

STATE REVIEW FRAMEWORK

Georgia

Clean Air Act, Clean Water Act, & Resource Conservation & Recovery Act Implementation in Federal Fiscal Year 2023

U.S. Environmental Protection Agency Region 4

**Final Report
March 28, 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 5th Round (FY2024-2028) of reviews, preceded by Round 4 (FY2018-23), 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

Key Dates:

- July 29 – August 2, 2024, file reviews for CAA
- June 24 - August 16, 2024, file reviews for CWA
- July 31 – August 7, 2024, file reviews for RCRA

State and EPA key contacts for review:

	Georgia Environmental Protection Division	EPA Region 4
SRF Contact		Reginald Barrino, SRF Coordinator
CAA	Sean Taylor, Program Manager Stationary Source Compliance Program Air Protection Branch	Denis Kler, Policy, Oversight & Liaison Office Sharron Porter, Air Enforcement Branch
CWA	Johanna D. Smith, P.E., Program Manager Watershed Compliance Program	Laurie Jones, Policy, Oversight & Liaison Office Brad Ammons, Water Enforcement Branch
RCRA	Jamie Lancaster, Program Manager Hazardous Waste Management Program	Reginald Barrino, Policy, Oversight & Liaison Office Tarin Tischler, Chemical Safety & Land Enforcement Branch

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 Air Act (CAA)

The Georgia Environmental Protection Division (GA EPD) was timely in reporting high priority violations (HPVs), compliance monitoring minimum data requirements (MDRs), stack tests and stack test results and enforcement MDRs in ICIS-Air. The GA EPD was also accurate in reporting MDRs in ICIS-Air.

The GA EPD met the negotiated frequency for inspections of Title V sources and SM-80 sources, completed the reviews of the Title V Annual Compliance Certifications, provided the necessary documentation for Full Compliance Evaluations (FCEs), and provided the necessary documentation for the Compliance Monitoring Reports (CMRs).

The GA EPD was timely in identifying HPVs and made accurate compliance determinations and accurate HPV determinations.

The GA EPD issued formal enforcement actions that returned facilities to compliance and appropriately addressed HPVs consistent with the HPV Policy.

The GA EPD provided penalty calculation worksheets that addressed both gravity and economic benefit components, provided rationale for the difference between the initial penalty calculation and the final penalty amount and provided documentation that the penalties were collected.

Clean Water Act (CWA)

The GA EPD met or exceeded the national goals for the entry of key data into the national Integrated Compliance Information System (ICIS) database for NPDES major and non-major facilities and met expectations for files reviewed where data are accurately reflected in the national data system. Data Accuracy was raised in SRF Round 3 and Round 4 as an Area for State Improvement, thus it appears that the GA EPD has effectively reassessed its practices and procedures and accuracy of data entry into ICIS has improved to meet the SRF national goal.

The GA EPD met its FY 2023 CMS Plan and CWA §106 Workplan inspection commitments.

The GA EPD consistently documented accurate compliance determinations and identification/reporting of Single Event Violations (SEVs) and Significant Noncompliance (SNCs). Metric 7e was an area of attention in the Round 4 SRF, so this shows improvement in this area.

Enforcement responses reviewed promoted a return to compliance and addressed the violations in a timely and appropriate manner. Taking a timely and appropriate enforcement response was an Area for State Improvement in SRF Round 3 and an Area for State Attention in Round 4, so the SRF Round 5 review and findings show improvement in this area.

The Round 5 file review found that the GA EPD consistently includes documentation in the files of the rationale for difference between initial penalty calculation and final penalty, and sufficient documentation that all final assessed penalties were collected. Documentation of penalty calculations was an Area of State Improvement in Rounds 1-4 of the previous SRF reports since penalty calculations were not maintained in the file, so Round 5 shows substantial improvement in this area.

Resource Conservation and Recovery Act (RCRA)

The GA EPD made accurate hazardous waste compliance determinations. In addition, significant noncompliance (SNC) determinations were timely and appropriate.

The GA EPD met national goals for both treatment, storage, and disposal facilities (TSDFs), large quantity generators (LQGs) and reverse distributor (RD) universes combined.

