

STATE REVIEW FRAMEWORK

Michigan

**Clean Water Act, Clean Air Act, and Resource Conservation
and Recovery Act
Implementation in Federal Fiscal Year 2024**

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

**Final Report
April 3, 2026**

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 (FY2008-2011), and Round 1 (FY2004-2007). Additional information and final reports can be found at the EPA website under [State Review Framework](#).

II. Navigating the Report

The final report contains the results and relevant information from the review including EPA and program contact information, metric values, performance findings and explanations, program

responses, and EPA recommendations for corrective action where any significant deficiencies in performance were found.

A. Metrics

There are two general types of metrics used to assess program performance. The first are **data metrics**, which reflect verified inspection and enforcement data from the national data systems of each media, or statute. The second, and generally more significant, are **file metrics**, which are derived from the review of individual facility files in order to determine if the program is performing their compliance and enforcement responsibilities adequately.

Other information considered by EPA to make performance findings in addition to the metrics includes results from previous SRF reviews, data metrics from the years in-between reviews, multi-year metric trends.

B. Performance Findings

The EPA makes findings on performance in five program areas:

- **Data** - completeness, accuracy, and timeliness of data entry into national data systems
- **Inspections** - meeting inspection and coverage commitments, inspection report quality, and report timeliness
- **Violations** - identification of violations, accuracy of compliance determinations, and determination of significant noncompliance (SNC) or high priority violators (HPV)
- **Enforcement** - timeliness and appropriateness of enforcement, returning facilities to compliance
- **Penalties** - calculation including gravity and economic benefit components, assessment, and collection

Though performance generally varies across a spectrum, for the purposes of conducting a standardized review, SRF categorizes performance into three findings levels:

Meets or Exceeds: No issues are found. Base standards of performance are met or exceeded.

Area for Attention: Minor issues are found. One or more metrics indicates performance issues related to quality, process, or policy. The implementing agency is considered able to correct the issue without additional EPA oversight.

Area for Improvement: Significant issues are found. One or more metrics indicates routine and/or widespread performance issues related to quality, process, or policy. A recommendation for corrective action is issued which contains specific actions and schedule for completion. The EPA monitors implementation until completion.

C. Recommendations for Corrective Action

Whenever the EPA makes a finding on performance of *Area for Improvement*, the EPA will include a recommendation for corrective action, or recommendation, in the report. The purpose of recommendations is to address significant performance issues and bring program performance back in line with federal policy and standards. All recommendations should include specific actions and a schedule for completion, and their implementation is monitored by the EPA until completion.

III. Review Process Information

Clean Water Act (CWA)

The CWA portion of the Round 5 Michigan SRF review was conducted virtually, with coordination from the Michigan Department of Environment, Great Lakes, and Energy (EGLE) staff between May 5, 2025, and June 18, 2025. File selection was completed by Bill Stokes. Selected files were reviewed in EGLE's MiEnviro data system.

The EPA Region 5 CWA review team was Jennifer Beese (retired), Nicholas Martinez, Kenneth Gunter, and James Coleman.

Clean Air Act (CAA)

The CAA portion of the Round 5 Michigan SRF file review was conducted virtually between June 9-13, 2025. Data Metric Analysis and File Selection was completed by Bill Stokes. Selected files were accessed via Michigan Environment, Great Lakes, and Energy's (EGLE) MiEnviro portal or shared with U.S. EPA via SharePoint site.

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Resource Conservation and Recovery Act (RCRA)

The State Review Framework (SRF) file review was conducted virtually using files downloaded from the Michigan Department of Environment, Great Lakes, and Energy's (EGLE) file system,

and in the case of certain records, made temporarily available to the reviewer through e-mails. The files were reviewed between June 16, 2025, and July 16, 2025.

FY 2024 was the period under review.

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Executive Summary

Clean Water Act

Areas of Strong Performance

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

- The file review indicated that EGLE's inspection coverage and reporting were excellent. Inspection reports sufficiently assessed compliance and were completed in a timely fashion.
- The file review indicated that EGLE excels at producing accurate compliance determinations.
- The file review indicated that EGLE has a robust and timely enforcement program. Violations are addressed and, when necessary, escalated to return facilities to compliance.
- In general, EGLE has greatly improved its program since the Round 4 SRF review. Most metrics categorized as “Area for Improvement” and “Area for Attention” in Round 4 are now categorized as “Meets or Exceeds Expectations” in Round 5.
- In nearly all categories, EGLE exceeded their inspection coverage goals set in their Compliance Monitoring Strategy (CMS) commitments. Most notably, EGLE exceeded their goal for major facilities by 7% and individually permitted non-major facilities by 79%.
- For Metric 6a, 29 of 30 (96.7%) of inspection reports were complete and sufficient. For Metric 6b, 27 of 30 (90%) of inspection reports were timely completed. This is excellent performance.

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:

- In 9 of 39 (23.1%) files reviewed, accurate data was reflected in ICIS. The file review found that some instances of manual data entry caused inaccurate or missing data in Integrated Compliance Information System (ICIS); specifically Single Event Violations (SEVs) without noncompliance end dates and some Violation Notices (VNs) being incorrectly set as pending. Also, renewal information for construction stormwater permit coverage was not up to date in ICIS. Finally, inspection data in ICIS was at times inaccurate. Evaluations were all coded as base program evaluations rather than by program area (CAFO, Industrial Stormwater, Construction Stormwater, etc.), and some desk audits were coded as recon inspections.

