

STATE REVIEW FRAMEWORK

Idaho

Clean Water Act

Clean Air Act

Resource Conservation and Recovery Act

Implementation in Federal Fiscal Year 2019

**U.S. Environmental Protection Agency
Region 10**

**Final Report
March 24, 2021**

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)

Kickoff letter sent: April 8, 2020

Data Metric Analysis and file selections sent to IDEQ: May 20, 2020

File reviews completed: September 29, 2020

Draft report sent to IDEQ: December 15, 2020

Comments from IDEQ received by EPA: February 12, 2021

Report Finalized: March 5, 2021

IDEQ and EPA key contacts:

Brynn M. Lacabanne, IPDES Compliance and Enforcement Supervisor

Rob Grandinetti, EPA File Reviewer

Stacey Kim, EPA File Reviewer

Scott Wilder, EPA SRF Coordinator

Clean Air Act (CAA)

IDEQ and EPA key contacts:

Wally Evans, IDEQ Air Quality Compliance Assurance Supervisor

Emanuel Ziolkowski, IDEQ Air Quality Compliance Analyst

Elizabeth Walters, EPA File Reviewer

Scott Wilder, EPA SRF Coordinator

Resource Conservation and Recovery Act (RCRA)

IDEQ and EPA key contacts:

Natalie Creed, IDEQ Hazardous Waste Bureau Chief

Cheryl Williams, EPA File Reviewer

Scott Wilder, EPA SRF Coordinator

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)

The Permit limit data entry rate for majors and non-majors in the data metric analysis was 100%. Discharge Monitoring Report (DMR) data entry rate for majors and non-majors meets or exceeds the expectations and the national average.

All of the inspection reports that were reviewed were found to be complete, and sufficient to determine the compliance status at the facility.

The Permit limit data entry rate for majors and non-majors in the data metric analysis was 100%. DMR data entry rate for majors and non-majors meets or exceeds the expectations and the national average.

Clean Air Act (CAA)

FCE reports are very thorough and generally documented sufficient information to determine compliance of the facility.

Compliance determinations were consistently accurate and reported correctly to ICIS-Air.

The State accurately determined HPV status at all facilities during the review period.

Rationales for differences between initial penalty and final penalty were consistently documented.

Penalties were consistently collected and documented.

Resource Conservation and Recovery Act (RCRA)

Inspection reports are completed in a timely manner.

The state does a good job of making accurate compliance determinations and appropriate SNC determinations.

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)

Idaho Department of Environmental Quality (IDEQ) has started to take over the NPDES program for EPA. Idaho is doing a phased implementation for assuming the NPDES program, the phases are:

July 1, 2018 Publicly owned treatment works and pretreatment program

July 1, 2019 Industrial direct dischargers

July 1, 2020 Facilities covered under general permits, except storm water

July 1, 2021 Storm water (municipal, construction, and industrial), biosolids, and federal facilities

It is important to note that the state only received responsibility of the Publicly owned treatment works and pretreatment program three months prior to the review year FY19 (October 2018 to September 2019). Therefore, this SRF cannot be taken as a review of their entire NPDES program. Further, because this is the first SRF review of this new program, findings of areas of improvement (as detailed in the report) are to be expected.

There were several instances where IDEQ issued informal enforcement actions and those were not entered into ICIS-NPDES

The EPA Enforcement Management System states that non-sampling inspections should be written within 30 days of the inspection, and within 45 days for sampling inspections. Less than half of the inspection reports were written in the EPA scheduled time of 30 days after a non-sampling inspection. EPA did not review any reports that included a sampling portion of the inspection. Because the program is so new to IDEQ, no penalty actions had been completed at the time of this review.

Clean Air Act (CAA)

No priority issues to address.