The GA EPD consistently considered gravity and economic benefit when calculating penalties and included documentation in files documenting collection of final assessed penalties.

The GA EPD consistently issues enforcement responses that have returned or will return a facility in significant noncompliance (SNC) or secondary violation (SV) to compliance.

The GA EPD made accurate hazardous waste compliance determinations. In addition, significant noncompliance (SNC) determinations were timely and appropriate.

The GA EPD met national goals for both treatment, storage, and disposal facilities (TSDFs), large quantity generators (LQGs) and reverse distributor (RD) universes combined.

The GA EPD's hazardous waste program inspection reports reviewed were complete, provided appropriate documentation to determine compliance at the facility.

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)

The GA EPD does not consistently document adequate rationale for the economic benefit component in NPDES penalty calculations, so this is an Area for Improvement. However, GA EPD has shown improvement regarding documentation of the gravity component since the SRF Round 4 review.

Resource Conservation and Recovery Act (RCRA)

The timeliness of inspection report completion does not meet the EPA's recommended 150-day inspection report timeliness standard as outlined in the Hazardous Waste Civil Enforcement Response Policy (ERP).

Clean Air Act Findings

CAA Element 1 - Data

Finding 1-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The GA EPD was timely in reporting high priority violations (HPVs), compliance monitoring minimum data requirements (MDRs), stack tests and stack test results and enforcement MDRs in ICIS-Air. The GA EPD was also accurate in reporting MDRs in ICIS-Air.

Explanation:

Data metrics 3a2 (100%), 3b1 (97.9%), 3b2 (90.9%) and 3b3 (99.1%) indicated that the GA EPD was timely in reporting HPVs, compliance monitoring MDRs, stack tests and stack test results, and enforcement MDRs in ICIS-Air.

File review metric 2b (93.8%) indicated that the GA EPD was accurate in reporting MDRs in 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%		30	32	93.8%
3a2 Timely reporting of HPV determinations [GOAL]	100%	53%	2	2	100%
3b1 Timely reporting of compliance monitoring MDRs [GOAL]	100%	85.3%	698	713	97.9%
3b2 Timely reporting of stack test dates and results [GOAL]	100%	74.7%	988	1087	90.9%
3b3 Timely reporting of enforcement MDRs [GOAL]	100%	82.4%	105	106	99.1%

State Response:

CAA Element 2 - Inspections

Finding 2-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The GA EPD met the negotiated frequency for inspections of Title V sources and SM-80 sources, completed the reviews of the Title V Annual Compliance Certifications, provided the necessary documentation for Full Compliance Evaluations (FCEs), and provided the necessary documentation for the Compliance Monitoring Reports (CMRs).

Explanation:

Data metrics 5a (100%) and 5b (99.5%) indicated that the GA EPD provided adequate inspection coverage for Title V sources and SM-80 sources during the FY 2023 review year by ensuring that an FCE onsite evaluation was completed at each Title V source at least once every 2 years, and that an FCE onsite evaluation was completed at each SM-80 source at least once every 5 years. In addition, data metric 5e (99.0%) indicated that the GA EPD completed the reviews of the Title V annual compliance certifications.

File review metrics 6a (100%) and 6b (100%) indicated that the GA EPD provided adequate documentation of the FCE elements identified in the CAA Stationary Source Compliance Monitoring Strategy (CMS Guidance) and provided adequate documentation in the CMRs to determine the compliance status of the facility.

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%	86%	190	190	100%
5b FCE coverage: SM-80s [GOAL]	100%	92.7%	182	183	99.5%
5e Reviews of Title V annual compliance certifications completed [GOAL]	100%	79.1%	301	304	99%
6a Documentation of FCE elements [GOAL]	100%		27	27	100%
6b Compliance monitoring reports (CMRs) or facility files reviewed that provide sufficient documentation to determine compliance of the facility [GOAL]	100%		27	27	100%

State Response:

CAA Element 3 - Violations

Finding 3-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The GA EPD was timely in identifying HPVs and made accurate compliance determinations and accurate HPV determinations.