Finding Summary:

Metric	Round 4 Finding Level	Round 5 Finding Level
2b - Files reviewed where data are accurately reflected in the national data system [GOAL]	Area for Improvement	Area for Improvement
6a - Inspection reports complete and sufficient to assess permit requirements at the facility and document inspector observations.	Area for Attention	Meets or Exceeds Expectations
6b - Timeliness of inspection report completion [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 Attention	Meets or Exceeds Expectations
10b - Enforcement responses reviewed that address violations in a timely and appropriate manner.	Area for Attention	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

Clean Air Act

Areas of Strong Performance

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

- EGLE has maintained high performance since SRF Round 4, and in some cases improved on already high performance, in completing FCEs for major and mega-sites, completing Title V compliance certifications, appropriately documenting FCE elements, and providing sufficient documentation to determine compliance.
- Accurate compliance determinations were made for 33 of 33 (100%) of files reviewed.
- Accurate High Priority Violation (HPV) determinations were made in 17 of 17 (100%) of files reviewed.
- EGLE does an excellent job in including corrective actions in formal enforcement responses, addressing HPVs timely or having a CD&RT that contains required elements in place, and resolving and removing HPVs in accordance with the HPV policy.
- The rationale for differences in initial and final penalty was clearly noted, and documentation of penalty calculation considerations and penalties collected was provided for all required cases.

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:

- EGLE reported 132 of 191 (69.1%) stack tests and stack test results in ICIS-Air within 120 days of the stack test.
- HPVs were identified within 90 days of compliance monitoring or discovery action for 1 of 3 (33%) HPVs in the review year.

Finding Summary:

Metric	Round 4 Finding Level	Round 5 Finding Level
2b - Files reviewed where data are accurately reflected in the national data system [GOAL]	Area for Attention	Meets or Exceeds Expectations
3a2 - Timely reporting of HPV determinations [GOAL]	Area for Attention	Meets or Exceeds Expectations
3b1 - Timely reporting of compliance monitoring MDRs [GOAL]	Meets or Exceeds Expectations	Area for Attention
3b2 - Timely reporting of stack test dates and results [GOAL]	Meets or Exceeds Expectations	Area for Improvement
5b - FCE coverage: SM-80s [GOAL]	Meets or Exceeds Expectations	Area for Attention
13 - Timeliness of HPV Identification [GOAL]	Meets or Exceeds Expectations	Area for Attention

Resource Conservation and Recovery Act

Areas of Strong Performance

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

- The review of the selected files revealed that inspection reports were complete and sufficient to determine compliance.
- Accurate compliance determinations were made for the reviewed files.
- Appropriate SNC determinations were made for the reviewed files that identified violations.

- Appropriate enforcement actions were taken to address cited violations that resulted in returning violators back into compliance at a high rate of 100%, with a national goal of 100%.
- The review of the formal enforcement files revealed that a gravity and economic benefit component was evaluated and taken into consideration.
- The review of the formal enforcement files revealed that sufficient documentation was provided that explained the rationale for the difference between the initial penalty calculation and the final penalty.

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 data metric analysis revealed that SNY evaluations did not have timely enforcement.

Finding Summary:

Metric	Round 4 Finding Level	Round 5 Finding Level
2b - Complete and accurate entry of mandatory data.	Area for Attention	Area for Attention
6b - Timeliness of inspection report completion [GOAL]	Area for Improvement	Meets or Exceeds Expectations
8b - Timeliness of SNC determinations [GOAL]	Area for Improvement	Area for Attention
10a - Timely enforcement taken to address SNC [GOAL]	Meets or Exceeds Expectations	Area for Improvement
11a - Gravity and economic benefit [GOAL]	Area for Improvement	Meets or Exceeds Expectations

Clean Water Act Findings

CWA Element 1 - Data

Finding 1-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

For Metric 1b5, 523 of 523 (100%) of major and non-major facilities have permit limit data entered into ICIS.

For Metric 1b6, 9,879 of 10,130 (97.5%) major and non-major facilities have discharge monitoring data entered into ICIS.

Explanation:

Permit limit data and discharge monitoring report (DMR) data for major and non-major facilities is almost entirely entered into ICIS. This is excellent performance.

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%	523	523	100%
1b6 Discharge monitoring report (DMR) data entry rate for major and non-major facilities.	95%	95.9%	9879	10130	97.5%

State Response:

No response provided.

CWA Element 1 - Data

Finding 1-2

Area for Improvement

Recurring Issue:

Recurring from Round 3

Summary:

In 9 of 39 (23.1%) files reviewed, accurate data was reflected in ICIS.

Explanation:

The file review indicated a few key areas where data accuracy could be improved.

Manual Updating of Files -

Some data inaccuracies were due to staff not updating a violation or enforcement action in MiEnviro. Some VNs in MiEnviro were set as “pending” but needed manual updating to “issued” before they would flow to ICIS. Some SEVs did not have a “noncompliance end date”, which kept the violation unresolved for long periods of time in ICIS.

Construction Stormwater General Permit Data -

During the review, the team observed inaccurate permit dates in ICIS for construction stormwater permits. EGLE documents construction stormwater permit-by-rule (PBR) coverage with a Notice of Compliance (NOC). EPA recognized EGLE's use of PBR for construction stormwater permitting in 1994. Recently, EPA made EGLE aware that revisions to Michigan's construction stormwater permitting program, specifically the use of PBR in lieu of a general permit, may be needed to comply with federal regulations.