Resource Conservation and Recovery Act (RCRA)

Over the past two years, the State has had significant holes in staffing, including the critical Enforcement Coordinator position. The person in this position is responsible for planning all state-wide RCRA inspections and conducting all enforcement activities stemming from those inspections, among other things. The State has also lost many senior staff, due to attrition, since the last SRF review. These lapses in staffing and the loss of experience senior staff has resulted in the inability of the State to comply with their own internal timeliness processes resulting in,

among other things violations, some very significant, not being addressed in a timely manner and a reduction in the quality of inspection reports. Additionally, inspectors appear to be putting quantity and timeliness of inspection reports over quality of reports which also slows down the analysis of documented violations.

The state does not always take timely enforcement actions.

Although inspection reports still appear complete enough to determine compliance the reviewer noticed that documentation of evidence is not as complete as it had been in previous reviews.

Although inspection reports appear complete enough to determine compliance, documentation of evidence is incomplete.

The state does not always take timely enforcement actions.

Clean Water Act Findings

CWA Element 1 - Data

Finding 1-1

Area for Improvement

Recurring Issue:

No

Summary:

There were several instances where IDEQ issued informal enforcement actions and those were not entered into ICIS-NPDES

Explanation:

There were several inspection transmittal letters in the files that referenced areas of concern or violations found during the inspection. These informal enforcement actions should be entered into ICIS-NPDES. Informal enforcement actions are a useful tool that a regulatory agency can use to transmit areas of concerns found in an inspection, or after reviewing a facility's compliance status. Informal enforcement actions also serve to show the public that the regulatory agency is not ignoring possibly ongoing or single non-compliance event(s). Another reason informal enforcement actions are useful is if, at a later date, it is clear the facility is not coming into compliance. A pattern of informal enforcement actions, such as Warning Letter, issued by the regulatory agency demonstrates escalating enforcement which is important to show the agency is being consistent with each facility and that there is a clear path to the eventual enforcement action, whether it be a Compliance Order or a Penalty Action.

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	21	71.4%

State Response:

DEQ is continuing to develop an automated data exchange between the IPDES database to EPA's ICIS-NPDES database. DEQ currently has a contract and work plan with Windsor Solutions and an EPA Network Exchange Grant to complete this work, which includes informal enforcement data elements. DEQ believes this data exchange should begin occurring by the end of 2021. Until that is complete, DEQ will not likely be able to achieve compliance with this finding because of the time- and resource-intensive process of manually entering every informal enforcement action into ICIS. DEQ believes that changes to the naming convention of the inspection report cover

letters may not be necessary. However, DEQ will continue to work with EPA on appropriate naming conventions, along with ensuring all informal enforcement letters, including inspection cover letters that address Areas of Concern or Violations (i.e., notifications of informal enforcement), are entered into ICIS as the appropriate informal enforcement data type (e.g., Warning Letter, etc.) as part of the automated data exchange, currently in development. Additionally, DEQ would like to know the National Average in order to assess how we are performing relative to other states.

Recommendation:

Rec #	Due Date	Recommendation
1	06/01/2021	<p>Within 180 days after this report is finalized, IDEQ should implement a written process or SOP and share it with EPA by the due date to ensure informal enforcement actions are entered into ICIS-NPDES. EPA recommends that IDEQ develop a consistent naming convention for these letters as discussed below. I recommend that IDEQ further ensure that these letters start having formal titles. This is important so that IDEQ is consistent across the state and any given facility knows it will be treated equally no matter where the facility resides. When areas of concern are found that do not raise to the level of violation, then the response letters should be called either Informal Enforcement or Warning Letter (IDEQ can also come up with their own naming convention as long as the reader can tell what type of action it is). Further, if violations are found during an inspection those should be titled Notice of Violation (or some similar naming convention that allows the reader to know the type of action),</p>

CWA Element 1 - Data

Finding 1-2

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The Permit limit data entry rate for majors and non-majors in the data metric analysis was 100%.

Explanation:

The data metric analysis shows that the state is entering all of the permit limit data. There are no facilities missing permit limit data.

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%	90.6%	127	127	100%

State Response:

No comment.

