

STATE REVIEW FRAMEWORK

Louisiana

Clean Water Act Implementation in Federal Fiscal Year 2019

U.S. Environmental Protection Agency Region 6

**Final Report
February 07, 2025**

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 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)

EPA Region 6 SRF for Louisiana Division of Environmental Quality.

EPA CONTACTS:

- Esteban Herrera, 214-665-7213, ECAD State Review Framework Liaison
- Anthony Loston, 214-665-3109, Analysis & Assessment Chief
- Mona Bates, 214-665-7236, Louisiana State Enforcement Coordinator
- Darlene Whitten-Hill, 214-665-6636, Louisiana State Coordinator,
- Nancy Williams, 214-665-7179, Environmental Protection Specialist
- Carol Johnson, 214-665-8471, Stormwater Coordinator

LDEQ CONTACTS:

- Angela Marse, Administrator, Enforcement Division, 225-216-3931
- Naz Zanjani-Bachar, Manager, Water Enforcement, 225-219-3722
- Kathryn Huddle, Environmental Scientist Supervisor, Permit Compliance Unit; 225-218-3752
- Jeff Leonick, Senior Environmental Scientist, Environmental Compliance Water Surveillance Division, 504-736-7717
- Shane Miller, Senior Environmental Scientist - DCLB, Environmental Compliance Water Surveillance Division, 337-262-5586
- Jay L. Glorioso, Regional Counsel/Enforcement Attorney Supervisor, Office of the Secretary, 318-362-5443

Clean Air Act (CAA)

- EPA began the audit in August 2022. There were insufficient failed stack tests reported for 2021, so LDEQ uploaded failed stack tests reported during Fiscal Years 2014-2022 to ICIS so that these would be reflected in ECHO DFRs. EPA then selected five of these facilities to review and they were added to the FY2021 facility review selection list. Four failed stack tests occurred in 2019, and one occurred in 2021. The audit was conducted virtually on a Microsoft Teams platform which streamlined communication and information sharing between EPA and LDEQ. LDEQ completed initial uploading of facility records and agency policies by December 31, 2022. EPA conducted its review from January to June 2023. During the review period, EPA collected additional facility records, and collaborated with LDEQ to conduct supplemental review for investigating root causes of support metric findings that were inconsistent with national averages. To

address the findings of EPA's supplemental review, LDEQ made corrections to its state database batch upload software programming to ensure ICIS captured HPVs and other information not originally reflected in the 2021 frozen data. EPA made its audit determinations in July and August 2023, and completed a summary of programmatic and metric specific findings. EPA completed the initial audit findings by September 8, 2023, and the state was verbally debriefed on the audit findings September 21, 2023.

Resource Conservation and Recovery Act (RCRA)

- Key Dates:
 - October 18, 2021: kick off email sent to state
 - March 7, 2022: virtual opening conference held with state
 - November 2022: virtual closing conference held with state
 - Kick off email sent to these Louisiana Department of Environmental Quality Contacts

Lourdes Iturralde (Retired)	Assistant Secretary	Office of Environmental Compliance
Elliott Vega (Retired)	Assistant Secretary	Office of Environmental Services
Craig Easley (225) 219-3801 craig.easley@la.gov	Senior Environmental Scientist	Office of Environmental Compliance Enforcement Division

Executive Summary

Clean Water Act (CWA)

Areas of Strong Performance

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

- LDEQ continues to maintain very high standards in providing complete and actual set of required data in the NPDES-ICIS database in respect to coding permits and entering DMR data for a high percentage of facilities.
- LDEQ continues to accurately identify Single Event Violations as SNC or non-SNC for major facilities. SEVs are identified and reported in a timely manner.
- LDEQ was thorough documenting observations and findings in inspection reports which resulted in accurately determining compliance (100%).
- LDEQ enforcement responses addressed violations in an appropriate manner (94.9%) and returned or will return facilities to compliance (90%).
- EPA reviewed 40 inspection reports and determined that they were complete and sufficient to make compliance determinations. LDEQ continues to adhere to inspection requirements as set forth through the partnered agreement standards in the MOA and CMS.
- LDEQ continues to accomplish inspection requirements as agreed, in compliance with the CMS developed with the partnership agreement standards.

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:

- EPA encourages LDEQ to improve timeliness of inspection report completion (average of 89 days). EPA acknowledges a report completion date requirement of 30 days after the completion of inspection when sampling is not required and 45 days where sampling is required.

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	Meets or Exceeds Expectations
6a - Inspection reports complete and sufficient to determine compliance at the facility. [GOAL]	Area for Improvement	Meets or Exceeds Expectations
6b - Timeliness of inspection report completion [GOAL]	Meets or Exceeds Expectations	Area for Improvement
7e - Accuracy of compliance determinations [GOAL]	Area for Improvement	Meets or Exceeds Expectations
9a - Percentage of enforcement responses that returned, or will return, a source in violation to compliance [GOAL]	Area for Improvement	Meets or Exceeds Expectations
10b - Appropriate enforcement taken to address violations [GOAL]	Area for Improvement	Meets or Exceeds Expectations
11a - Penalty calculations reviewed that document and include gravity and economic benefit [GOAL]	Area for Improvement	Meets or Exceeds Expectations
12a - Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	Area for Improvement	Meets or Exceeds Expectations
12b - Penalties collected [GOAL]	Area for Improvement	Meets or Exceeds Expectations

Clean Air Act (CAA)

Areas of Strong Performance

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

Louisiana's delegated CAA compliance monitoring and enforcement program has areas of strong performance for the following elements: complete and accurate representation of facility data in ICIS (metric 2b), FCE coverage at major and minor sources (metric 5a, 5b, and 5c), Title V report review (metric 5e), documentation of FCE elements (metric 6a), documentation of accurate compliance determinations (metric 6b), accurate compliance determinations (metric 7a), accuracy of HPV determinations (metric 8c), enforcement responses with corrective actions that return a facility to compliance in a timely manner (metric 9a), timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place (metric 10a), appropriate enforcement responses for HPVs (metric 10b), HPV case development and resolution (metric 14), and penalty assessment and collection (metrics 11a, 12a, and 12b). Additionally, the state has made significant progress in addressing issues noted as Areas for Improvement in Round 3. All compliance monitoring reports reviewed provided sufficient detail to determine each facility's compliance. Facility files reviewed met all metric requirements for Element 2 Inspections, and Element 5 Penalties.

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:

The Priority Issues to Address as Areas for Improvement include timely reporting of HPV determinations (metric 3a2), timely reporting of stack testing dates and results (metric 3b2), timely reporting of enforcement data (metric 3b3), and timeliness of HPV Identification (metric 13). The finding that EPA identified as an Area For Attention included timely reporting of compliance monitoring data (metric 3b1). This also includes prompt entry of enforcement action Resolved dates to remove HPV and FRV flags in ECHO DFRs. To sustain corrective measures implemented, EPA encourages LDEQ to ensure that their staff understand how ICIS entry and batch data uploads affect SRF performance metrics and the ECHO DFR. LDEQ staff should have access to and review the ICIS quality assurance project plan (QAPP) to ensure that appropriate metrics are reported to EPA in an accurate and timely manner.