NPDES permits shall be effective for a fixed term not to exceed five years (40 CFR 123.25(a)(17), however, EGLE's construction stormwater permitting through PBR does not conform to regular review and reissuance on a five-year cycle.

ICIS contained out-of-date NOC expiration dates, and through discussion with EGLE, it was determined that ICIS does not support PBR data schema flow. ICIS accepts data schema for state-issued general permits as required in the NPDES Electronic Reporting Rule (40 CFR 9, 122, 123, 124, 127, 403, 501, and 503).

Currently, EGLE does not have the rulemaking authority to issue construction stormwater general permits. To comply with 40 CFR 123.25(a)(17) and the NPDES Electronic Reporting Rule, EGLE may need to obtain rulemaking authority to issue a construction stormwater general permit.

Program Specific Evaluations -

Inspections coded into ICIS as base program evaluations, however, some of them were program specific evaluations (CAFO, Industrial Stormwater, Construction Stormwater, etc.).

Recon and Desk Audit Inspections -

Industrial stormwater inspections were coded as Recon Inspections in ICIS, when some should have been considered Desk Audit Inspections/ File Reviews. Recon Inspections involve some form of onsite evaluation, while Desk Audit Inspections can take place entirely offsite.

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%		9	39	23.1%

State Response:

Manual Updating of Files – Staff have been reminded to ensure records in MiEnviro are being updated in a timely manner.

Michigan consistently ranks among the top three states nationally for the volume of Single Event Violation (SEV) data submitted to EPA’s ECHO NPDES SEV Dashboard. Because Michigan maintains one of the largest and most active SEV dataflows in the country, the likelihood of encountering data flow irregularities or timing discrepancies is inherently higher. These issues are a natural byproduct of managing a high-volume, complex dataset and are addressed as they arise.

It is also important to note that many states have not yet begun flowing SEV data at all. Compared to those states, Michigan’s early and continued participation contributes significantly to national SEV reporting and transparency. As such, Michigan remains committed to promptly identifying, correcting, and preventing any data inconsistencies, including those related to SEV end dates, while continuing to support and improve robust dataflow to EPA.

EGLE has provided regular progress updates to Region 5 on SEV data enhancements during the biweekly data calls. SEVs currently triggering SNC will be assessed for accuracy to illustrate the training and programming improvements EGLE has made.

A four-part series of Teams trainings were delivered over the timespan of November 10, 2025, through December 8, 2025. These trainings included business practices guidance and data entry guidance covering the following topics: Violation Data (Non-Compliance End Dates, and RNC data elements specifically), Evaluation Data (evaluation dates, contacts, response letters,

evaluation statuses), and Compliance and Enforcement Data (progressive enforcement, linking violations, transmittal, status updates, superseding actions, etc). These trainings were put on by the NPDES Specialist (Claire Handley) and WRD Data Steward (Melissa Sandborn). To accompany these trainings, a business practice document was re-distributed to staff as well.

EGLE has provided a standalone list of construction stormwater Notices of Coverage (NOCs) for FY25 as an interim strategy. EGLE does not currently have rulemaking authority under Part 31, therefore EGLE will need to obtain rulemaking authority or receive a statutory change to flow that data to ICIS.

Regarding Recons and Desk Audits: It is important to note that while Industrial Stormwater File Reviews were coded to flow to ICIS as Recons, these inspections were NOT included in CMS reporting numbers for the Industrial Stormwater program and were not considered Recons by Michigan staff. EGLE has removed the inaccurate evaluation type flow code.

EGLE is working with their data contractor for an update to allow program specific inspection codes to be applied to inspections flowing from MiEnviro to ICIS. The work ticket is developed and estimated, but it is queued in a backlog of tickets. After the update, EGLE can complete their coding change for program specific inspection codes.

Recommendation:

Rec #	Due Date	Recommendation
1	07/15/2026	EGLE will provide Region 5 with a plan to address data inaccuracy in ICIS. The plan should address SEV data enhancements including changes to Standard Operating Procedures (SOPs) for entering noncompliance end dates, validating category 1 SNC linked SEVs, and any other planned programmatic changes. The plan should also address flowing construction stormwater compliance and enforcement data and program specific inspection data (CAFOs, Industrial Stormwater, Construction Stormwater, etc.). Region 5 will review and comment on the plan after transmittal.
2	12/31/2026	EGLE should update data flow for inspections to crosswalk program specific evaluation types. Future inspections should also flow program specific evaluation types. EGLE should notify Region 5 upon completion. After notification, Region 5 and EGLE will verify that the data has successfully flowed to ICIS.
3	12/31/2026	Region 5 will create a report of all SEVs triggering Category 1 SNC before each Official QNCR run for FY2026. EGLE should review and resolve SEVs on the report that need a noncompliance end date. This recommendation will be complete after the Official QNCR Run for FY2026 Q4.
4	07/15/2026	EGLE should adjust the coding for Desk Audits flowing to ICIS to the appropriate inspection type. EGLE should verify this coding change in writing to Region 5 to complete this recommendation.
5	10/31/2026	For the FY2026 End-of-Year CMS Report, EGLE should include an enforcement summary for construction stormwater NOCs. This recommendation will be complete after submitting the FY2026 Report, but an enforcement summary should continue in future End-of-Year CMS Reports. The enforcement summary may be excluded from future End-of-Year CMS Reports when construction stormwater compliance and enforcement data is successfully flowing to ICIS, or if both agencies agree to stop.

CWA Element 2 - Inspections

Finding 2-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

In nearly all categories, EGLE exceeded their inspection coverage goal. Most notably, EGLE exceeded their goal for major facilities by 7% and individually permitted non-major facilities by 79%.

For Metric 6a, 29 of 30 (96.7%) of inspection reports were complete and sufficient. For Metric 6b, 27 of 30 (90%) of inspection reports were timely completed. This is excellent performance.

Explanation:

For Metric 4a2, Michigan has pretreatment program based on state law, the Michigan Industrial Pretreatment Program (MIPP) and administers the Federal Industrial Pretreatment Program (FIPP). The region has recognized this as functionally equivalent to Significant Industrial User (SIU) coverage and has not typically required CMS commitments for category 4a2. EGLE does report Pretreatment Compliance Inspections (PCIs) and Industrial User (IU) inspections in the MIPP program on the State's end-of-year CMS report.

Inspection reports were all of high quality and a majority of reports were completed well within EGLE's timeliness goal. Untimely reports were largely just beyond EGLE's timeliness goal, with only a single report completed significantly afterward.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
4a1 Number of pretreatment compliance inspections and audits at approved local pretreatment programs. [GOAL]	100% CMS		31	32	96.9%
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		8	6	133.3%
4a5 Number of SSO inspections. [GOAL]	100% CMS		236	25	944%
4a7 Number of Phase I and II MS4 audits or inspections. [GOAL]	100% CMS		60	53	113.2%
4a8 Number of industrial stormwater inspections. [GOAL]	100% CMS		482	358	134.6%
4a9 Number of Phase I and Phase II construction stormwater inspections. [GOAL]	100% of commitments		442	98	451%
4a10 Number of comprehensive inspections of large and medium NPDES permitted concentrated animal feeding operations (CAFOs) [GOAL]	100% CMS		60	59	101.7%
4a11 Number of sludge/biosolids inspections at each major POTW. [GOAL]	100% CMS		33	39	84.6%
5a1 Percentage of NPDES major facilities with individual or general permits inspected	100% CMS		77	72	106.9%

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
5b1 Inspections coverage of NPDES non-majors with individual permits [GOAL]	100% CMS		159	89	178.7%
6a Inspection reports complete and sufficient to assess permit requirements at the facility and document inspector observations.	100%		29	30	96.7%
6b Timeliness of inspection report completion [GOAL]	100%		27	30	90%

State Response:

No response provided.

CWA Element 3 - Violations

Finding 3-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

In 30 out of 31 (96.8%) files reviewed, EGLE made an accurate compliance determination. This is excellent performance.

Explanation:

EGLE uses detailed tools when conducting inspection, including narrative descriptions, photographic evidence, and comprehensive checklists, which results in accurate and well documented compliance determinations.

For Review Indicator Metric 7k1, high number of facilities in noncompliance is not a concern at this time based on info shared with Region 5 during quarterly compliance calls. EGLE consistently

follows a process for response to violations including issuance of violation notices and formal enforcement if violations are not timely resolved.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
7e Accuracy of compliance determinations [GOAL]	100%		30	31	96.8%
7j1 Number of major and non-major NPDES facilities with new single-event violations reported that began in the review year			638		
7k1 Major and non-major facilities in noncompliance.		13.7%	2412	3974	60.7%
8a3 Percentage of active major facilities in SNC and non-major individual permit facilities in Category I noncompliance during the fiscal year		4.3%	341	3576	9.5%
8a4 Percentage of active non-major general permit facilities in Category I noncompliance during the reporting year		3.1%	228	2731	8.3%

State Response:

No response provided.

CWA Element 4 - Enforcement

Finding 4-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

For Metric 9a, 21 of 24 (87.5%) of enforcement responses resulted or would result in sources in violation returning to compliance.

For Metric 10b, 21 of 24 (87.5%) of enforcement responses address violations in a timely and appropriate manner.

This is excellent performance.

Explanation:

EGLE staff are actively engaged with facilities in order to bring them back into compliance. EGLE has a robust enforcement escalation process.

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%		21	24	87.5%
10a1 Percentage of major individually permitted NPDES facilities with formal enforcement action taken in a timely manner in response to late DMR SNC violations		28.6%	0	0	0
10a2 Percentage of major individually permitted NPDES facilities with formal enforcement action taken in a timely manner in response to missing DMR SNC violations		0%	0	4	0%
10a3 Percentage of major individually permitted NPDES facilities with formal enforcement action taken in a timely manner in response to SNC effluent violations		25.3%	0	5	0%
10a4 Percentage of major individually permitted NPDES facilities with formal enforcement action taken in a timely manner in response to SNC compliance schedule violations		100%	0	0	0
10b Enforcement responses reviewed that address violations in a timely and appropriate manner.			21	24	87.5%

State Response:

No response provided.

CWA Element 5 - Penalties

Finding 5-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

For Metric 11a, 5 of 6 (83.3%) penalties assessed documented consideration of gravity and economic benefit. The sample size was small, so this is being considered Meets or Exceeds Expectations.

For Metric 12a, 1 of 1 (100%) of changes in penalty amount documented the rationale for the change.

