended for making progress toward national goals with regard to timely reporting of these data elements.

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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>
3a2 Timely reporting of HPV determinations [GOAL]	100%	40.5%	9	10	90%
3b1 Timely reporting of compliance monitoring MDRs [GOAL]	100%	82.3%	722	735	98.2%
3b2 Timely reporting of stack test dates and results [GOAL]	100%	67.1%	159	172	92.4%
3b3 Timely reporting of enforcement MDRs [GOAL]	100%	77.6%	187	189	98.9%

**State Response:** No response provided

## CAA Element 2 - Inspections

### Finding 2-1

Meets or Exceeds Expectations

### Recurring Issue:

No

### Summary:

In 19 of 22 files reviewed (86.4%) all full compliance evaluation (FCE) elements were thoroughly and accurately documented. Furthermore, in all of the data metrics related to inspections Illinois exceeded national averages.

### Explanation:

Illinois effectively documented required FCE elements.

### 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%	88.7%	150	150	100%
5b FCE coverage: SM-80s [GOAL]	100%	93.7%	54	54	100%
5c FCE coverage: minors and synthetic minors (non-SM 80s) that are part of CMS plan or alternative CMS Plan [GOAL]	100%	85.8%	41	41	100%
5e Reviews of Title V annual compliance certifications completed [GOAL]	100%	76.7%	427	484	88.2%
6a Documentation of FCE elements [GOAL]	100%		19	22	86.4%

**State Response:** No response provided

## CAA Element 2 - Inspections

### Finding 2-2

Area for Attention

### Recurring Issue:

No

### Summary:

In 18 of 22 files reviewed (81.8%) Compliance Monitoring Reports (CMRs) or facility files reviewed provided sufficient documentation to determine compliance of the facility.

### Explanation:

The FCE reports were clear and complete in the majority of files reviewed. In six of the files reviewed, the inspection report contained general statements regarding compliance status. Illinois should ensure that inspectors refrain from making general statements regarding facility compliance status during inspections and in inspection reports, instead focusing on specific conditions found.

### 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>
6b Compliance monitoring reports (CMRs) or facility files reviewed that provide sufficient documentation to determine compliance of the facility [GOAL]	100%		18	22	81.8%

**State Response:** No response provided

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### CAA Element 3 - Violations

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#### Finding 3-1

Area for Attention

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#### Recurring Issue:

No

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#### Summary:

In 21 of 27 files reviewed (77.8%) compliance was determined accurately. In 17 of 22 files reviewed (77.3%) HPV status was determined accurately.

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#### Explanation:

Although compliance status was accurately determined in 21 out of 27 files reviewed, a number of compliance determination errors were found. These errors included cases where HPVs were recorded as FRVs and cases where FRVs were incorrectly reported as HPVs. Illinois should review compliance determination procedures and provide adequate guidance and training to ensure that compliance is accurately determined in all cases. EPA will continue to monitor Illinois' compliance determination accuracy during bimonthly data and enforcement conference calls.

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#### Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
7a Accurate compliance determinations [GOAL]	100%		21	27	77.8%
7a1 FRV 'discovery rate' based on inspections at active CMS sources		6.2%	46	856	5.4%
8a HPV discovery rate at majors		2.3%	8	549	1.5%
8c Accuracy of HPV determinations [GOAL]	100%		17	22	77.3%

**State Response:** No response provided

### CAA Element 3 - Violations

#### Finding 3-2

Meets or Exceeds Expectations

#### Recurring Issue:

No

#### Summary:

Data metric measures the timeliness of HPV determinations. Illinois met this criteria in 10 out of 10 cases (100%).

#### Explanation:

Illinois is to be commended for timely determining HPV status in ICIS-Air.

#### Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
13 Timeliness of HPV Identification [GOAL]	100%	87.7%	10	10	100%

**State Response:** No response provided

---

## CAA Element 4 - Enforcement

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### **Finding 4-1**

Meets or Exceeds Expectations

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### **Recurring Issue:**

No

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### **Summary:**

In 12 of 12 cases reviewed (100%), formal enforcement responses were carried out that included required corrective actions to return the facility to compliance in a specified time frame.

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### **Explanation:**

Illinois is to be commended for taking timely and appropriate enforcement action in each of the reviewed cases.