Finding Summary:

Metric	Round 3 Finding Level	Round 4 Finding Level
3a2 - Timely reporting of HPV determinations [GOAL]	Area for Attention	Area for Improvement
3b2 - Timely reporting of stack test dates and results [GOAL]	Area for Improvement	Area for Improvement
3b3 - Timely reporting of enforcement MDRs [GOAL]	Area for Improvement	Area for Improvement
8c - Accuracy of HPV determinations [GOAL]	Area for Improvement	Meets or Exceeds Expectations
10a - Timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place	Area for Improvement	Meets or Exceeds Expectations
13 - Timeliness of HPV Identification [GOAL]	N/A	Area for Improvement

Resource Conservation and Recovery Act Findings (RCRA)

Areas of Strong Performance

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

- The Louisiana Department of Environmental Quality (LDEQ) RCRA hazardous waste program is implemented by its Office of Environmental Compliance Surveillance Division and Enforcement Division, and the Office of Environmental Services Waste Permits Division.
- The LDEQ's Office of Environmental Compliance RCRA Senior Staff participate in monthly conference calls with EPA Region 6 and work closely with EPA on issues and priorities of particular concern to cooperatively address them.
- The LDEQ Office of Environmental Compliance Assistant Secretary and Administrators of the Surveillance Division and the Enforcement Division attend and participate in quarterly enforcement/compliance management meetings with the EPA Region 6 Enforcement and Compliance Assurance (ECAD) Managers and Branch Chiefs.
- The LDEQ strives to meet all its inspection and enforcement commitments in accordance with EPA's National Program Manager (NPM) Guidance, EPA's RCRA Enforcement Response Policy, and the LDEQ Performance Partnership Grant (PPG).

- The LDEQ continues to pursue those enforcement actions that result in significant protection to human health and the environment while involving complex negotiations.
- The LDEQ Office of Environmental Compliance uses a Field Interview Form (FIF) that identifies the inspector's findings. The FIF is signed by a facility representative who is provided a copy at time of the inspection. This has proven to be an instrumental tool in expediting a facilities' return to compliance.
- The LDEQ Office of Environmental Compliance consists of six District Regional Offices and two Field Offices that conduct inspections, respond to environmental emergencies, and issue enforcement actions.
- The LDEQ Regional Compliance Guidelines started in 2006 and allows personnel in the regions to address and handle certain compliance issues that arise in the field. The program was instituted by the Office of Environmental Compliance to address enforcement actions and streamline the penalty process. These Guidelines replace the Circuit Rider Program that LDEQ/OEC started in 2006. The LDEQ's Electronic Document Management System (EDMS) database is its official repository for all documents sent or received by the Agency and is publicly accessible via the Internet.

Priority Issues to Address

- Accuracy of mandatory data

Finding Summary:

Metric	Round 3 Finding Level	Round 4 Finding Level
2b - Accurate entry of mandatory data [GOAL]	Area for Attention	Area for Improvement

End Executive Summary

Clean Water Act Findings

CWA Element 1 - Data

Finding 1-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

LDEQ continues to excel in providing information through data accuracy and completion of records entered into and maintained in ICIS.

LDEQ has improved in this area since round 3, which rated at 80.6% for supplemental documentation in regards to enforcement. In round 4, all minimum data requirements were found to be accurately entered.

Explanation:

LDEQ's data entry of permit limits for majors and non-majors met the National Goal (95%) and exceeded National Average (93.5%) with 94.4%.

LDEQ's data entry rate of DMRs for majors and non-majors exceeded the National Goal (95%) and National Average (92.3%) with 99.54%. Of the 31899 Discharge Monitoring Reports required, facilities submitted 31726. The remaining 173 of the missing DMRs are non-majors.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
1b5 Permit limit data entry rate for major and non-major facilities	95%	93.5%	1180	1250	94.4%
1b6 Discharge monitoring report (DMR) data entry rate for major and non-major facilities.	95%	92.3%	31726	31899	99.5%
2b Files reviewed where data are accurately reflected in the national data system [GOAL]	100%		40	40	100%

State Response:

CWA Element 2 - Inspections

Finding 2-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

LDEQ continues to accomplish inspection requirements as agreed, in compliance with the CMS developed with the partnership agreement standards.

Explanation:

LDEQ committed to perform 50% significant water major sources, as outlined in the FY19 LDEQ Compliance Monitoring Strategy (CMS). LDEQ committed to perform 20% significant water minor sources, as outlined in the FY19 LDEQ Compliance Monitoring Strategy (CMS). Significant water minors, for the purposes of this CMS, are defined as permitted CAFOs, MS4s, those minor facilities with individual permits [discharge rate of 100,000 to 999,999 gal per day for sanitary discharges], those facilities with Class IV General Sanitary Permits [discharge rate of 50,000 to 100,000 gal per day] and those facilities with Class III General Sanitary Permits [discharge rate of 25,000 to 50,000 gal per day]. With a significant minor facility commitment of 279, 526 inspections were accomplished and the requirement was exceeded at a rate of 188.5%. With a major facility commitment of 58, 122 inspections were accomplished, and the requirement was exceeded at a rate of 210%.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
4a1 Number of pretreatment compliance inspections and audits at approved local pretreatment programs. [GOAL]	100% CMS		0	0	0
4a2 EPA or state Significant Industrial User inspections for SIUs discharging to nonauthorized POTWs	100% CMS		0	0	0
4a4 Number of CSO inspections. [GOAL]	100% CMS		0	0	0
4a5 Number of SSO inspections. [GOAL]	100% CMS		0	0	0
4a7 Number of Phase I and II MS4 audits or inspections. [GOAL]	100% CMS		0	0	0
4a8 Number of industrial stormwater inspections. [GOAL]	100% CMS		0	0	0
4a9 Number of Phase I and Phase II construction stormwater inspections. [GOAL]	100% CMS		0	0	0
4a10 Number of comprehensive inspections of large and medium NPDES permitted concentrated animal feeding operations (CAFOs) [GOAL]	100% CMS		0	0	0
4a11 Number of sludge/biosolids inspections at each major POTW. [GOAL]	100% CMS		0	0	0
5a1 Inspection coverage of NPDES majors. [GOAL]	100% CMS	52.9%	122	58	210.3%
5b Inspections coverage of NPDES non-majors (individual and general permits) [GOAL]	100% CMS		526	279	188.5%
6a Inspection reports complete and sufficient to determine compliance at the facility. [GOAL]	100%		40	40	100%

State Response:

CWA Element 2 - Inspections

Finding 2-2

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

LDEQ continues to meet the timeliness standards for inspections

Explanation:

Metric 6b — Timeliness of inspection report completion

Inspection reports were reviewed for completion within recommended timeframe. 30 inspections were reviewed for timeliness for this review. Of those 30, 28 were completed in a timely manner. Of the remaining, 2 were completed in 90 or more days. EPA learned that these inspection finalization dates were delayed due to staffing changes while in processing. With 28 of the 30 inspections being timely, LDEQ is rated at 93.3% for this area

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
6b Timeliness of inspection report completion [GOAL]	100%		28	30	93.3%

State Response:

CWA Element 3 - Violations

Finding 3-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Inspection Compliance Determinations were accurate, single events were recorded in ICIS, majors and minors in noncompliance are being addressed and the SNC rate is reducing.

The SNC rate continues to be high.