For Metric 12b, 6 of 6 (100%) of penalties assessed were collected.

This is excellent performance.

Explanation:

For certain infractions, like a lapse in permit coverage, EGLE has standard fees that are issued through a GACO, thus not requiring gravity and economic benefit consideration.

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%		5	6	83.3%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		1	1	100%
12b Penalties collected [GOAL]	100%		6	6	100%

State Response:

No response provided.

Clean Air Act Findings

CAA Element 1 - Data

Finding 1-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

EGLE made accurate compliance determinations in 31 of 33 (93.9%) of files reviewed. EGLE was timely in reporting 6 of 6 (100%) of HPV determinations into ICIS-Air. EGLE reported 125 of 141 (88.7%) enforcement action Minimum Data Requirements (MDRs) within 60 days of the completion date.

Explanation:

The EPA review team found that data was accurately entered and HPV determinations were appropriately entered ICIS-Air. There was one instance where an FCE was incorrectly entered in error. The FCE was removed from EGLE's data system, but the removal did not flow to ICIS-Air. In another case, a stack test date in ICIS-Air did not match the date of the test in EGLE's files. Overall, EGLE has done a commendable job in improving data accuracy for making compliance determinations since SRF Round 4.

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%		31	33	93.9%
3a2 Timely reporting of HPV determinations [GOAL]	100%	53.4%	6	6	100%
3b3 Timely reporting of enforcement MDRs [GOAL]	100%	82.6%	125	141	88.7%

State Response:

No response provided.

CAA Element 1 - Data

Finding 1-2

Area for Attention

Recurring Issue:

No

Summary:

EGLE reported 635 of 801 (79.3%) compliance monitoring MDRs within 60 days of the completion date.

Explanation:

A majority of compliance monitoring MDRs were entered timely, but EGLE fell short of the national goal of 100%. While 79.3% of compliance monitoring MDRs were entered within 60 days, 12.6% were entered after 90 days and 8.4% were entered after 120 days. It should be noted that during the review period, EGLE was in the process of transitioning to a new data system, so we expect there to be some data entry and timeliness delays as the new system is implemented and data flows to the national system are integrated. EPA will continue to monitor data reporting and work with EGLE on any issues that arise.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
3b1 Timely reporting of compliance monitoring MDRs [GOAL]	100%	79.3%	635	801	79.3%

State Response:

No response provided.

CAA Element 1 - Data

Finding 1-3
Area for Improvement

Recurring Issue:
No

Summary:

EGLE reported 132 of 191 (69.1%) stack tests and stack test results in ICIS-Air within 120 days of the stack test.

Explanation:

Stack tests and stack test results are to be entered in ICIS-Air within 120 days of the stack test. While EGLE’s performance exceeds the national average (51.8%), based on the data reported to ICIS-Air for the review year, it has declined since SRF Round 4 (96.2%) and is an area for improvement. As noted in Finding 1-2, EGLE was in the process of transitioning to a new data system during the review period, so we expect there to be some data entry and timeliness delays as the new system is implemented. However, to ensure there are no systemic, procedural issues, EPA recommends a review of current stack test reporting practices. If issues are identified, staff training and guidance on appropriate reporting procedures should be provided.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
3b2 Timely reporting of stack test dates and results [GOAL]	100%	51.8%	132	191	69.1%

State Response:

No response provided.

Recommendation:

Rec #	Due Date	Recommendation
1	10/01/2026	<p>Within 120 days of the date of this report, EGLE will review current stack test reporting practices and, if found to be necessary, provide appropriate staff training or guidance regarding the reporting requirement. The state will provide to EPA documentation of this review and training or guidance.</p> <p>EPA will continue to monitor stack test results reporting and discuss any ongoing timeliness issues during bimonthly data and enforcement coordination calls.</p> <p>This recommendation will be closed when documentation of review and training or guidance to staff is provided to EPA and 71% or more of stack test dates and results are timely reported for a period of six months.</p>

CAA Element 2 - Inspections

Finding 2-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Full Compliance Evaluations (FCE) were completed in accordance with the Compliance Monitoring Strategy (CMS) for 175 of 180 (97.2%) major and mega-sites. Title V compliance certifications were completed for 283 of 286 (99%) active Title V sources. FCE elements were properly documented for 24 of 24 (100%) of files reviewed. Compliance Monitoring Reports (CMRs) and facility files reviewed provided sufficient documentation to determine compliance for 23 of 24 (95.8%) facilities reviewed.

Explanation:

EGLE has maintained high performance since SRF Round 4, and in some cases improved on already high performance, in completing FCEs for major and mega-sites, completing Title V compliance certifications, appropriately documenting FCE elements, and providing sufficient documentation to determine compliance. Inspection reports that are made public via EGLE's MiEnviro online portal do not include some required FCE elements, such as facility contact

information, but EGLE was able to confirm that this information is present on the original, non-public inspection reports.

That being said, EPA reviewers noted multiple instances where compliance determinations and enforcement sensitive information, such as whether violations were warranted, were included in the inspection reports. EPA recommends that enforcement sensitive information and compliance determinations be excluded from inspection reports.

Additionally, inspection reports should include information on previous enforcement actions for the facility in order to determine if sufficient documentation is present to determine compliance (metric 6b). There does not appear to be a standard way of doing so in inspection reports, and in one file reviewed, the reviewer noted that the inspection report did not mention recent violations reported in ICIS-Air.

No FCEs for minor and synthetic minor (non-SM80s) sources were required as part of an alternative CMS plan.

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%	85.9%	175	180	97.2%
5e Reviews of Title V annual compliance certifications completed [GOAL]	100%	97.2%	283	286	99%
6a Documentation of FCE elements [GOAL]	100%		24	24	100%
6b Compliance monitoring reports (CMRs) or facility files reviewed that provide sufficient documentation to determine compliance of the facility [GOAL]	100%		23	24	95.8%

State Response:

No response provided.

CAA Element 2 - Inspections

Finding 2-2
Area for Attention

Recurring Issue:
No

Summary:

The Data Metric Analysis (DMA) indicates FCEs were completed for 239 of 286 (83.6%) CMS SM-80 sources, however the actual SM-80 FCE commitment for FY24 based on the CMS plan was 183 (20% of the total Michigan Synthetic Minor universe). A data report pulled from ICIS-Air indicates FCEs were completed for 246 SM-80 sources in FY24, which is consistent with data from EGLE’s legacy data system.

Explanation:

A review of FY24 FCE data both in ICIS-Air and EGLE’s legacy data system indicates EGLE well exceeded its actual FY24 CMS Plan FCE commitment of 183 SM-80 sources, completing FCEs for 246 SM-80 sources in FY24. However, sites that were no longer on the CMS plan remained as active sites for the review year in ICIS-Air, which resulted in an inaccurate number of commitments reflected in the DMA. Some sites that were no longer in the CMS plan needed to be manually removed. EGLE has worked to clean many of these instances up as part of their new data flows to ICIS-Air. While the inaccurate FY24 DMA data for metric 5b is an area for attention, EPA believes EGLE’s reporting of FCE commitments will improve with the implementation of their new data system.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
5b FCE coverage: SM-80s [GOAL]	100%	91.3%	239	286	83.6%

State Response:

No response provided.

CAA Element 3 - Violations

Finding 3-1
Meets or Exceeds Expectations

Recurring Issue:No

Summary:

Accurate compliance determinations were made for 33 of 33 (100%) of files reviewed. Accurate High Priority Violation (HPV) determinations were made in 17 of 17 (100%) of files reviewed.

Explanation:

EGLE makes accurate compliance determinations, including HPV determinations made in accordance with HPV Policy criteria. EPA reviewers found no instances where compliance determinations were not properly made.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
7a Accurate compliance determinations [GOAL]	100%		33	33	100%
7a1 FRV 'discovery rate' based on inspections at active CMS sources		9.1%	91	1304	7%
8a HPV discovery rate at majors		2.2%	4	359	1.1%
8c Accuracy of HPV determinations [GOAL]	100%		17	17	100%

State Response:

No response provided.

CAA Element 3 - Violations

Finding 3-2Area for Attention

Recurring Issue:

No

Summary:

HPVs were identified within 90 days of compliance monitoring or discovery action for 1 of 3 (33%) HPVs in the review year.

Explanation:

While the Data Metric Analysis indicates that EGLE did not identify 2 of 3 HPVs within the 90-day timeframe required, the circumstances of these cases were unique in that both were at the same facility and part of a larger compliance and enforcement case involving multiples sites. EPA and EGLE discuss the status of the case at bimonthly calls. Given the small dataset for metric 13, the unique circumstances of the two cases that did not meet the timeliness goal, this not being a recurring issue, and EGLE's strong performance in making accurate compliance determinations and making accurate HPV determinations, EPA believes this metric can be monitored and discussed during bimonthly calls to ensure it is properly addressed without a formal recommendation.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
13 Timeliness of HPV Identification [GOAL]	100%	80.3%	1	3	33.3%

State Response:

No response provided.

CAA Element 4 - Enforcement

Finding 4-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

Formal enforcement responses included required corrective actions in 14 of 14 (100%) files. HPVs were addressed timely, or a case development and resolution timeline was in place, in 6 of

6 (100%) files. Five of 5 (100%) HPVs were resolved or removed consistent with the HPV Policy. HPV Case Development and Resolution Timelines (CD&RT) contain required policy elements in 5 of 5 (100%) files.

Explanation:

EGLE does an excellent job of including corrective actions in formal enforcement responses and resolving and removing HPVs in accordance with the HPV policy. Though not addressed within 180 days, CD&RT plans that included required elements were in place for the five HPVs identified. EPA meets with EGLE bimonthly to discuss each HPV case and the status, including the CD&RT. Formal enforcement responses reviewed included required corrective actions.

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%		14	14	100%
10a Timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place	100%		6	6	100%
10a1 Rate of Addressing HPVs within 180 days		38.1%	0	5	0%
10b Percent of HPVs that have been addressed or removed consistent with the HPV Policy [GOAL]	100%		5	5	100%
10b1 Rate of managing HPVs without formal enforcement action		10.6%	0	5	0%
14 HPV case development and resolution timeline in place when required that contains required policy elements [GOAL]	100%		5	5	100%

State Response:

No response provided.

CAA Element 5 - Penalties

Finding 5-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

There was no difference between initial and final penalty or the rationale for differences between initial penalty calculation and final penalty was documented in 5 of 5 (100%) penalty files. Documentation of the collection of penalties was present in 5 of 5 (100%) penalty files. Penalty calculations documented gravity and economic benefit in 5 of 5 (100%) of penalty files.