Explanation:

Data metric 13 (100%) indicated that the GA EPD was timely in identifying HPVs. File review metrics 7a (96.9%) and 8c (100%) indicated that the GA EPD made accurate compliance determinations and accurate HPV determinations.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
7a Accurate compliance determinations [GOAL]	100%		31	32	96.9%
8c Accuracy of HPV determinations [GOAL]	100%		19	19	100%
13 Timeliness of HPV Identification [GOAL]	100%	88%	2	2	100%

State Response:

CAA Element 4 - Enforcement

Finding 4-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The GA EPD issued formal enforcement actions that returned facilities to compliance and appropriately addressed HPVs consistent with the HPV Policy.

Explanation:

File review metrics 9a (88.9%) and 10b (100%) indicated that the GA EPD returned facilities to compliance and appropriately addressed HPVs consistent with the HPV policy.

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%		16	18	88.9%
10b Percent of HPVs that have been addressed or removed consistent with the HPV Policy [GOAL]	100%		2	2	100%

State Response:

CAA Element 4 - Enforcement

Finding 4-2

Area for Attention

Recurring Issue:

No

Summary:

The GA EPD does not consistently address HPVs in a timely manner or alternatively have a Case Development Resolution Timeline (CDRT) in place in accordance with the HPV policy.

Explanation:

File review metrics 10a (66.7%) and 14 (0%) indicated that one facility file contained an HPV that was not addressed in a timely manner or alternatively have a CDRT in place in accordance with the HPV policy. ICIS-Air data for the file indicated that day zero was determined to be December 17, 2021, that an informal enforcement action was taken on December 17, 2021, and that a formal addressing action was taken on April 22, 2022, which is less than 180-days. The file contained a copy of a notice of violation dated December 17, 2021, a copy of a letter dated April 22, 2022, which sent a proposed/unsigned consent order was sent to the company, and a copy of a consent order that was executed on November 16, 2022, which is over 180-days.

In an email dated August 1, 2024, a GA EPD representative indicated that the HPV Policy for “addressing” the violation within 180 days is specific to the date the consent order was proposed, April 22, 2022, and not the date the consent decree was executed, November 16, 2022. The GA

EPD representative also indicated in the email, that the GA EPD has been using this methodology for several years, and that the EPA had not previously identified this as an issue.

Both the HPV policy, and the ECHO data dictionary define an addressing action as a signed legally enforceable order. The EPA and the GA EPD had a call on August 22, 2024, to discuss the issue. The GA EPD stated that they saw an ICIS-Air column heading titled, “Complaint filed/proposed order” so the GA EPD linked their proposed consent orders to this column, and that the proposed consent order date is currently directed to be uploaded in ICIS-Air as a “complaint filed/proposed order date.” ICIS-Air identifies activities listed as “Complaint filed/proposed order date” as an addressing action, which stops the HPV addressing action clock. During the call, the EPA informed the GA EPD that a proposed/unsigned consent order is not a legally enforceable order. The GA EPD indicated that they would investigate how to address the ICIS-Air data communication issue and that they would work with the EPA to resolve the issue.

In an email dated October 25, 2024, the GA EPD indicated that their information technology team had updated the communication script between their data system and ICIS-Airs, and that the communication issue had been corrected. Based on this information, the EPA has made this an Area of Attention.

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	3	66.7%
14 HPV case development and resolution timeline in place when required that contains required policy elements [GOAL]	100%		0	1	0%

State Response:

CAA Element 5 - Penalties

Finding 5-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The GA EPD provided penalty calculation worksheets that addressed both gravity and economic benefit components, provided rationale for the difference between the initial penalty calculation and the final penalty amount and provided documentation that the penalties were collected.

Explanation:

File Review Metrics 11a (100%), 12a (100%) and 12b (100%) indicated that the GA EPD considered gravity and economic benefit components in the penalty calculations, provided rationale for differences between the initial penalty calculation and the final penalty, and provided documentation that the penalties were collected.