Explanation:

Inspection reports were reviewed for accuracy of compliance determination. All noted violations were addressed in an appropriate manner to return to compliance. Also included in the files were response from the facilities. There were also cases of escalation of enforcement for continued violators for 100% in inspection violations. In review of the compliance files, single events were reported in the inspection reports and addressed there were 197 single event violations reported in the review year, which were appropriately linked to the enforcement action in ICIS.

Despite enforcement efforts, high rates of SNC continue. There were 2398 facilities in SNC for the reporting year and their rate was 15.7%. 8a3) EPA has reviewed 10 files where LDEQ is addressing the SNC and EPA continues to receive updates from LDEQ as they continue to address SNC issues. 7k1) There were 4888 facilities in SNC for the reporting year and their rate was 18.4%. EPA has reviewed 10 files where LDEQ is addressing the SNC and EPA continues to receive updates from LDEQ as they continue to address SNC issues.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
7e Accuracy of compliance determinations [GOAL]	100%		40	40	100%
7j1 Number of major and non-major facilities with single-event violations reported in the review year.			197		197
7k1 Major and non-major facilities in noncompliance.		18.4%	4888	15311	31.9%
8a3 Percentage of major facilities in SNC and non-major facilities Category I noncompliance during the reporting year.		8.1%	2398	15252	15.7%

State Response:

CWA Element 4 - Enforcement

Finding 4-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

LDEQ's enforcement responses are returning facilities to compliance.

Formal enforcement actions are taken in a timely manner in response to SNC violations.

Explanation:

90% of the of the enforcement responses were adequate to return violation status to compliance. Upon reviewing the actions, the time for issuance of the enforcement measures were delayed, as well as the responses of the facilities.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
9a Percentage of enforcement responses that returned, or will return, a source in violation to compliance [GOAL]	100%		36	40	90%
10a1 Percentage of major NPDES facilities with formal enforcement action taken in a timely manner in response to SNC violations		14.4%	14	22	63.6%
10b Enforcement responses reviewed that address violations in an appropriate manner [GOAL]	100%		37	39	94.9%

State Response:

CWA Element 5 - Penalties

Finding 5-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

LDEQ provided accurate penalty records for penalties assessed. Agreement on models for penalties calculations for both gravity and economic benefits and the availability of documentation for payment received.

Explanation:

Five (5) penalty files were reviewed. One facility presented with an Expedited Penalty Agreement and four (4) facilities presented with Settlement Agreement penalties.

LDEQ's penalty calculation process includes a gravity component, which is represented by matrix ranges for the four (4) facilities that resulted in a Settlement penalty. In addition, the LDEQ collects a monetary benefit of non-compliance which is required by the legislative process and state law which is defined as the monetary benefit received by the respondent for the time that they were found to be non-compliant.

The review shows that all the randomly selected facility files had adequate documentation to show how the penalties were calculated. The four (4) Settlement penalty amounts included gravity as well as monetary benefit of non-compliance.

The LDEQ provides a brief justification as to why a monetary benefit of non-compliance was or was not collected. This justification is stored in their state database via a memo.

The final settlement penalty amount results from rationale made by the LDEQ Assistant Secretary using the Penalty Policy factors during negotiations. There was, initially, no documentation of this confidential rationale. However, upon request, a written justification was provided of the difference between the initial calculated penalty amount and the final settlement penalty amount, for each of the facility files in this review. After some effort of clarification, record of proof penalty payment, such as a cancelled check.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
11a Penalty calculations reviewed that document and include gravity and economic benefit [GOAL]	100%		4	4	100%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		0	0	0
12b Penalties collected [GOAL]	100%		4	4	100%

State Response:

Clean Air Act Findings

CAA Element 1 - Data

Finding 1-1

Area for Improvement

Recurring Issue:

Recurring from Round 3

Summary:

For timely reporting of HPV determinations under metric 3a2, the 7 HPVs reported for FY2021 did not meet goals for prompt data entry with a metric value of 0%. Timely reporting of HPVs was also identified as a finding in Round 3. However, the facility documents and ICIS records EPA reviewed for the audit indicated that the 7 HPVs were reported accurately and in accordance with EPA policy and data metric requirements.

For timely reporting of stack test dates and results under metric 3b2, stack test report ICIS records (including failed stack tests) for 5 facilities were selected to include completed reviews performed by LDEQ and entered in ICIS during 2019-2022 to supplement those for the FY2021 review year. LDEQ made corrections to ICIS stack test records that had been previously combined for both failed and passed testing/retesting. Two stack test reviews for FY2021 lacked sufficient support documentation.

For timely reporting of enforcement MDRs under metric 3b3, the state program did not meet the goal for minimum data reporting for a significant portion of enforcement actions during FY 2021. However, all 28 formal enforcement actions reviewed during the audit had ICIS data entry completed in a timely manner, so no further review was conducted.

Explanation:

For metric 3a2, the state had to correct its batch data upload protocols to ICIS in order for the 7 HPVs in FY 2021 to properly display in the ECHO DFRs. Although the audit revealed that the HPVs had been reported, the database transfer errors made it appear that the HPVs had not been entered in a timely manner, resulting in the metric value of 0% for the FY2021 frozen data. EPA also notes that the dates of HPV determinations entered in ICIS varied in support documentation reviewed. Some were based on the date an inspection or investigation was conducted, or the date the report was signed, and others by the date of an issued NOV/NOE (or LDEQ CONOPP).

For metric 3b2, a low number of data points downwardly skewed the percentage of stack test reviews that were actually reported for FY2021, as shown by the Round 4 metric value of 30.3%, which is lower than the Round 3 metric value of 62.10%. Failed stack tests were re-uploaded to ICIS after LDEQ made corrections to their TEMPO batch upload program to capture records not

previously reflected in ECHO, but which had been reported in ICIS. The facilities records evaluated also included two stack test reviews which lacked sufficient support documentation. One failed stack test for one pollutant was included with other reported pollutants that Passed. This was corrected in ICIS during the audit. LDEQ also made corrections to other stack test reviews in ICIS that had been combined for both Failed and Passed testing or retesting, and implemented measures to ensure that Failed stack tests are reported in ICIS separately from Passed tests.

EPA collaborated with LDEQ during the audit to identify and resolve the database transfer issues that affected HPV reporting to ICIS. EPA believes that the carryover finding from Round 3 regarding timely reporting of HPVs under metric 3a2 and the finding for timely reporting of enforcement MDRs under metric 3b3 have been satisfactorily resolved with the recommendation for conducting ICIS data transfer quality checks on a regular basis. EPA also suggests that LDEQ establish a consistent HPV day zero date for ICIS entry, based on one of the following: the date an inspection or investigation was conducted, the date the inspection/investigation report was signed, or, the date of an issued NOV/NOE (i.e., the LDEQ CONOPP).

The air monitoring group that conducts stack test reviews is in a separate area from enforcement and compliance. This group had staff turnover which caused a backlog for completing stack test reviews and entering the data in ICIS. EPA believes that the corrections LDEQ made to its TEMPO batch upload program to capture records not previously reflected in ECHO, but which had been reported in ICIS, satisfactorily addresses the finding for metric 3b2, in addition to assigning new staff in the air monitoring group which conducts stack test reviews. Additionally, LDEQ has implemented corrective measures to ensure that Failed stack test parameters are separately entered in ICIS from parameters that Passed testing or retesting, and that stack test reviews include sufficient supporting information for Passed or Failed determinations.