Explanation:

Final penalties matched initial penalty calculations for all but one penalty file reviewed. In the case where the final penalty differed from the initial calculation, the rationale was clearly noted in the file. EGLE provided documentation of penalty calculations that included gravity and economic benefit considerations and documentation of all penalties 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%		5	5	100%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		5	5	100%
12b Penalties collected [GOAL]	100%		5	5	100%

State Response:

No response provided.

Resource Conservation and Recovery Act Findings

RCRA Element 1 - Data

Finding 1-1

Area for Attention

Recurring Issue:

Yes

Summary:

In 25 of 32 files reviewed (78.1%), data was accurately reflected in RCRAInfo. Some files reviewed contained data that was inaccurately reflected in RCRAInfo. The review generally noted formal series codes being entered into RCRAInfo for SNC determination dates or fast track order initiation dates, or inaccurate dates being entered into RCRAInfo for a CEI conducted or enforcement actions.

Explanation:

The EPA review team found the following data discrepancies:

- In four files reviewed, a formal 241 series code was reported into RCRAInfo with a corresponding date for a SNC determination or a fast-track order initiation date.
- In one file reviewed, the Compliance Evaluation Inspection date in RCRAInfo was incorrect (wrong year), and both the Compliance Communication and the Violation Notice were not entered.
- In another file reviewed, the date of the Compliance Communication and Return to Compliance letter was entered incorrectly in RCRAInfo.

During Round 3, the finding was designated as an Area for Improvement, as the data issues were found to be similar as compared to the current Round 5 findings. During Round 4, Michigan noted that inconsistent dates from the programmatic response letters entered into their Waste Data System (WDS) was due to typos caused by the lack of quality assurance conducted; this resulted from the changeover of personnel staff responsible for the oversight of data entered into WDS. Although some progress has been made since Round 3, this is still an ongoing issue.

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%		25	32	78.1%

State Response:

The EPA finds that this is an Area for State Attention. EGLE does not dispute that there is a need for increased attention to data entry and tracking.

Overall, it appears that the EPA finds that EGLE administers an effective RCRA/Part 111, Hazardous Waste Management, 1994 PA 451, as amended, Compliance and Enforcement Program (Program) and the administrative rules promulgated pursuant to Part 111. EGLE believes that this is due in large part to a focus on sufficient inspections in all categories of facilities and taking enforcement action when appropriate and/or when warranted. The need for sufficient compliance inspections and a focus on data entry has to be balanced, in light of limited staffing resources. EGLE will work to improve any apparent data entry deficiencies.

EGLE also asks that the EPA recognize the number of new compliance and enforcement staff within the districts and hazardous waste sections. EGLE acknowledges the need for initial and on-going training within the RCRA/Part 111 Program and will continue to train staff on proper data entry. EGLE will also implement a quarterly quality assurance/quality control program, where a percentage of inspections will be selected and the accuracy of data entry verified.

EGLE did not intend to imply that formal enforcement actions were completed when a 241 series code was reported into RCRAInfo. The title of the 241 compliance action is “Fast Track Order Initiation” and therefore the intent was to identify the corresponding SNC was to be resolved via a Fast Track Order. EGLE now understands that EPA considers any 200 series entry to be a formal action such as signed Orders. Therefore, EGLE will no longer enter the 241 code for this purpose and will seek to have a 0-199 code added to our data entry system.

RCRA Element 2 - Inspections

Finding 2-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

In 29 of 29 files reviewed (100%) involving inspection reports, Michigan is continuing to demonstrate that their inspection reports are complete and provide sufficient information to make accurate compliance determinations. In 25 of 29 files reviewed (86.2%) involving inspection reports, the inspection reports were determined to be completed in a timely manner as required by Michigan's standard of 10 business days.

Explanation:

The files reviewed were determined to have complete and sufficient information in the inspection reports to determine compliance. The files reviewed for inspection report completion timeliness were determined to be completed in a timely manner. For review indicator metrics 5d and 5e5-7, EGLE had commitments for a combined total of 115 “other” source category inspections in FY24. This includes Small Quantity Generators (SQGs), Very Small Quantity Generators (VSQGs), transporters, Liquid Industrial By-Product (LIB), Used Oil Processors, and Complaints. There is no specific commitment number for SQGs or VSQs as they are grouped into the “other” category.

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%	88.1%	14	14	100%
5b Annual inspection coverage of LQGs and reverse distributor (RD) universes combined using BR universe. [GOAL]	20%	18.6%	111	491	22.6%
5d One-year count of SQGs with inspections [GOAL]	100% of commitments		158		158
5e5 One-year count of very small quantity generators (VSQGs) with inspections	100% of commitments		76		76
5e6 One-year count of transporters with inspections	100% of commitments		25		25
5e7 One-year count of sites not covered by metrics 5a - 5e6 with inspections	100% of commitments		44		44
6a Inspection reports sufficient to determine compliance.	100%		29	29	100%
6b Timeliness of inspection report completion [GOAL]	100%		25	29	86.2%

State Response:

The EPA finds that this area Meets or Exceeds Expectations. EGLE appreciates the recognition of this accomplishment and has no comments regarding this element.

RCRA Element 3 - Violations

Finding 3-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

In 31 of 31 files reviewed (100%) involving compliance determinations, the inspection reports/files led to accurate compliance determinations. In 21 of 21 files reviewed (100%), Michigan cited violations that led to accurate SNC determinations.