CWA Element 1 - Data

Finding 1-3

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

DMR data entry rate for majors and non-majors meets or exceeds the expectations and the national average.

Explanation:

Entering DMR data completely and accurately into ICIS-NPDES is important to let the public know the compliance status of any given facility in Idaho. Having this data consistently entered into ICIS-NPDES is important.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
1b6 Completeness of data entry on major and non-major discharge monitoring reports. [GOAL]	95%	93.3%	3316	3319	99.9%

State Response:

No comment.

CWA Element 2 - Inspections

Finding 2-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

All of the inspection reports that were reviewed were found to be complete, and sufficient to determine the compliance status at the facility.

Explanation:

The inspection reports were well written. They are thorough, comprehensive, have a clear and logical flow to the writing, and they provided the reader the details necessary to gauge the level of compliance at the facility at the time of the inspection.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
6a Inspection reports complete and sufficient to determine compliance at the facility. [GOAL]	100%		9	9	100%

State Response:

DEQ would like to know the National Average in order to assess how we are performing relative to other states.

CWA Element 2 - Inspections

Finding 2-2

Area for Improvement

Recurring Issue:

No

Summary:

The EPA Enforcement Management System states that non-sampling inspections should be written within 30 days of the inspection, and within 45 days for sampling inspections. Less than half of the inspection reports were written in the EPA scheduled time of 30 days after a non-sampling inspection. EPA did not review any reports that included a sampling portion of the inspection.

Explanation:

EPA's NPDES Compliance Inspection Manual states that all inspections must be written within 30 days of a non-sampling inspection, and within 45 days of a sampling inspection. There were several reports that were past the 30-day time frame, however, all but one was completed within 45 days (though none were sampling inspections), and there was only one that took longer than 45 days.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
6b Timeliness of inspection report completion [GOAL]	100%		4	9	44.4%

State Response:

DEQ has learned that EPA's Enforcement Management System (1989) includes the NPDES Inspection Strategy and Guidance for Preparing Annual State/EPA Compliance Inspection Plans (1985). This document does identify that (page 6), "...for non-sampling inspections, reports will be distributed within 30 days of the inspection..." DEQ does note that the above-referenced EPA document is not currently available on EPA's Guidance Documents Managed by the Office of Water website (<https://www.epa.gov/guidance/guidance-documents-managed-office-water>). Although DEQ will strive to meet the 30-day requirement, we will likely not be able to achieve full compliance, at least in the short term, due to limited personnel and resources available. Finally, DEQ would like to know the National Average in order to assess how we are performing relative to other states.

Recommendation:

Rec #	Due Date	Recommendation
1	06/01/2021	Within 180 days after this report is finalized, IDEQ should develop and begin implementing an SOP to ensure inspection reports are written in the timeframe EPA has identified. IDEQ should share the SOP with EPA by the due date.

CWA Element 2 - Inspections

Finding 2-3

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Inspection coverage met or exceeded CMS goals.

Explanation:

IDEQ completed more inspections than called for in the CMS.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
4a1 Number of pretreatment compliance inspections and audits at approved local pretreatment programs. [GOAL]	100% of commitments%		8	8	100%
4a2 Number of inspections at EPA or state Significant Industrial Users that are discharging to non-authorized POTWs. [GOAL]	100% of commitments%		1	1	100%
5a1 Inspection coverage of NPDES majors. [GOAL]	100%	52.8%	22	19	115.8%
5b1 Inspections coverage of NPDES non-majors with individual permits [GOAL]	100%	22.6%	22	18	122.2%

State Response:

DEQ would like to know the National Averages in order to assess how we are performing relative to other states.

CWA Element 3 - Violations

Finding 3-1

Area for Attention

Recurring Issue:

No

Summary:

IDEQ did not follow EPA guidance regarding escalation to formal enforcement at one facility.