Limited resources and staff turnover during the end of COVID affected prioritization of data entry tasks for timely reporting of enforcement MDRs. The number of addressing enforcement actions resolved in greater than 180 days also affects timely reporting under metric 3b3. Required additional legal review for resolution of enforcement actions or penalty amounts that are contested also contributes to the timing of data entry tasks. EPA notes that the Round 4 metric 3b3 value of 59.6% is a noticeable improvement over the Round 3 metric value of 49.6%.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
3a2 Timely reporting of HPV determinations [GOAL]	100%	35.6%	0	7	0%
3b2 Timely reporting of stack test dates and results [GOAL]	100%	51.1%	10	33	30.3%
3b3 Timely reporting of enforcement MDRs [GOAL]	100%	74.2%	143	240	59.6%

State Response:

LDEQ will conduct monthly data quality checks of ICIS batch data transfer uploads from TEMPO to ensure information is captured in ICIS completely and accurately, and is properly shown in ECHO DFRs. In conjunction with EPA's routine monitoring, LDEQ will work with EPA to identify and/or resolve data transfer issues to improve completeness, accuracy, and timeliness of data entry into national data systems.

LDEQ will prioritize recent stack test report review while addressing backlogged reviews to ensure reporting timeliness. Recent training has streamlined the review and reporting processes, and the standard operating procedure for data entry and report review has been updated. Stack re-tests will be reported separately from failed tests. If one pollutant fails while others comply, only the failed pollutant will be marked as non-compliant. Additionally, the Air Planning and Assessment Division will seek access to ICIS and conduct quarterly reviews of TEMPO batch upload data.

LDEQ continues to have limited resources and high staff turnover. This particularly affects timely entry of enforcement MDRs into LDEQ's internal database and subsequently delayed reporting to ICIS. LDEQ will continue to strive for reporting consistent and accurate data in a timely manner.

Recommendation:

Rec #	Due Date	Recommendation
1	09/30/2025	<p>Conduct quarterly data quality checks of ICIS batch data transfer uploads from TEMPO to ensure information is captured in ICIS completely and accurately, and is properly shown in ECHO DFRs.</p> <p>EPA will monitor SRF Manager data until metrics 3a2 and 3b3 meet or exceeds 70%.</p>
2	09/30/2025	<p>Conduct semiannual ICIS data quality checks to ensure that Failed stack test parameters are separately entered from parameters that Passed testing or retesting, and that stack test reviews include sufficient supporting information for Passed or Failed determinations. EPA will monitor SRF Manager data until metric 3b2 meets or exceeds 70%.</p>

CAA Element 1 - Data

Finding 1-2

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

For files reviewed to determine if data are accurately reflected in the national data system under metric 2b, the facility data entered in ICIS consistently met all MDRs for 32 of the 35 facilities reviewed. The 2b metric value of 91.4% for Round 4 is a significant improvement from the Round 3 metric value of 78%.

Explanation:

For one facility, the issue date on the informal enforcement warning letter was 3/3/21 while ICIS/ECHO indicated 2/3/21 (one month discrepancy). The FCE inspection date in ICIS for another facility was incorrect, and the wrong date was entered in ICIS for the informal enforcement action reviewed for a third facility. LDEQ corrected these ICIS data errors during the audit. Regular quality checks (e.g. quarterly) of batch data uploads to ICIS should be performed to ensure completeness and accuracy of data transfers. The quality checks should include affected data fields in ECHO DFRs to verify changes.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
2b Files reviewed where data are accurately reflected in the national data system [GOAL]	100%		32	35	91.4%

State Response:

LDEQ appreciates the recognition of significant improvement in this area.

CAA Element 1 - Data

Finding 1-3

Area for Attention

Recurring Issue:

No

Summary:

The 35 facilities reviewed all met the MDR for timely reporting of compliance monitoring elements under metric 3b1. Data for other facilities not reviewed may have been entered outside the EPA maximum 60-day window, however, this was not examined in further detail during the audit. Since all the facilities reviewed met the metric requirements, no additional review was conducted for this metric. EPA notes that the Round 4 metric value of 83.8% is only slightly lower than the Round 3 value of 86%.

Explanation:

EPA notes that LDEQ has implemented corrective action during Round 4 to continue improving this metric. LDEQ should continue its efforts to improve timely reporting of inspections and investigations within 60 days under metric 3b1.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
3b1 Timely reporting of compliance monitoring MDRs [GOAL]	100%	79.2%	738	881	83.8%

State Response:

LDEQ's Surveillance Division has implemented software application tools, in the form of automated database queries, to further improve timely reporting of compliance monitoring MDRs.

CAA Element 2 - Inspections

Finding 2-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The state met all metric requirements for: FCE coverage at majors and mega-sites under metric 5a; FCE coverage at SM-80s under metric 5b; FCE coverage at minors and synthetic minors (non-SM 80s) that are part of the alternative CMS Plan under metric 5c; and, reviews of Title V annual compliance certifications completed, and documentation of FCE elements under metric 5e. Compliance monitoring reports (CMRs) and facility files reviewed provided sufficient documentation to determine compliance of the facilities under metric 6b. Some off site FCEs were conducted for Title V report and record reviews that included the whole site. The findings of these off site FCEs were included in the reports for the associated on site FCEs, but entered separately in ICIS.

Explanation:

The Round 4 metric values of 100% for metric 5a and 95.7% for metric 5b, were improvements over the Round 3 metric values of 99.2% and 88.90%, respectively. The Round 4 metric 5e value of 88.7% was only slightly lower than the Round 3 value of 90.90%. The Round 4 metric 5c value was 87.5%. Metric 5c was not evaluated in Round 3.

For documentation of FCE elements under metric 6a, there were 5 failed stack tests which were separately investigated and not associated with an FCE. The Region did not answer metric 6a for these 5 facilities reviewed with failed stack tests investigations which were not associated with another FCE or other action. This accounts for the difference in the total number of 19 facilities reviewed under metric 6a, and the total number of 24 facilities reviewed under metric 6b.

LDEQ's Air Quality Compliance Inspection Report template refers to AFS Number IDs instead of ICIS-Air IDs. Since the AFS ID system was replaced by ICIS-Air in 2014, compliance monitoring and enforcement documents should employ ICIS-Air IDs to ensure correlation of support documentation with ICIS data. LDEQ indicated that it would revise the template in response to the audit findings.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
5a FCE coverage: majors and mega-sites [GOAL]	100%	86.2%	116	116	100%
5b FCE coverage: SM-80s [GOAL]	100%	92.9%	22	23	95.7%
5c FCE coverage: minors and synthetic minors (non-SM 80s) that are part of CMS plan or alternative CMS Plan [GOAL]	100%	68.1%	260	297	87.5%
5e Reviews of Title V annual compliance certifications completed [GOAL]	100%	81.1%	425	479	88.7%
6a Documentation of FCE elements [GOAL]	100%		19	19	100%
6b Compliance monitoring reports (CMRs) or facility files reviewed that provide sufficient documentation to determine compliance of the facility [GOAL]	100%		24	24	100%

State Response:

LDEQ's Surveillance Division instituted the change from the AFS numbers to the ICIS-Air ID numbers on October 1, 2023. Additionally, LDEQ's Enforcement Division has instituted the change on enforcement documents.