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### **Relevant metrics:**

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<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>
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%		12	12	100%
10a Timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place	100%		22	22	100%
10a1 Rate of Addressing HPVs within 180 days		63.7%	3	6	50%
10b Percent of HPVs that have been addressed or removed consistent with the HPV Policy [GOAL]	100%		9	10	90%
10b1 Rate of managing HPVs without formal enforcement action		12.9%	0	6	0%

**State Response:** No response provided

#### CAA Element 4 - Enforcement

##### **Finding 4-2**

Meets or Exceeds Expectations

##### **Recurring Issue:**

No

##### **Summary:**

In 5 of 6 files reviewed (83.3%) HPV case development and resolution timelines were found to be in place when required and contained required policy elements.

##### **Explanation:**

In one case reviewed, an HPV was not determined because a facility's Title V status was not properly recognized, resulting in the failure to resolve the case within the proper time frame. This does not appear to be a systemic issue.

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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>
14 HPV case development and resolution timeline in place when required that contains required policy elements [GOAL]	100%		5	6	83.3%

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**State Response:** No response provided

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**CAA Element 5 - Penalties**

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**Finding 5-1**Area for Improvement

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**Recurring Issue:**Recurring from Rounds 2 and 3

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**Summary:**

3 of 5 penalty calculations reviewed (60%) documented gravity and economic benefit, and 1 of 4 (25%) documented the rationale for the difference between the initial penalty calculation and the final penalty.

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**Explanation:**

In 2 of 5 cases, documentation of gravity and economic benefit was either missing or insufficient, and 3 of 4 cases reviewed did not provide a rationale for the final penalty assessed.

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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%		3	5	60%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		1	4	25%

**State Response:** No response provided

**Recommendation:**

Rec #	Due Date	Recommendation
2	06/30/2023	<p>Within 120 days from finalization of this report, Illinois should prepare a penalty checklist that documents the calculated gravity and economic benefit in all referrals to IAG, and train enforcement staff in its use. Additionally, Illinois should prepare justification memos of all Judicial Consent Orders prior to lodging that includes a line for documenting the difference between the penalty checklist and the final penalty (if any). Illinois should share the draft penalty checklist and final judicial consent order memo template with EPA for review. EPA will provide comments within 30 days of receipt of the draft checklist and memo template. Illinois will submit the final checklist and memo template within 30 days from receipt of EPA comments.</p>

**CAA Element 5 - Penalties**

**Finding 5-2**

Meets or Exceeds Expectations

**Recurring Issue:**

No

**Summary:**

In 4 of 4 cases in which penalties were assessed (100%), documentation verified that those penalties were collected.

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**Explanation:**

Illinois is to be commended for ensuring that all penalties assessed in enforcement cases are collected, as documented in the files through accounts receivable notations and copies of signed checks.

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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>
12b Penalties collected [GOAL]	100%		4	4	100%

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**State Response:** No response provided

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# Resource Conservation and Recovery Act Findings

## RCRA 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:

In 29 of 34 files reviewed (85.3%), data was accurately reflected in RCRAInfo. Some files reviewed contained data that was inaccurately reflected in RCRAInfo. The review generally noted missing information concerning formal cases (date of final order, penalty collection date) RCRAInfo.

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### Explanation:

EPA review team found the following data discrepancies:

- Five of the formal cases were missing the final order date and the penalty collection date.

According to Illinois EPA, its Division of Legal Counsel (DLC) enters formal enforcement data into their own data system and then they provide data for entry into RCRAInfo of required elements for referrals, complaints, orders and penalties. According to Illinois EPA, the missing information was likely due to miscommunication between DLC and the Bureau of Land (BOL) Compliance Unit, which enters data into RCRAInfo.

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### Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
2b Accurate entry of mandatory data [GOAL]	100%		29	34	85.3%

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**State Response:** No response provided

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## RCRA 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:**

In 34 of 34 files reviewed (100%), Illinois EPA is continuing to demonstrate that their inspection reports are complete and provide sufficient information to make accurate compliance determinations.

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**Explanation:**

The files reviewed were determined to have complete and sufficient information in the inspection reports to determine compliance.

Illinois EPA submitted, and EPA approved, a RCRA C flexibility Plan for 2017 which substituted an LQG inspection for two SQGs for a portion of the LQGs normally inspected to meet the alternative CMS LQG universe inspection goal. In the plan, Illinois EPA committed to inspecting 235 SQGs and 85 LQGs. Illinois EPA targeted 535 inspections at sites identified as SQGs in RCRAInfo. However, of the 535 sites, only 130 turned to be actual SQGs. The rest were either conditionally-except small quantity generators (CESQGs), non-generators, or not in operation. Illinois EPA conducted 93 inspections at LQGs.