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%		16	16	100%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		16	16	100%
12b Penalties collected [GOAL]	100%		16	16	100%

State Response:

Clean Water Act Findings

CWA Element 1 - Data

Finding 1-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

GA EPD met or exceeded the national goals for the entry of key data into the national Integrated Compliance Information System (ICIS) database for NPDES major and non-major facilities and met expectations for files reviewed where data are accurately reflected in the national data system. Data Accuracy was raised in SRF Round 3 and Round 4 as an Area for State Improvement, thus it appears that the GA EPD has effectively reassessed its practices and procedures and accuracy of data entry into ICIS has improved to meet the SRF national goal.

Explanation:

For the FY 2023 period of review, the GA EPD entered 99.8% of their permit limits and 97.02% of DMRs for NPDES major and non-major facilities (Data Metrics 1b5 and 1b6).

The GA EPD met expectations for files reviewed where data are accurately reflected in the national data system. File Review Metric 2b indicated that 87.2% of the files reviewed (34 of 39) reflected accurate data entry of minimum data requirements (MDR) for NPDES facilities into the Integrated Compliance Information System (ICIS) database. The discrepancies observed included SEVs from prior years carrying over as unresolved in the system, instances where the county/SIC code information was missing/incorrect and one instance of NOV double entry. The observed discrepancies do not appear to reflect a systemic problem and were promptly corrected once brought to the State's attention.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
1b5 Permit limit data entry rate for major and non-major facilities	95%	99.9%	581	582	99.8%
1b6 Discharge monitoring report (DMR) data entry rate for major and non-major facilities.	95%	96.9%	14628	15078	97%
2b Files reviewed where data are accurately reflected in the national data system [GOAL]	100%		34	39	87.2%

State Response:

CWA Element 2 - Inspections

Finding 2-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The GA EPD met its FY 2023 CMS Plan and CWA §106 Workplan inspection commitments.

Explanation:

Metrics 5a1 and 5b measure inspection coverage of NPDES majors and NPDES non-majors. The National Goal for these Metrics is for 100% of state specific CMS Plan commitments to be met. For FY 2023 the GA EPD had an alternative CMS for inspections of industrial stormwater facilities (6% vs. 10%), and construction stormwater facilities (5% vs. 10%). The FY 2023 inspection commitments listed in the table below are from the CWA §106 Workplan end of year (EOY) report. Based on review of the GA EPD CWA §106 Workplan EOY report, the State met its CMS inspection commitments in FY 2023.

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]	CMS 100%		38	62	61.3%
4a2 EPA or state Significant Industrial User inspections for SIUs discharging to nonauthorized POTWs	100% CMS%		68	68	100%
4a4 Number of CSO inspections. [GOAL]	20%		3	4	75%
4a5 Number of SSO inspections. [GOAL]	5%		61	455	13.4%
4a7 Number of Phase I and II MS4 audits or inspections. [GOAL]	20%		35	172	20.3%
4a8 Number of industrial stormwater inspections. [GOAL]	(alternate CMS) 6%		127	2067	6.1%
4a9 Number of Phase I and Phase II construction stormwater inspections. [GOAL]	(alternate CMS) 5%		1227	23448	5.2%
4a10 Number of comprehensive inspections of large and medium NPDES permitted concentrated animal feeding operations (CAFOs) [GOAL]	20%		2	9	22.2%
5a1 Percentage of NPDES major facilities with individual or general permits inspected	100% CMS%		95	191	49.7%
5b Inspections coverage of NPDES non-majors (individual and general permits) [GOAL]	100% CMS%		171	725	23.6%

State Response:

CWA Element 2 - Inspections

Finding 2-2

Area for Attention

Recurring Issue:

No

Summary:

Most of the GA EPD's inspection reports were timely, complete, and provided sufficient documentation to determine compliance.

Explanation:

File Review Metric 6a was an area for State Attention in the SRF Round 4 review and requires that inspection reports are complete and sufficient to determine compliance at a facility. In the SRF Round 5 review, approximately 77.3% (17/22) of the GA EPD's inspection reports and the accompanying cover letter were found to be well written, complete, and sufficient. Field observations noting compliance issues were also included in inspection reports and/or cover letters, where appropriate. Of the 5 files without complete and sufficient inspection reports, there were 2 reports where the pretreatment inspection report checklists were either not attached or incomplete; two reports were missing supportive photographic evidence; and one report where the findings in the body of the report were different than the finding cited in the cover letter.