CAA Element 3 - Violations

Finding 3-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

All of the documentation reviewed for 35 facilities met MDRs and metric goals for making accurate compliance determinations under metric 7a, and for FRV and HPV discovery rates under support metrics 7a1 and 8a, respectively. All of the facility records reviewed indicated that HPV determinations were accurate and entered in ICIS correctly under metric 8c. The Round 4 metric values of 100% for metrics 7a and 8c are notable improvements from the Round 3 metric values of 94.9% and 83.3%, respectively.

Explanation:

EPA conducted supplemental review and worked with LDEQ during the audit to determine the root causes for the low FRV discovery rate based on evaluations at active CMS sources under support metric 7a1, and the low discovery rate of HPVs under support metric 8a. The Round 4 supporting metric 7a1 value was 0.8%, No metric 7a1 value was reported for Round 3. The Round 4 supporting metric 8a value was 1.1%, which is slightly lower than the Round 3 value of 1.20%. Based on the facility records reviewed, all the investigation reports identified the 6 determined FRVs in a timely manner and met the metric requirements. LDEQ discovered errors in their ICIS batch upload program software and made corrections during the audit. LDEQ subsequently re-uploaded the data to ICIS to capture additional records not previously reflected in the FY2021 frozen data. LDEQ should include these metrics in future quality checks of batch data uploads to ICIS.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
7a Accurate compliance determinations [GOAL]	100%		95	95	100%
7a1 FRV 'discovery rate' based on inspections at active CMS sources		7.8%	7	902	.8%
8a HPV discovery rate at majors		2.8%	7	649	1.1%
8c Accuracy of HPV determinations [GOAL]	100%		64	64	100%

State Response:

LDEQ will conduct monthly data quality checks of ICIS batch data transfer uploads from TEMPO to ensure information is captured in ICIS completely and accurately.

CAA Element 3 - Violations

Finding 3-2

Area for Improvement

Recurring Issue:

No

Summary:

The facility records reviewed showed that all 7 HPV determinations in FY2021 were made in a timely manner under metric 13. However, the data metric value for the FY2021 frozen data was 0% for metric 13. Metric 13 was not evaluated for Round 3. Since the 7 HPV determinations reviewed were completed within the required 90-day timeframe, no further supplemental review was conducted for this metric.

Explanation:

There appeared to be an underlying issue with LDEQ's batch uploads of this data into ICIS, which erroneously resulted in no HPV determinations being shown in the 2021 frozen data. Subsequent to the audit, LDEQ made corrections in its batch data transfer program and re-uploaded the missing data into ICIS. LDEQ should include review of this data metric in batch data upload quality checks to ICIS to ensure that transferred data for HPV determinations are captured in a timely manner and reflected correctly in ICIS and ECHO.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
13 Timeliness of HPV Identification [GOAL]	100%	81.4%	0	0	0

State Response:

LDEQ will conduct monthly data quality checks of ICIS batch data transfer uploads from TEMPO to ensure information is captured in ICIS completely and accurately, and is properly shown in ECHO. LEQ will work with EPA to identify and/or resolve data transfer issues to improve completeness, accuracy, and timeliness of data entry into national data systems.

Recommendation:

Rec #	Due Date	Recommendation
1	09/30/2025	LDEQ should include review of this data metric in quarterly batch data upload quality checks in ICIS to ensure that transferred data for HPV determinations are captured in a timely manner and reflected correctly in ICIS and ECHO. EPA will monitor SRF Manager data until the metric 13 value meets or exceeds 70%.

CAA Element 4 - Enforcement

Finding 4-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

All of the documentation reviewed met MDRs and goals (100%) for the following metrics: formal enforcement responses that included required corrective action that will return the facility to compliance in a specified time frame, or where the facility fixed the problem without a compliance schedule (metric 9a); timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place (metric 10a); the percent of HPVs that have been addressed or removed consistent with the HPV Policy (metric 10b); and, HPV case development and resolution timelines in place that contain required policy elements (metric 14). The Round 4 metric 9a and 10b values were the same as for Round 3 - a continuing strong area of performance for LDEQ. The Round 4 metric 10a value of 100% is an improvement over the Round 3 value of 80%. No metric 14 value was reported in Round 3.

For formal enforcement responses that included required corrective action that will return the facility to compliance in a specified time frame, or where the facility fixed the problem without a compliance schedule under metric 9a, there were 6 total FRVs identified for facilities determined in the FY2021 review year. No FRVs in the review year were determined that were independent of HPVs. All of the FRVs were associated with HPVs having duplicate violations, and for which enforcement actions met metric 10b requirements. Four of these FRVs/HPVs are still pending resolution or were finalized after FY2021. Two FRVs with an associated HPV were Resolved with enforcement actions in FY2021. These were the only FRVs included in the denominator and counted for review under metric 9a.

Explanation:

With regard to the percent of HPVs that have been addressed or removed in accordance with the HPV Policy under metric 10b, LDEQ should review open enforcement orders and case files on a regular basis and enter Resolved dates in ICIS in a timely manner to remove open HPV/FRV flags. Additionally, ICIS data quality checks should be made to ensure that the issue dates on informal enforcement action documents (NOVs, CONOPPs) are the same as the dates entered in ICIS. Several facilities reviewed had open legacy enforcement orders and case files outside of the FY2021 review year that included Unaddressed HPV flags persisting across multiple calendar quarters and fiscal years. LDEQ corrected and removed Unaddressed and Addressed HPV flags by entering Resolved dates for completed enforcement actions, which carried over to the affected case files in ICIS.

Some HPV data entered, although complete and meeting metric requirements, was not consistently displayed in the CD&RT tracking tables used to meet metric 14 goals. This made it difficult to correlate some HPV addressing and resolving action milestone dates for several facilities reviewed. LDEQ subsequently revised the CD&RT template after the audit to make the entries more clear and consistent when reporting required tracking elements for open cases from HPV day zero through final enforcement order issuance.

The Round 4 support metric 10a1 value was 83.3%. No metric 10a1 value was reported in Round 3. Some HPVs cannot be resolved in 180 days under support metric 10a1 due to the time needed for legal negotiations with companies to achieve agreement on agreed orders for penalties and corrective action schedules. These time frames also may overlap or extend past one federal review

year into the next. LDEQ should continue to coordinate with its legal staff to ensure that resolved enforcement cases with HPVs are communicated and entered into ICIS in a timely manner.

With regard to the rate of managing HPVs without formal enforcement action under support metric 10b1, the Round 4 metric score of 0% does not accurately reflect the outcomes of cases originally reported as HPVs. EPA's supplemental review found that violations initially identified as HPVs for 6 enforcement actions were later determined not to meet HPV criteria based on additional information the facilities furnished, or, were HPVs that were determined in prior years, for which enforcement actions were concluded in the FY2021 review year or in a subsequent year. No support metric 10b1 value was reported for Round 3.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
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%		51	51	100%
10a Timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place	100%		53	53	100%
10a1 Rate of Addressing HPVs within 180 days		31.9%	5	6	83.3%
10b Percent of HPVs that have been addressed or removed consistent with the HPV Policy [GOAL]	100%		14	14	100%
10b1 Rate of managing HPVs without formal enforcement action		10.2%	0	6	0%
14 HPV case development and resolution timeline in place when required that contains required policy elements [GOAL]	100%		7	7	100%

State Response:

LDEQ will continue to prioritize addressing HPVs through issuance of enforcement actions consistent with the HPV policy.