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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>
5a Two-year inspection coverage of operating TSDFs [GOAL]	100%	88.1%	21	21	100%
5b Annual inspection of LQGs using BR universe [GOAL]	100% of commitments		93	85	109.4%
5d One-year count of SQGs with inspections [GOAL]	100% of commitments		130	130	100%
5e7 One-year count of sites not covered by metrics 5a - 5e6 with inspections	100% of commitments		312		312
6a Inspection reports complete and sufficient to determine compliance [GOAL]	100%		34	34	100%

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**State Response:** No response provided

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## RCRA Element 2 - Inspections

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### Finding 2-2

Meets or Exceeds Expectations

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### Recurring Issue:

No

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### Summary:

In 34 of 34 files reviewed (100%), the inspection reports were determined to be completed in a timely manner. BOL's Enforcement Management System does not include a requirement for inspection report completion date. Absent a completion standard by Illinois EPA, the completion date of the inspection reports was compared to EPA's current 60-day inspection completion date requirement. For the files reviewed, the time frame for completion ranged from 5 to 60 days.

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### Explanation:

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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>
6b Timeliness of inspection report completion [GOAL]	100%		34	34	100%

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**State Response:** No response provided

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### **RCRA Element 3 - Violations**

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#### **Finding 3-1**

Meets or Exceeds Expectations

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#### **Recurring Issue:**

No

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#### **Summary:**

In 34 of 34 files reviewed (100%), the inspection reports/files led to accurate compliance determinations. In 11 of 11 files reviewed (100%), Illinois EPA cited violations that led to accurate SNC determinations.

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#### **Explanation:**

Based on the file review, Illinois EPA prepared complete inspection reports/files that had sufficient evidence documented that led to accurate compliance determinations and the violations led to accurate Significant Non-Complier (SNC) determinations.

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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>
2a Long-standing secondary violators			114		114
7a Accurate compliance determinations [GOAL]	100%		34	34	100%
7b Violations found during CEI and FCI inspections		34.9%	40	710	5.6%
8a SNC identification rate at sites with CEI and FCI		1.5%	7	1227	.6%
8b Timeliness of SNC determinations [GOAL]	100%	84.9%	7	7	100%
8c Appropriate SNC determinations [GOAL]	100%		10	10	100%

**State Response:** No response provided

#### **RCRA Element 4 - Enforcement**

##### **Finding 4-1**

Area for Attention

##### **Recurring Issue:**

No

##### **Summary:**

In 21 of 25 files reviewed (84%), Illinois EPA had taken the appropriate enforcement response that returned violators back into compliance. In 5 of 6 files reviewed (83.3%), Illinois EPA SNC designations were addressed in a timely manner with a formal enforcement action. In 25 of 25 files reviewed (100%), Illinois EPA took the appropriate enforcement actions in response to the type of violations cited within the files.

##### **Explanation:**

EPA review team found that based on the files reviewed, 3 of the 25 files concerned cases that were referred to the Illinois Attorney General's Office and are still ongoing. Without administrative authority, cases sometimes take years to resolve.

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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>
9a Enforcement that returns sites to compliance [GOAL]	100%		21	25	84%
10a Timely enforcement taken to address SNC [GOAL]	80%	81.1%	5	6	83.3%
10b Appropriate enforcement taken to address violations [GOAL]	100%		25	25	100%

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**State Response:** No response provided

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**RCRA 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:**

In 5 of 5 files reviewed (100%), in formal enforcement actions with penalty, the files include documentation of the gravity and economic benefit components.

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**Explanation:**

Based on EPA's review, the documentation in the files indicate that IL EPA considered both gravity and economic benefit. For economic benefit, the files included a paragraph indicating that the economic benefit component was evaluated but determined to be very small. The gravity was also calculated, but it did not include a detailed narrative explanation.

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**Relevant metrics:**

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
11a Gravity and economic benefit [GOAL]	100%		5	5	100%

**State Response:** No response provided

## RCRA Element 5 - Penalties

### Finding 5-2

Meets or Exceeds Expectations

### Recurring Issue:

No

### Summary:

In 4 of 5 files reviewed, the proposed penalty and the penalty collected was the same. In the other case, the collected penalty was higher than the proposed with no explanation included in the file. Documentation of payment collection is maintained by Fiscal Services.

### Explanation:

BOL's Fiscal Services tracks penalty payments and has primary responsibility for penalty payment follow-up. Upon receipt of an order requiring payment of a penalty, DLC will forward a copy of that order to Fiscal Services, which will create a corresponding account receivable. Documentation of payment is maintained by Fiscal Services and be available for an audit, upon request. Because there were no penalties that had a final calculated value lower than the initial calculated, metric 12a is not applicable.

### Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
12b Penalty collection [GOAL]	100%		4	5	80%

**State Response:** No response provided