Explanation:

The EPA review team found that based on the file review, Michigan prepared complete inspection reports/files that had sufficient evidence documented that led to accurate compliance determinations and the violations led to accurate SNC determinations.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
2a Long-standing secondary violators			177		177
7a Accurate compliance determinations [GOAL]	100%		31	31	100%
7b Violations found during CEI and FCI inspections		41.9%	248	396	62.6%
8a SNC identification rate at sites with CEI and FCI		2%	11	751	1.5%
8c Appropriate SNC determinations [GOAL]	100%		21	21	100%

State Response:

The EPA finds that this area Meets or Exceeds Expectations. EGLE appreciates the recognition of this accomplishment and has no comments regarding this element.

RCRA Element 3 - Violations

Finding 3-2

Area for Attention

Recurring Issue:

No

Summary:

Ten of 13 facilities (76.9%), per the data metric analysis, that had violations that were determined to be SNC were determined to be SNCs in a timely manner.

Explanation:

Three facilities were not determined to be SNCs in a timely manner.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
8b Timeliness of SNC determinations [GOAL]	100%	86.5%	10	13	76.9%

State Response:

The EPA finds that this is an Area for Attention. EGLE's total for this metric was only slightly below the national average.

EGLE agrees from the standpoint that with any program or area of a program, if everything is not 100 percent, there is room for improvement. EGLE intends to put additional emphasis on issues of timeliness for SNCs. This will be a topic of discussion at RCRA Committee Meetings.

RCRA Element 4 - Enforcement

Finding 4-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

In 21 of 21 files reviewed (100%), Michigan had taken the appropriate enforcement response that returned violators back into compliance. In 21 of 21 files reviewed (100%), Michigan took the appropriate enforcement actions in response to the type of violations cited within the files.

Explanation:

The EPA review team found that based on the files reviewed, Michigan had taken the appropriate enforcement response that returned violators back into compliance, and they took the appropriate enforcement actions in response to the type of violations cited within the files.

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%		21	21	100%
10b Appropriate enforcement taken to address violations [GOAL]	100%		21	21	100%

State Response:

The EPA finds that this area Meets or Exceeds Expectations. EGLE appreciates the recognition of this accomplishment and has no comments regarding this element.

RCRA Element 4 - Enforcement

Finding 4-2

Area for Improvement

Recurring Issue:

No

Summary:

The data metric analysis revealed that for 1 of 2 files (50%), Michigan’s SNC designations were addressed in a timely manner, with a formal enforcement action or referral.

Explanation:

The data metric analysis revealed that Michigan’s SNC designations were not addressed in a timely manner with a formal enforcement action or referral for 1 of 2 files (50%). In Round 4, this was a “meets or exceeds” metric, and this finding for Round 5 is based on a small number of observations. However, based on performance of the past few years, EPA believes an “area for improvement” finding is appropriate, and the successful completion of the recommendation indicated below will put the state on track to meet or exceed this metric in the future.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
10a Timely enforcement taken to address SNC [GOAL]	80%	83.8%	1	2	50%

State Response:

The EPA finds that this is an Area for Improvement. EGLE does not dispute that there was a need for improvement in timeliness to resolve SNC designations. EGLE, MMD’s Enforcement Section experienced personnel turnover during the course of FY24 and had to backfill three vacant positions. In addition, one full time employee position was added to the Enforcement Section. As of the date of EPA’s SRF Review, the Enforcement Section was fully staffed and the timeliness to resolve new and backlogged SNC designations greatly improved.

EGLE acknowledges the recommendation for Finding 4-2, Enforcement, Metric 10a and will move forward as recommended.

Recommendation:

Rec #	Due Date	Recommendation
1	04/30/2027	EGLE will provide training and/or guidance to state staff on the timely enforcement action requirements of SNCs and report to EPA the dates the training was completed and/or any guidance documents provided to state staff. EGLE and EPA will discuss the state's SNC/violation cases at the regularly scheduled quarterly compliance monitoring and enforcement meetings. One year after finalization of this SRF Report, EPA will evaluate EGLE's SNC enforcement action timeliness progress and will close out this recommendation when 71% of the goal for SNC enforcement action timeliness is met for a period of at least six months.

RCRA Element 5 - Penalties

Finding 5-1

Meets or Exceeds Expectations

Recurring Issue:

No

Summary:

In 8 of 8 files reviewed (100%), a formal enforcement action with penalty did include documentation of the gravity and evaluation of the economic benefit component. In 8 of 8 files reviewed (100%), Michigan included a formal enforcement action and penalty documentation of rationale for the difference between the initial penalty calculation and final penalty. In 7 of 7 files reviewed (100%), Michigan also included documentation of collection of penalty.

Explanation:

The EPA's review team found that documentation, in the files that included penalties, of the gravity and the evaluation of the economic benefit component was provided. The EPA review team found that based on the files reviewed, Michigan included in their formal enforcement action and penalty documentation, the difference between the initial penalty calculation and final penalty. In addition, the files included documentation of the collection of penalties.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
11a Gravity and economic benefit [GOAL]	100%		8	8	100%
12a Documentation of rationale for difference between proposed penalty calculation and final penalty.	100%		8	8	100%
12b Penalty collection [GOAL]	100%		7	7	100%

State Response:

The EPA finds that this area Meets or Exceeds Expectations. EGLE appreciates the recognition of this accomplishment and has no comments regarding this element.