Explanation:

The City of Hagerman had significant areas of concern during their IDEQ inspection, based on the findings during the inspection a more significant follow-up should have occurred. IDEQ provided an inspection follow-up letter rather than a formal enforcement action that EPA would have advised.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
7e Accuracy of compliance determinations [GOAL]	100%		9	10	90%

State Response:

DEQ would like to know how EPA defines “significant areas of concern.” The AOCs for this facility were: • DMR non-receipt violations prior to IPDES primacy, • A thermometer not being in their refrigerator (which isn’t necessarily indicative of a violation), and • No calibration records. Additionally, there was no evidence that the lack of refrigeration caused holding temperature issues (according to the Chains of Custody) or that the lack of pH calibration records caused a violation of pH or any other downstream effects. Finally, DEQ would like to know the National Averages in order to assess how we are performing relative to other states.

CWA Element 4 - Enforcement

Finding 4-1

Area for Attention

Recurring Issue:

No

Summary:

Enforcement responses that returned, or will return, sources in violation to compliance. IDEQ did not follow EPA guidance for escalation to formal enforcement at one facility.

Explanation:

The City of Burley municipal WWTP has been out of compliance for over a year and, according to ICIS-NPDES, they have failed to submit DMRs since July of 2018. IDEQ has issued several informal enforcement actions but has not escalated the enforcement response or issued formal enforcement as of the date of this review.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
9a Percentage of enforcement responses that returned, or will return, a source in violation to compliance [GOAL]	100%		4	5	80%

State Response:

DEQ pulled an ICIS-NPDES report from June 1, 2018 to December 31, 2020. All DMRs for all limit sets for this time period have been submitted. Although there were a few instances of non-receipt due to employee turnover, specifically with late 001-T DMRs due in early 2020, according to ICIS as of February 2, 2021, all DMRs were submitted on time. DEQ believes EPA is seeing SNC DMR Non-Receipt on the RNC Status portion of the facility's ICIS page that are rolling over since Quarter 4 of 2018, for violations that have not been administratively resolved. Additionally, DEQ would like to know the National Averages in order to assess how we are performing relative to other states.

CWA Element 4 - Enforcement

Finding 4-2

Area for Attention

Recurring Issue:

No

Summary:

Enforcement responses reviewed that address violations in an appropriate manner. IDEQ did not follow EPA guidance for escalation to formal enforcement at one facility.

Explanation:

The City of Burley municipal WWTP has been out of compliance for over a year and, according to ICIS-NPDES, they have failed to submit DMRs since July of 2018. IDEQ has issued several informal enforcement actions but has not escalated the enforcement response or issued formal enforcement as of the date of this review.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
10b Enforcement responses reviewed that address violations in an appropriate manner [GOAL]	100%		9	10	90%

State Response:

DEQ's response to Finding 4-2 is the same as for Finding 4-1.

Clean Air Act Findings

CAA Element 1 - Data

Finding 1-1

Area for Attention

Recurring Issue:

No

Summary:

ICIS-Air is generally accurate and matches MDR in file documentation. MDRs and stack test data were consistently entered into ICIS-Air in a timely manner.

Explanation:

Facility identifiers such as programmatic ID, address, zip code, type of ownership and NAICS code were generally entered completely and accurately into ICIS-Air. Our review identified several discrepancies between file documentation and the ECHO DFR. MDR in file documentation and the ECHO DFR did not match in 28% of files reviewed: four facilities have an incorrect address in the ECHO DFR, two facilities have incorrect discovery dates for Federally Reportable Violations or High Priority Violations, and one facility did not include all applicable air subparts in ICIS-Air. Additionally, the State did not provide stack test documentation for one facility. The State did report 98.8% of compliance monitoring MDRs, 98.4% of stack test dates and results, and 100% of enforcement MDRs in a timely manner into ICIS-Air.