File Review Metric 6b was an area for State Improvement in the SRF Round 4 review. In the Round 5 review, Metric 6b review indicated that 77.3% (17/22) of EPD's inspection reports were completed in a timely manner. Because the State's Enforcement Manual does not prescribe timeframes for inspection report completion, EPA relied on its EMS which allows for 60 days to complete non-sampling and sampling inspection reports.

Because lack of documentation and timeliness of a final report do not appear to be systemic issues and most reviewed inspection reports were timely and contained sufficient documentation, 6a and 6b are Areas for State Attention for SRF Round 5.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
6a Inspection reports complete and sufficient to assess permit requirements at the facility and document inspector observations.	100%		17	22	77.3%
6b Timeliness of inspection report completion [GOAL]	100%		17	22	77.3%

State Response:

CWA Element 3 - Violations

Finding 3-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The GA EPD consistently documented accurate compliance determinations and identification/reporting of Single Event Violations (SEVs) and Significant Noncompliance (SNCs). Metric 7e was an Area for State Attention in the Round 4 SRF, so the SRF Round 5 review and findings show improvement in this area.

Explanation:

Metric 7e measures whether accurate compliance determinations were made based on a file review of inspections reports and other compliance monitoring activity. The file review indicated that 95.5% (21 of 22) of the files reviewed consistently documented an accurate compliance determination.

Review Indicator Metric 7j1 measures the number of major and non-major facilities with single-event violations (SEVs) reported in the review year, which was 177; and Review Indicator Metrics 7k1, 8a3, and 8a4 measure facilities in noncompliance.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
7e Accuracy of compliance determinations [GOAL]	100%		21	22	95.5%
7j1 Number of major and non-major NPDES facilities with new single-event violations reported that began in the review year			177		177
7k1 Major and non-major facilities in noncompliance.		14.3%	3067	73598	4.2%
8a3 Percentage of active major facilities in SNC and non-major individual permit facilities in Category I noncompliance during the fiscal year		4.7%	926	73503	1.3%
8a4 Percentage of active non-major general permit facilities in Category I noncompliance during the reporting year		3.6%	862	72798	1.2%

State Response:

CWA Element 4 - Enforcement

Finding 4-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Enforcement responses reviewed promoted a return to compliance and addressed the violations in a timely and appropriate manner. Taking a timely and appropriate enforcement response was an Area for State Improvement in SRF Round 3 and an Area for State Attention in Round 4, so the SRF Round 5 review and findings show improvement in this area.

Explanation:

Metric 9a looks at the number of enforcement responses that returned, or will return, sources in violation to compliance; and Metric 10b looks at the number of enforcement responses reviewed that address violations in a timely and appropriate manner. Per EPA's NPDES EMS, formal enforcement should occur at facilities in SNC prior to the second official Quarterly Noncompliance Report unless there is supportable, written justification for an alternative action was appropriate.

The GA EPD showed improvement in this area from previous Rounds with most files showing that responsive action taken was timely, appropriate, and promoted a return to compliance.

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%		27	30	90%
10b Enforcement responses reviewed that address violations in a timely and appropriate manner.			30	34	88.2%

State Response:

CWA Element 5 - Penalties

Finding 5-1

Area for Improvement

Recurring Issue:

Recurring from Rounds 2 and 3

Summary:

The GA EPD does not consistently document adequate rationale for the economic benefit component in NPDES penalty calculations, so this is an Area for Improvement. However, the GA EPD has shown improvement regarding documentation of the gravity component since the SRF Round 4 review.

Explanation:

Metric 11a measures the percentage of penalty calculations reviewed that document, where appropriate, gravity and economic benefit. Metric 11a indicated that 3 of 12 (25%) of the files reviewed contained documentation that economic benefit was considered.