CAA Element 5 - Penalties

Finding 5-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

EPA reviewed facility records for the audit that included the following data elements: penalty calculations that documented gravity and economic benefit; documentation of rationale for differences between initial penalty calculations and final penalties; and, penalties collected. All of the records reviewed (100%) met the EPA MDRs and goals for metrics 11a, 12a and 12b. The Round 3 and Round 4 metric values of 100% for Element 5 are an area of continued strong performance for LDEQ.

Explanation:

There were 12 penalty actions that had final penalties which were reduced from the initial penalties. The supporting records clearly documented the amounts and rationale for the penalty reductions, and were consistent with the state program's penalty policy and EPA guidance.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
11a Penalty calculations reviewed that document gravity and economic benefit [GOAL]	100%		18	18	100%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		12	12	100%
12b Penalties collected [GOAL]	100%		18	18	100%

State Response:

LDEQ will continue to follow state laws, regulations, and policies for penalty calculation and penalty collection.

Resource Conservation and Recovery Act Findings

RCRA Element 1 - Data

Finding 1-1

Area for Improvement

Recurring Issue:

No

Summary:

The Louisiana DEQ (LDEQ) Office of Environmental Compliance has a written process for inspection data (i.e., Insp_Tracker_SOP_r06.pdf) and enforcement data (i.e., LDEQ RCRAInfo Data Entry Steps.doc) to be entered into RCRAInfo. Both the Surveillance Division and the Enforcement Division have a staff member that does the RCRAInfo input.

A Compliance Monitor Enforcement Log (CMEL) submitted by the inspector is used by the Surveillance Division to track the inspector's activities and timeliness in submitting inspection findings. The CMEL is used by the Enforcement Division to track enforcement action type and issue date, the violations cited, SNC designation, and violations resolved date.

Financial Record Reviews (FRRs) are performed by the Office of Environmental Services Waste Permits Division. The FRRs for TSDFs that had a Compliance Evaluation Inspection (CEI) conducted were not entered into RCRAInfo. The issue of FRRs being entered into RCRAInfo has been and continues to be an ongoing issue. This was identified in the SRF Round 3 review and continues to be identified in the state PPG end-of-year (EOY) evaluations.

Explanation:

It is noted that the Louisiana state fiscal year is July 1st to June 30th, and the LDEQ Performance Partnership Grant (PPG) is for the federal fiscal year October 1st to September 30th.

LDEQ's response to the SRF Round 3 review was that the FRRs for FY14 and FY15 would be entered into RCRAInfo on or before April 1, 2016, as noted in the FY15 EOY evaluation.

LDEQ's FY18 EOY response: The LDEQ Surveillance and Waste Permits Divisions will begin coordinating efforts to ensure that a FRR inspection will be entered into RCRAInfo for every RCRA TSD inspection performed during the EPA PPG inspection year. At the end of each quarter, the Surveillance Division will send a list of TSD inspections completed and work with the Waste Permits Division to ensure the corresponding FRR is completed and entered into RCRAInfo as outlined in the EPA Compliance Monitoring Strategy dated 2015.

LDEQ's FY19 EOY response: FRRs were not completed due to Legislative Audit conducted on LDEQ's Financial Assurance Programs for both RCRA Hazardous Waste and Solid Waste Permitted and Corrective Action Facilities. LDEQ's Permit Section is estimating that the FRRs will be entered by the end of the calendar year. An additional person has been added to help with FRRs.

LDEQ's FY21 EOY response: LDEQ Waste Permit personnel responsible for entering FRR inspections into RCRAInfo was directed to "cleaning-up" the state's portion of the newly re-vamped Financial Assurance Module in RCRAInfo. The individual has been working with EPA Region 6 personnel to achieve cleaning-up old and out-of-date data. LDEQ is working toward having the FRR data entered into the CME Module by the end of February 2022.

Will Steele, Office of Management and Finance is the agency contact for financial assurance issues and is the primary contact to address issues related to FRRs.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
2b Accurate entry of mandatory data [GOAL]	100%		21	35	60%

State Response:

FRRs Response: Under the direction of the Department Undersecretary, LDEQ staff are currently revising the administration of financial assurance across different programs. From 2018 to 2019, the Legislative Auditor engaged in an audit of the financial assurance programs for the state Hazardous and Solid Waste Programs. The Legislative Auditor Report (Report) determined that the financial assurance program was not sufficiently staffed. The report specifically stated that LDEQ needed to assign dedicated staff to administer the financial assurance program. On May 31, 2021, LDEQ created a position in the Office of Management and Finance, a business analytics specialist. This position reports directly to the Undersecretary of LDEQ and provides oversight to the various financial assurance programs across the LDEQ programs. Since approximately 2006, the Waste Permits Division staff/personnel reviewed financial assurance submitted annually and with the permit application. The Waste Permits Division worked with Sontina Powell (EPA Region 6) to enter financial assurance data into RCRAInfo. However, financial assurance is a program function that includes expertise in an obscure area of the financial assurance regulations, technical knowledge of financial instruments, general knowledge of the financial industry, management of facility permittee ownership transfers, interaction with the bankruptcy rules, and interaction with the financial providers. In addition, the management of financial paper and the tracking of cost estimates requires specific rules and procedures. The Louisiana Legislative Audit required that LDEQ address specific concern regarding the financial assurance program. Through, the year 2023, LDEQ will be

revising certain regulations and standard operating procedures to better manage financial assurance. The Business Analytics Specialist position will be responsible for the general administration and management of financial assurance, including the communication and compliance with the oversight requirement of EPA. The Waste Permits Division, will continue to maintain staff assigned to review cost estimates and financial assurance. This division of labor between the Office of Management and Finance and the Office of Environmental Services should provide LDEQ with the necessary staffing to complete the requirements for the FRR. The division of labor would provide some redundancy of function to keep up with the federal requirements in the event of temporarily reduced staffing (e.g., illness, retirement and other unforeseen events). LDEQ will continue to meet the requirements of the partnership grant that includes maintaining the data in the RCRAInfo Financial Assurance Module and ensuring consistency between the RCRAInfo Financial Assurance Module and the FRR. The Surveillance Division will provide a list of the selected TSDFs to OMF for review and entry of the financial record review into RCRAInfo. LDEQ will work to complete all these recommendations within the requested timeframe. For the first recommendation, LDEQ will update RCRAInfo for the financial record review for the years listed for the all the applicable TSD facilities. For the second recommendation, LDEQ will review and update information for the seven listed TSD facilities.

The final facility is Phoenix Environmental, LAR000072223. This facility is not required to submit financial assurance. While a RCRA permit was issued to Phoenix Environmental on June 24, 2011, the permitted TSD units were never constructed while the permit was active. This information can be confirmed in the RCRAInfo permitting module. As both the federal and state regulations only require financial assurance prior to the receipt of waste by the permitted TSD units, the requirement for financial assurance was never triggered. LDEQ will update the FRR to indicate this fact. LDEQ will continue to work with EPA Region 6 as the information required by the first and second recommendations is reviewed and verified.

Recommendation:

Rec #	Due Date	Recommendation
1	06/30/2025	EPA recommends that within 60 days of issuance of the Final Report: LDEQ should have entered all FRRs for FY18 through FY21 into RCRAInfo. LDEQ shall notify EPA when this is accomplished, and EPA will verify by pulling a RCRAInfo report.

RCRA Element 2 - Inspections

Finding 2-1

Area for Attention

Recurring Issue:

No

Summary:

State of Louisiana was hit by several natural disasters in 2020 and 2021. The Surveillance Division staff assisted Incident Command in conducting Facility Damage Assessments, Wastewater Treatment Plant Assessments, and Landfill/Debris Site Assessments. The Surveillance Division staff were re-directed to response activities. In addition, storms caused several of the regional offices to close for several weeks at the end of FY2021. EPA R6 reviewed files for thirty-five facilities. A total of forty-three inspections identified and thirty-nine reports reviewed as an FCI – EMR based on a facility submitted Incident Report did not require the writing of an inspection report; a Facility Self-Disclosure (FSD) did not require the writing of an inspection report; and two facility CEIs had the Field Interview Form (FIF) which did not identify any areas of concern for which the inspector that did both CEIs left the LDEQ without completing inspection reports. It is noted that a minimum amount of time is spent on-site and especially for the TSDF and LQG facility inspections, this raises a question about the actual on-site physical observance of all facility operations especially when it is the same inspector each time. In addition, it is noted that inspectors do not always identify the quantity (i.e., drums/containers) that are in storage areas and/or satellite accumulation areas (SAAs). A majority of the thirty-nine inspection reports do not identify the number of facility employees. Furthermore, the applicability of Subparts AA/BB/CC is not addressed in inspection reports (i.e., there is not identification of any units and/or tanks that are subject to the RCRA Organic Air Emission Standards). It is not known if inspectors are using the RCRA Organic Air Emission Standards' Inspection Checklist(s) when inspecting TSDFs and LQGs as these Checklist(s) are not submitted as part of the inspection report per the Standard Operating Procedure for Compliance Inspections (SOP_1108__R_9 dated August 9, 2021).

Explanation:

Metric 5a measures the percentage of the operating (TSDFs) that had a compliance evaluation inspection (CEI) during the two-year period of review. Previously, for the two-year period of review (FY19 – FY20), LDEQ conducted CEIs at 24 of its 25 TSDFs for 96%. For this two-year period of review (FY20 – FY21), LDEQ conducted CEIs at 21 of its 25 TSDFs for 84%. LDEQ needs to ensure that 100% of its TSDFs have a CEI conducted over a two-year period. Metric 6a measures the percentage of on-site inspection reports reviewed that are complete and provide sufficient documentation to determine compliance. Thirty-three of the thirty-nine inspection reports were well written and detailed. It is the opinion of the SRF Reviewer that six of the thirty-nine inspection reports should contain additional information such as identification of hazardous waste and number of containers in storage areas and/or SAAs; the number of facility employees; discussion regarding if facility is subject to Subparts AA/BB/CC and if in compliance with such; identify tank capacity and volume at time of inspection; and photos to

document inspector's observations/findings to include such items as hazardous waste inspection logs, etc. Given the minimum amount of time spent on-site by inspector(s) to do a physical tour and review document(s), the SRF Reviewer questions the actual on-site physical observance of all facility operations especially when it is a large size facility and those complex TSDFs and LQGs. An inspection report is a stand-alone document. If there have been decisions made about the applicability of Subparts AA/BB/CC to the facility, then it should be in the introduction paragraph. Metric 6b measures the percentage of inspection reports reviewed that are completed in a timely manner per the national standard. Seven of the thirty-nine inspection reports reviewed exceed the 150 days. Enforcement Response Policy (EPA RCRA ERP) of 150 days from Day Zero. Reports by type of inspection/investigation: 35 Compliance Evaluation Inspections (CEI), 3 Focused Compliance Inspections (FCI), 1 Follow-up Inspection (FUI)

The completion date for the inspection reports was determined by the date the Environmental Scientist Supervisor/Manager reviewed and signed. For the thirty-nine reports reviewed, the minimum days to complete was 3; the maximum days was 457; and the average days was 81.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
5a Two-year inspection coverage of operating TSDFs [GOAL]	100%	82.9%	21	25	84%
6a Inspection reports sufficient to determine compliance.	100%		33	39	84.6%
6b Timeliness of inspection report completion [GOAL]	100%		32	39	82.1%

State Response:

Metric 5-a: LDEQ Surveillance Division will take measures in the form of training and tracking to ensure that 100% of operating TSDFs have a CEI conducted over each two-year period.

Metric 6-a: LDEQ Surveillance Division has in-house RCRA training scheduled to be held in February 2023. This training will include mandatory report elements, training on applicability of Subparts AA/BB/CC and determining compliance with such, properly conducting on-site physical inspections, along with an overview of the hazardous waste regulations. The Surveillance Division plans to improve technical review of inspection reports to ensure that reporting elements are included in each report and areas of concern are cited correctly. EPA encourages the LDEQ to make mandatory the use of RCRA Organic Air Emission Standards' inspection checklist(s) and further states that these Checklist(s) are not submitted as part of the

inspection report per the Standard Operating Procedure for Compliance Inspections (SOP_1108__R_9 dated August 9, 2021). The LDEQ would like to note that there is no mention of this checklist in SOP_1108__R_9.

LDEQ staff have been unable to find this checklist using online resources, If EPA will provide us with a RCRA Organic Air Emission Checklist, LDEQ will evaluate it for possible use as a tool in future hazardous waste inspections.

Metric 6-b: Having inspection reports completed accurately and in a timely manner continues to be a priority. The Surveillance Division will continue to train and mentor inspectors on the importance of accurate and timely inspection reports.

RCRA Element 2 - Inspections

Finding 2-2

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

LDEQ had an EPA Region 6 approved alternative to the RCRA CMS requirement to inspect 20% of the LQG universe for FY21. The LDEQ LQG universe for FY21 was identified at 811 for a total of 162 inspections (20%). LDEQ LQG universe number was pulled using RCRAInfo Metabase in May 2020 to accommodate for State Fiscal Year which begins July 1.

RCRA CMS Alternative 3 – Straight Trade-Off Approach provided for a minimum of 81 CEIs at LQGs (10% of universe) and 81 CEIs at Small Quantity Generators (SQGS), Very Small Quantity Generators (VSQGs), Transporters, and Non-Notifiers for a total of 162 CEIs.

LDEQ did not do CEIs at 10% of its LQGs. Instead, LDEQ did 78 of the 81 CEIs (96%). LDEQ did do 121 CEIs at SQGs/VSQGs/Transporters/Non-Notifiers for a total of 199 CEIs exceeding the 20% goal of 162 CEIs.

Explanation:

Metric 5b1 measures the percentage of the active large quantity generators (LQGs) identified in RCRAInfo that had a compliance evaluation inspection (CEI) during the period of review.

Metric 5d, 5e5 and 5e6 measures the one-year count of Small Quantity Generators (SQGs), Very Small Quantity Generators (VSQGs), and Transporters and Non-notifiers, respectively, with a CEI in the review period.