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%		18	25	72%
3b1 Timely reporting of compliance monitoring MDRs [GOAL]	100%	85.2%	80	81	98.8%
3b2 Timely reporting of stack test dates and results [GOAL]	100%	65.1%	60	61	98.4%
3b3 Timely reporting of enforcement MDRs [GOAL]	100%	71.8%	5	5	100%

State Response:

DEQ investigated four facilities identified as having incorrect addresses listed in the ECHO DFR. DEQ found three of the four facility addresses were correctly entered into ICIS-Air but do not match with ECHO DFR. DEQ does not control any communication between ICIS-Air and the ECHO DFR. DEQ found one facility address to be incorrect and it will be updated in ICIS-Air. DEQ found the two facilities EPA identified as having incorrect discovery dates for FRV's entered into ICIS-Air is incorrect. The two facilities have correct dates entered and DEQ does not know why the ICIS-Air data base and ECHO DFR are different. DEQ agrees that one facility has a federal subpart element missing in ICIS-Air. The facility had previously indicated to DEQ that they would meet the NESHAPs subpart 6H exemption requirements. However, a 2019 inspection revealed the facility opted to comply with the subpart instead as noted in the inspector findings. DEQ will enter the missing subpart into ICIS-Air. For the source test issue – DEQ believes EPA to be incorrect in this comment. The stack test in question is part of another facility owned and operated by the same company being reviewed. Facility ID No. 777-00592 is the facility which had the stack test conducted and Facility ID No. 777-00224 is the facility EPA did their review on.

CAA Element 2 - Inspections

Finding 2-1

Area for Attention

Recurring Issue:

No

Summary:

FCE reports are very thorough and generally included the necessary FCE elements.

Explanation:

The State conducted FCE's at 100% of the major and mega-sites, and 100% of the SM-80s located within the state. Inspectors were consistently thorough and documented their review of all required reports and records. Inspection reports are very detailed and included assessments of control devices, visible emissions observations as needed, descriptions of what records were reviewed on site, assessment of process parameters and other FCE elements as appropriate. Permit requirements were separately listed in the inspection reports and observations were clearly noted for each requirement. However, 4 files did not include all the required FCE documentation – 1 file did not include a review of Title V Annual Compliance Certifications (ACC) with self-reported deviations in the review period, and three files did not include on-site inspection of the facilities.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
5a FCE coverage: majors and mega-sites [GOAL]	100%	88.1%	18	18	100%
5b FCE coverage: SM-80s [GOAL]	100%	93.7%	11	11	100%
5c FCE coverage: minors and synthetic minors (non-SM 80s) that are part of CMS plan or alternative CMS Plan [GOAL]	100%	70.1%	1	1	100%
5e Reviews of Title V annual compliance certifications completed [GOAL]	100%	82.5%	47	47	100%
6a Documentation of FCE elements [GOAL]	100%		16	20	80%

State Response:

DEQ would like to clarify the reasons behind the three facilities not having a walkthrough. One facility was limited to a records review only during the on-site visit. The inspector initially arrived onsite at approximately 9:30 am and departed the facility at 6:30 pm on May 9, 2019. Due to the detailed on-site records review and a lengthy meeting with facility representatives on several pending compliance issues, it was determined by the inspector that the facility walkthrough component was not needed to determine compliance/non-compliance with the permit. For the two portable facilities, one inspector did perform an onsite visit but was informed the permitted equipment was operating out of state at the time and no further inspection was warranted. For the other portable source, the inspector also did an onsite visit but found the equipment to be temporarily not operating, however, a general evaluation of the operation was conducted. Finally, EPA noted the 2018 ACC was not reviewed as part of the facility inspection. However, DEQ determined that the inspection period was from 12/10/2015 through 12/31/2018. The 2018 ACC

would not have been part of the inspection review as the T1 operating permit requires the facility to submit the ACC to DEQ no later than February 28 of each year' or in this case 2019.

CAA Element 2 - Inspections

Finding 2-2

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

FCE reports are very thorough and generally documented sufficient information to determine compliance of the facility.

Explanation:

Files generally included the necessary compliance monitoring reports or facility files in order to provide sufficient documentation to determine compliance of the facility. 3 files did not include onsite inspections of the facility (it was not in operation at the time) and therefore did not include the necessary compliance monitoring activities and observations in order to determine compliance of the facility.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
6b Compliance monitoring reports (CMRs) or facility files reviewed that provide sufficient documentation to determine compliance of the facility [GOAL]	100%		22	25	88%

State Response:

No comments.

CAA Element 3 - Violations

Finding 3-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Compliance determinations were consistently accurate and reported correctly to ICIS-Air.

Explanation:

The State's compliance determinations were accurate in 100% of files reviewed based on the CMR and other information in the source files, and the compliance 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%		25	25	100%

State Response:

No comments.

CAA Element 3 - Violations

Finding 3-2

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The State accurately determined HPV status at all facilities during the review period.

Explanation:

The State consistently followed the HPV policy and accurately determined HPV and non-HPV status for 100% identified FRVs.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
13 Timeliness of HPV Identification [GOAL]	100%	89.5%	0	0	0
8c Accuracy of HPV determinations [GOAL]	100%		16	16	100%

State Response:

No comments.

CAA Element 4 - Enforcement

Finding 4-1

Area for Attention

Recurring Issue:

No

Summary:

Formal enforcement responses included the required corrective action to return the facility to compliance or the facility returned to compliance on its own while the State tracked its compliance status.

Explanation:

Formal enforcement responses included the required corrective action to return the facility to compliance or the facility returned to compliance on its own while the State tracked its compliance status. One file did not include the required corrective action. The facility failed to provide emission factors as required in a source test and the State determined that the facility was out of compliance with its permit PM emission limits. The facility argued that the calculation methodologies for the recent test and original permit limits were different, and that if the original methodology was used for the recent test then the facility would be in compliance with the permit limits. The State did not concur with the facility's argument to adjust the PM emission test results and the facility later submitted an application to modify the permit. However, an informal or formal enforcement actions were not taken by the State for the emission limit violations and an additional source test has not been conducted in order to determine if the facility returned to compliance on its own.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
9a Formal enforcement responses that include required corrective action that will return the facility to compliance in a specified time frame or the facility fixed the problem without a compliance schedule [GOAL]	100%		5	6	83.3%

State Response:

DEQ believes compliance assistance was warranted in this case. The file note provided to EPA clearly describes the background and path forward to resolve the concern. No formal enforcement action was taken as the corrective action was for the facility to submit a permit revision request to address the calculation methodology issue. This was done in a timely fashion and corrected the issue. A file note was put into the case folder documenting all the correspondence and the corrective actions taken.

CAA Element 4 - Enforcement

Finding 4-2

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The State addressed all HPVs in a timely manner or alternatively had a case development and resolution timeline in place.

Explanation:

The State consistently addressed High Priority Violations (HPV) with a timely manner or alternatively had a Case Development Resolution Timeline (CDRT) in place within 225 days of Day Zero in accordance with the HPV policy.

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	100%		2	2	100%

State Response:

No comments.

CAA Element 4 - Enforcement

Finding 4-3

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

HPVs were addressed or removed in accordance with the HPV policy.

Explanation:

The State appropriately and consistently addressed or removed HPVs in accordance with the HPV policy.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
10b Percent of HPVs that have been addressed or removed consistent with the HPV Policy [GOAL]	100%		2	2	100%

State Response:

No comments.

CAA Element 5 - Penalties

Finding 5-1

Area for Attention

Recurring Issue:

No

Summary:

Penalty calculations generally documented gravity and economic benefit.

Explanation:

Four files in our review included a penalty. The State generally documented how gravity and economic benefit values were assessed in the penalty, and penalty calculations consistently included a gravity component. One file did not include economic benefit in the penalty calculation.

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	4	75%

State Response:

DEQ reviewed the EPA comment regarding the economic benefit not being addressed in the penalty calculations for one file. DEQ found that the total assessed penalty worksheet for this case had not been accounted for and sent to EPA during the initial stages of the SRF review. This worksheet does contain the economic benefit information and can be sent to EPA for review upon request.

CAA Element 5 - Penalties

Finding 5-2

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Rationales for differences between initial penalty and final penalty were consistently documented.

Explanation:

The State consistently documented the rationale for differences between initial penalty calculations and final penalty calculations. Our review of 4 files in which penalties were assessed found that all necessary documentation was included.

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%		4	4	100%

State Response:

No Comments.

CAA Element 5 - Penalties**Finding 5-3**

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Penalties were consistently collected and documented.

Explanation:

Photocopies of checks or other correspondence that documented check transmittal were included in the 4 files where a penalty was collected in our review.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
12b Penalties collected [GOAL]	100%		4	4	100%

State Response:

No Comments.

Resource Conservation and Recovery Act Findings

RCRA Element 1 - Data

Finding 1-1

Area for Attention

Recurring Issue:

No

Summary:

Not all data from files is reflected in RCRAInfo

Explanation:

Every data element reported in RCRAInfo had a corresponding document. However, in some instances, data in the files is not in RCRAInfo. For example, violations that are discussed in inspection reports and a Recommendations for Enforcement were missing, and in one instance the proposed penalty in a formal action was not in RCRAInfo.

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%		19	26	73.1%

State Response:

DEQ recognizes that not all pertinent data in the files was reflected in RCRAInfo. To improve RCRAInfo data element completeness, hazardous waste staff will ensure that appropriate Quality Assurance/Quality Control (QA/QC) procedures are followed. The hazardous waste compliance and enforcement coordinator has developed a new tool to track scheduled inspections, inspection

reports, enforcement actions, and completion of entry into DEQ's electronic data management system (EDMS) and RCRAInfo. The new hazardous waste data analyst will ensure that the existing pending RCRAInfo data chart continues to be updated at least quarterly and shared with appropriate staff. The hazardous waste bureau chief will meet with staff regularly to ensure these tools are consistently utilized and that any data gaps are remedied in a timely manner.

RCRA Element 2 - Inspections

Finding 2-1

Area for Improvement

Recurring Issue:

No

Summary:

Although inspection reports appear complete enough to determine compliance, documentation of evidence is incomplete.

Explanation:

- In some reports the inspection purpose statement indicates compliance with federal regulations.
- Photos and other evidence are not referenced in the report narrative, making it difficult to ensure accurate linking from report narrative to additional evidence.
- Drawing conclusions in the report rather than citing observations (e.g. EPA suggests that the inspector should reference regulatory language as part of the observations to clearly describe any potential violations.
- Not always writing in the first person.
- The reviewer also noticed that in some instances the purpose of the inspection did not include reviewing compliance with the primary waste operations of the facility (i.e. the rail transfer yard did not inspect against the less than 10-day transfer facility allowance.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
6a Inspection reports complete and sufficient to determine compliance [GOAL]	100%		35	50	70%

State Response:

DEQ concurs with the recommendation to institute a training that addresses inspection report writing specifically addressing items identified in the finding. This action will be completed no later than July 2021 and the State will provide EPA the training agenda and roster of attendees.

DEQ appreciates the example inspection report provided by EPA, and may request additional examples. DEQ also requests that EPA share updates on availability of EPA's Smart Tools for RCRA inspectors for states, as well as any training opportunities and potential grant opportunities for obtaining tablets for use with EPA's Smart Tools.

Recommendation:

Rec #	Due Date	Recommendation
1	07/31/2021	The State will institute a refresher training that addresses inspection report writing specifically addressing items identified in the explanation of this finding. This action will be completed no later than July 2021 and the State will provide EPA a training agenda and roster of attendees.

RCRA Element 2 - Inspections

Finding 2-2

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Inspection reports are completed in a timely manner.

Explanation:

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
6b Timeliness of inspection report completion [GOAL]	100%		50	50	100%

State Response:

No comment.

RCRA Element 2 - Inspections

Finding 2-3

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The state meets or exceeds inspection coverage goals for operating TSDFs and LQGs

Explanation:

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
5a Two-year inspection coverage of operating TSDFs [GOAL]	100%	85%	3	3	100%
5b Annual inspection of LQGs using BR universe [GOAL]	20%	15.6%	6	27	22.2%
5b1 Annual inspection coverage of LQGs using RCRAinfo universe [GOAL]	20%	9.9%	7	29	24.1%

State Response:

No comment.

RCRA Element 3 - Violations

Finding 3-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The state does a good job of making accurate compliance determinations and appropriate SNC determinations

Explanation:

The State has several processes that the Reviewer believes to be best management practices including: • a recommendation for enforcement document for every instance that a violation is found during an inspection; • completing a Significant Non-compliance (SNC) check-list for every facility that had violations found during an inspection

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
7a Accurate compliance determinations [GOAL]	100%		48	51	94.1%
8b Timeliness of SNC determinations [GOAL]	100%	76.5%	0	0	0
8c Appropriate SNC determinations [GOAL]	100%		23	27	85.2%

State Response:

No comment.

RCRA Element 4 - Enforcement

Finding 4-1

Area for Improvement

Recurring Issue:

No

Summary:

The state does not always take timely enforcement actions.

Explanation:

EPA expects that enforcement that addresses significant non-compliance will be achieved by day 360. Idaho did not meet this deadline in several instances. The most notable is a commercial TSD facility that had a significant event that has not yet been addressed by an enforcement action. The State has spent much time building this case and conducting focused inspections that document additional violations but, no enforcement or even notice to the facility of potential violations had taken place at the time of the review. Other violations at this facility as well as violations at other facilities, both significant and secondary in nature, were also not addressed in a timely manner.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
10a Timely enforcement taken to address SNC [GOAL]	100%	87.7%	0	0	0
10b Appropriate enforcement taken to address violations [GOAL]	100%		12	15	80%
9a Enforcement that returns sites to compliance [GOAL]	100%		11	15	73.3%

State Response:

DEQ concurs with the recommendations to conduct a LEAN event to address timeliness of enforcement actions and to implement improvements identified as part of the LEAN event. EPA requested that outcomes of the event be reported at the July 2021 quarterly EPA/DEQ meeting. EPA/DEQ quarterly meetings are currently scheduled for March, June, September, and December 2021. DEQ requests that the reporting timeframe be changed to the September 2021 quarterly meeting. This will hopefully allow enough time for DEQ staff to meet in person to conduct the LEAN event. However, if COVID-19 pandemic conditions continue longer than expected, DEQ will conduct a virtual LEAN event in order to report on the outcomes at the September 2021 quarterly meeting. Timeliness of enforcement actions will be a standing agenda item during each quarterly meeting. By September 30, 2022, Idaho will address at least 80% of the facilities that are identified as SNC in RCRAInfo within 360 days of the SNC determination date.

Recommendation:

Rec #	Due Date	Recommendation
1	06/30/2021	IDEQ will conduct a LEAN event that will address the timeliness of their enforcement actions and will include how IDEQ will ensure potential violations will be addressed in 360 days. Outcomes of the event will be reported in the July 2021 Quarterly meeting and included in the meeting notes.
2	09/30/2022	The State will use the improvements (such as a tracking tool) identified during the LEAN event. This information will be a standing agenda item during each quarterly meeting. By September 30, 2022, Idaho will address at least 80% of the facilities that are identified as SNC in RCRAInfo within 360 days of the SNC determination date.

RCRA Element 5 - Penalties

Finding 5-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The state meets or exceeds all goals related to penalty actions.

Explanation:

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
11a Gravity and economic benefit [GOAL]	100%		2	2	100%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		1	1	100%
12b Penalty collection [GOAL]	100%		2	2	100%

State Response:

No comment.