Metric 11a was also an Area of Improvement from SRF Rounds 1-4. In Round 4, the CWA program did not maintain any penalty calculations, so the adequacy of gravity and economic benefit calculations and penalty documentation could not be evaluated. This Round all files had the gravity portion of the penalty documentation and a space for consideration of economic benefit. Progress needs to be made to ensure staff is trained and aware of the necessity to properly consider and document the economic benefit portion of the penalty.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
11a Penalty calculations reviewed that document and include gravity and economic benefit [GOAL]	100%		3	12	25%

State Response:

Recommendation:

Rec #	Due Date	Recommendation
1	12/31/2025	By December 31, 2025, the GA EPD should develop and implement procedures to ensure that staff are trained and aware of the necessity to properly consider and document the economic benefit portion of the penalty. By this date, the GA EPD should also conduct internal audits to ensure that documentation of economic benefit is being consistently documented in the penalty files. EPA will review the GA EPD orders and penalty calculations to ensure the calculation/consideration of the economic benefit of noncompliance. If appropriate improvement is observed upon completion of EPA's review (71% or above), this recommendation will be considered complete.

CWA Element 5 - Penalties

Finding 5-2

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The Round 5 file review found that the GA EPD consistently includes documentation in the files of the rationale for difference between initial penalty calculation and final penalty, and sufficient documentation that all final assessed penalties were collected. Documentation of penalty calculations (Metric 12a) was an Area of State Improvement in Rounds 1-4 of the previous SRF reports, since penalty calculations were not maintained in the file. This review shows improvement in this area.

Explanation:

Metric 12a measures the percentage of enforcement files which document the rationale for difference between initial penalty calculation and final penalty. Metric 12b measures the percentage of enforcement files reviewed that document the collection of the assessed penalty. Metrics 12a and 12b indicated that 12 of 12 (100%) files reviewed included adequate documentation required under each of these metrics.

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

State Response:

Resource Conservation and Recovery Act Findings

RCRA Element 1 - Data

Finding 1-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The GA EPD's RCRA Minimum Data Requirements for compliance monitoring and enforcement activities were complete in RCRA Info.

Explanation:

Metric 2b measures the data accuracy and completeness in RCRA Info with information in the facility files. Thirty files were selected and reviewed to determine completeness of the minimum data requirements. The data was found to be accurate in 24 of the 27 files (88.9%).

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
2b Complete and accurate entry of mandatory data.	100%		24	27	88.9%

State Response:

RCRA Element 2 - Inspections

Finding 2-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The GA EPD met national goals for both treatment, storage, and disposal facilities (TSDFs), large quantity generators (LQGs) and reverse distributor (RD) universes combined.

Explanation:

Metrics 5a and 5b measure the percentage of TSDF, LQG and RD universes that had a Compliance Evaluation Inspection (CEI) during the two-year and one-year periods of review, respectively. GA EPD met the national goal for two-year inspection coverage of TSDFs by inspecting 87.5% of the TSDF universe and met and exceeded the national goal for annual inspection coverage of LQGs and RDs combined by inspecting 25.4% of the LQG and RDs universes.

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%	89%	14	16	87.5%
5b Annual inspection coverage of LQGs and reverse distributor (RD) universes combined using BR universe. [GOAL]	20%	16.2%	71	279	25.4%

State Response:

RCRA Element 2 - Inspections

Finding 2-2

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The GA EPD's hazardous waste program inspection reports reviewed were complete, provided appropriate documentation to determine compliance at the facility.

Explanation:

Metric 6a measures the percentage of on-site inspection reports reviewed that are complete and provide sufficient documentation to determine compliance. 100% of the onsite inspection reports reviewed were complete and provided sufficient documentation to determine compliance.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
6a Inspection reports sufficient to determine compliance.	100%		22	22	100%

State Response:

RCRA Element 2 - Inspections

Finding 2-3

Area for Improvement

Recurring Issue:

No

Summary:

The timeliness of inspection report completion does not meet the EPA's recommended 150-day inspection report timeliness standard as outlined in the Hazardous Waste Civil Enforcement Response Policy (ERP).

Explanation:

Metric 6b measures the percentage of inspection reports reviewed that are completed in a timely manner per the national standard. Metric 6b indicated that only 65% of GA EPD's onsite inspection reports reviewed were completed in a timely manner per the national standard.