LDEQ's approved RCRA Compliance Monitoring Strategy (CMS) Alternative LQG inspection plan provides for CEIs to be conducted at 10% of its LQG universe and at least 10% CEIs of other universes. Although LDEQ did not complete CEIs at 10% of its LQG universe, they exceeded the 10% CEIs of other universes, and this even though the Surveillance Division staff were re-directed to natural disaster response activities.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
5b1 Annual inspection coverage of LQGs and reverse distributor (RD) universes combined using RCRAInfo universe [GOAL]	100% of commitment		78	81	96.3%
5d One-year count of SQGs with inspections [GOAL]	100% of commitments		55	51	107.8%
5e5 One-year count of very small quantity generators (VSQGs) with inspections	100% of commitments		52	60	86.7%
5e6 One-year count of transporters with inspections			14		

State Response:

LDEQ appreciates recognition of achievement in this area.

RCRA Element 3 - Violations

Finding 3-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

EPA R6 reviewed files for thirty-five facilities. A total of forty-three inspections identified and thirty-nine reports reviewed.

One FCI – EMR based on a facility submitted Incident Report did not produce an inspection report. A Facility Self-Disclosure (FSD) did not produce an inspection report. Two facility CEIs had the Field Interview Form (FIF) which did not identify any areas of concern; the inspector that did both CEIs left the LDEQ without completing inspection reports.

The thirty-five facilities identified in this review comprise the following universes:

TSDF/LQG = 7

TSDF/VSQG = 1

LQG = 10

SQG = 7

VSQG = 4

Other = 6

LDEQ made an accurate compliance determination in forty-two of the forty-three inspections reviewed. One facility was originally determined to have a SNC violation but after reviewing all information, it was determined that a violation had not occurred. Twenty-six of the forty-three inspections reviewed identified violations for which an appropriate enforcement action was taken.

Explanation:

Metric 2a measures the number of sites with violations open for more than 240 days that have not been returned to compliance or re-designated as being a significant noncomplier (SNC).

Metric 7a measures the percentage of inspection reports reviewed that led to accurate compliance determinations.

Metric 7b measures the percentage of sites with a CEI or FCI inspection during the year reviewed in which one or more violations was found. Metric 7b in SRF Round 3 identified the National Average as 36.70% with LDEQ at 10.40%. LDEQ response to Round 3 report: RCRA inspector training was held in May 2016 which included sessions on evaluating hazardous waste determinations, evaluations of RCRA exemptions and exclusions, RCRA case studies, and mock inspections. LDEQ believes this training will result in a significant increase in violation

identification rates associated with future compliance inspections. Metric 7b continues to be below the national average in violations found during inspections in SRF Round 4 which identified the National Average as 32.40% with LDEQ at 14.9%.

Metric 8a measures the percentage of sites with a CEI or FCI during the year-reviewed that received a significant noncomplier (SNC) designation during the year of review.

Metric 8b measures the percentage of significant noncomplier (SNC) determinations made within 150 days of the first day of the inspection (Day Zero). Review 150 days is per EPA RCRA ERP.

Metric 8c measures the percentage of files reviewed in which significant noncompliance (SNC) status was appropriately determined during the year reviewed. One facility was originally determined to have a SNC violation but after reviewing all information, it was determined that a violation had not occurred. RCRAInfo has not been updated to reflect accurate information.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
2a Long-standing secondary violators					96
7a Accurate compliance determinations [GOAL]	100%		42	43	97.7%
7b Violations found during CEI and FCI inspections		32.4%	49	328	14.9%
8a SNC identification rate at sites with CEI and FCI		1.5%	12	603	2%
8b Timeliness of SNC determinations [GOAL]	100%	91.7%	12	13	92.3%
8c Appropriate SNC determinations [GOAL]	100%		26	27	96.3%

State Response:

LDEQ appreciates recognition of achievement in this area.

The metrics in 7a (Accurate compliance determinations) and 8c (Appropriate SNC determinations) each indicated one instance in which there was an incorrect determination. These instances were both associated with one facility and inspection. In this circumstance, the facility provided information to LDEQ via written and email correspondence subsequent to the inspection that revealed that the material associated with the violations and the SNC determination would not meet the criteria to be designated as a hazardous waste. This information was not provided by the facility until well after the inspection.

Metric 7b: In addition to the upcoming in-house RCRA training, in May 2022 LDEQ RCRA inspectors attended multiple virtual RCRA training modules, which was provided by EPA. The LDEQ Surveillance Division leadership believes these trainings will result in an increase in violations identified.

RCRA Element 4 - Enforcement

Finding 4-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Twenty-six of the forty-three inspections involved an enforcement response that was appropriate for the violation(s).

Explanation:

Metric 9a measures the percentage of enforcement responses that have returned or will return sites in SNC or SV to compliance.

Metric 10a measures the percentage of SNC violations addressed with a formal action or referral during the year reviewed and within 360 days of Day Zero. The data metric analysis (DMA) indicated that 71.4% of the FY21 cases (5 of 7) met the Hazardous Waste Enforcement Response Policy (ERP) timeline of 360 days. However, as provided in the ERP, LDEQ did submit and receive approval of an Alternate Strategy for one facility. The ERP provides for an exceedance of the standard response time in complex cases involving unique factors which may preclude meeting the standard response time. Therefore, LDEQ meets or exceeds expectations for this metric.

Metric 10b measures the percentage of files with enforcement responses that are appropriate to the violations.

A total of twenty-six of the forty-three inspection files reviewed included an informal or formal enforcement action. All twenty-six (100%) of the enforcement actions have returned the facilities to compliance or are on a compliance schedule to return the facilities back into compliance with the hazardous waste requirements.

In accordance with LDEQ's Guidance Document for Enforcement actions (Guid_2057_R02 dated 1/13/2022), nine of the twenty-six enforcement actions were informal actions and seventeen were formal actions. Six of the nine informal enforcement actions were a Warning Letter (RCRAInfo Code 120), and three were a Notice of Potential Penalty (NOPP) (RCRAInfo Code 125) which is considered by EPA as an informal action. These three NOPPs will result in a formal action with a penalty.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
9a Enforcement that returns sites to compliance [GOAL]	100%		26	26	100%
10a Timely enforcement taken to address SNC [GOAL]	80%	77.8%	5	7	71.4%
10b Appropriate enforcement taken to address violations [GOAL]	100%		26	26	100%

State Response:

LDEQ appreciates recognition of achievement in this area.

RCRA Element 5 - Penalties

Finding 5-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

LDEQ considers both economic benefit and gravity components in their penalty calculations.

LDEQ documents all considerations that resulted in the final penalty and Environmentally Beneficial Project (EBP), such as ability to pay issues, payment schedules, and adjustments for such items as willingness to comply or history of non-compliance.

LDEQ documents the collection of penalties to include date and check number.

Explanation:

Metric 11a measures the percentage of penalty calculations reviewed that document, where appropriate, gravity and economic benefit.

Metric 12a measures the percentage of penalties reviewed that document the rationale for the final value assessed when it is lower than the initial calculated value.

Metric 12b measures the percentage of enforcement files reviewed that document the collection of a penalty.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
11a Gravity and economic benefit [GOAL]	100%		6	6	100%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		2	2	100%
12b Penalty collection [GOAL]	100%		6	6	100%

State Response:

LDEQ appreciates recognition of achievement in this area.