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%		13	20	65%

State Response:

Recommendation:

Rec #	Due Date	Recommendation
1	09/01/2025	The GA EPD will develop a tool for tracking inspection report completion timeliness. On or before September 1, 2025, the EPA will review a random selection of inspection reports to determine the percentage of inspection reports reviewed that are completed in a timely manner per the national standard. If the EPA's review indicates that at least 71% of the inspection reports reviewed are completed by the 150-day inspection report timeliness standard as outlined in the Hazardous Waste Civil Enforcement Response Policy (ERP), this recommendation will be closed.

RCRA Element 3 - Violations

Finding 3-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The GA EPD made accurate hazardous waste compliance determinations. In addition, significant noncompliance (SNC) determinations were timely and appropriate.

Explanation:

Metric 7a measures whether accurate compliance determinations were made based on a file review of inspection reports and other compliance monitoring activity (i.e., record reviews). The file review indicated that 100% of the files reviewed had accurate compliance determinations. Each of the files reviewed had accurate and complete descriptions of the violations observed during the inspection and had adequate documentation to support the GA EPD's compliance determinations.

Metric 8b measures the percentage of SNC determinations made within 150 days of the first day of inspection (Day Zero). The data metric analysis (DMA) indicated that 100% of SNC determinations were made with within 150 days.

Metric 8c measures the percentage of files reviewed in which significant noncompliance (SNC) status was appropriately determined during the review period. The file review indicated that 96.2% of the files reviewed had appropriate SNC determinations.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
7a Accurate compliance determinations [GOAL]	100%		22	22	100%
8b Timeliness of SNC determinations [GOAL]	100%	90%	8	8	100%
8c Appropriate SNC determinations [GOAL]	100%		25	26	96.2%

State Response:

RCRA Element 4 - Enforcement

Finding 4-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The GA EPD consistently issues enforcement responses that have returned or will return a facility in significant noncompliance (SNC) or secondary violation (SV) to compliance.

Explanation:

Metric 9a measures the percentage of enforcement responses that have returned or will return sites in SNC or SV to compliance. A total of twenty-four (24) files were reviewed that included informal

or formal enforcement actions. 95.8% of the enforcement responses returned the facilities to compliance with the hazardous waste requirements.

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 100% of the FY 2023 enforcement actions met the Hazardous Waste Enforcement Response Policy (ERP) timeline of 360 days.

Metric 10b measures the percentage of files with enforcement responses that are appropriate to the violations. A total of twenty-eight (24) files were reviewed with concluded enforcement responses. 100% of the files reviewed contained enforcement responses that were appropriate to the violations.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
9a Enforcement that returns violators to compliance.	100%		23	24	95.8%
10a Timely enforcement taken to address SNC [GOAL]	80%	89.1%	11	11	100%
10b Appropriate enforcement taken to address violations [GOAL]	100%		24	24	100%

State Response:

RCRA Element 5 - Penalties

Finding 5-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

The GA EPD consistently considered gravity and economic benefit when calculating penalties and included documentation in files documenting collection of final assessed penalties.

Explanation:

Metric 11a measures the percentage of penalty calculations reviewed that document, where appropriate, gravity and economic benefit. Metric 11a indicated that the GA EPD considered gravity and economic benefit in 100% of the penalty calculations reviewed.

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 12a indicated that the GA EPD documented the difference between the initial and final penalty assessed in 100% of the penalty calculations reviewed.

Metrics 11a and 12a were Areas for Improvement from SRF Rounds 1 thru 4. After the Round 4 SRF evaluation, the GA EPD implemented a process to ensure appropriate documentation of both gravity and economic benefit in penalty calculations, and appropriate documentation of the rationale for any difference between any initial and the final penalty. The GA EPD has shown significant improvement for both Metrics 11a and 12a from previous SRF Rounds.

Metric 12b measures the percentage of enforcement files reviewed that document the collection of a penalty. There was documentation verifying that the GA EPD collected penalties assessed in 100% of the final enforcement actions reviewed.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
11a Gravity and economic benefit [GOAL]	100%		13	13	100%
12a Documentation of rationale for difference between proposed penalty calculation and final penalty.	100%		1	1	100%
12b Penalty collection [GOAL]	100%		13	13	100%

State Response:
