STATE REVIEW FRAMEWORK

Virgin Islands

Clean Water Act and Clean Air Act
Implementation in Federal Fiscal Year 2023

U.S. Environmental Protection Agency
Region 2

Final Report
August 04, 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 (2008-2011), and Round 1 (FY2004-2007). Additional information and final reports can be found at the EPA website under State Review Framework.

II. Navigating the Report

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

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

A. Metrics

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

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

B. Performance Findings

The EPA makes findings on performance in five program areas:

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

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

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

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

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

C. Recommendations for Corrective Action

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

III. Review Process Information

Clean Water Act (CWA) and Clean Air Act (CAA)

Review Period : Fiscal Year 2023

Key dates:

- Kickoff letter sent to state: December 6, 2024
- Kickoff meeting conducted: December 19, 2024
- Data metric analysis sent to state: December 6, 2024
- File selection list sent to state: January 22, 2025
- Onsite file reviews conducted: February 4-5, 2025
- Draft report sent to state: June 3, 2026
- Final report date: TBD

State and EPA key contacts for review:

- Doug McKenna, Director, EPA-ECAD
- Barbara McGarry, Acting Deputy Director, EPA-ECAD-CAPSB
- Daniel Teitelbaum, Acting Branch Manager, EPA-ECAD-CAPSB
- Andrea Wilson-Menting, SRF Coordinator, EPA-ECAD-CAPSB
- Justine Modigliani, Section Supervisor, EPA-ECAD-WCB
- Christy Arvizu, Enforcement Officer, EPA-ECAD WCB
- George Patrick, Acting Director, USVI DPNR
- Mary Stiehler, Environmental Program Manager, USVI DPNR

Executive Summary

Clean Water Act (CWA)

Areas of Strong Performance

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

VIDPNR maintains complete permit limit and discharge monitoring report (DMR) data in the national data system (ICIS-NPDES).

Compliance determinations are generally accurate.

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:

Compliance monitoring activities are not always entered and Single Event Violations (SEVs) are not resolved in national data system (ICIS-NPDES).

Enforcement is not taken.

Penalties are not issued.

Data in facility files is not always consistent with the data in the national data system.

VIDPNR does not meet inspection coverage commitments for NPDES majors, minors and all other CMS categories. Inspection reports are not complete and sufficient to assess permit requirements, and are not completed timely.

There is a significantly high rate of noncompliance in the territory.

Clean Air Act (CAA)

Priority Issues to Address

There were no activities to review. As the delegated agency, the Virgin Islands is failing to implement a CAA compliance and enforcement program.

End Executive Summary

Clean Water Act Findings

CWA Element 1 - Data

Finding 1-1
Area for Improvement

Recurring Issue:
Recurring from Round 3

Summary:

Data in facility files is not always consistent with the data in the national data system.

Explanation:

Metric 2b shows that 7 (44%) of 16 files reviewed had data accurately reflected in the national data system.

Generally, minimum data requirements were entered but a majority of files reviewed contained inconsistencies. EPA observed three (3) facilities with incorrect permit effective and /or expiration dates, seven (7) facilities where the permit is incorrectly identified as “expired” rather than administratively continued. Additionally, EPA found evidence that one (1) facility permit was reissued in 2022, but the permit was never entered into the national data system, resulting in a status of “administratively continued.”

These inconsistencies not only affect the public’s perceptions of the statuses of facilities in the USVI, but can result in inaccurate reporting requirements and can have a negative impact on public health and the environment.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
2b Files reviewed where data are accurately reflected in the national data system [GOAL]	100%		7	16	43.8%

State Response:

Recommendation:

Rec #	Due Date	Recommendation
1	01/31/2027	Because a measurable decline in progress has been exhibited between reviews, EPA will be requesting a corrective action plan from DPNR. Specific requirements and guidance will be transmitted separately.

CWA Element 1 - Data

Finding 1-2
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

VIDPNR maintains complete permit limit and discharge monitoring report (DMR) data in the national data system (ICIS-NPDES).

Explanation:

Metric 1b5 shows that 80 (100%) of 80 expected permit limits for major and non-major facilities were entered into ICIS-NPDES.

Metric 1b6 shows that 1,959 (95.8%) of expected DMRs for major and non-major facilities were received into ICIS-NPDES during the fiscal year.

In both cases, this is above the national goal of 95%.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
1b5 Permit limit data entry rate for major and non-major facilities	95%	99.9%	80	80	100%
1b6 Discharge monitoring report (DMR) data entry rate for major and non-major facilities.	95%	96.9%	1959	2044	95.8%

State Response:

CWA Element 1 - Data

Finding 1-3
Area for Improvement

Recurring Issue:
Recurring from Round 3

Summary:

Compliance monitoring activities are not always entered and Single Event Violations (SEVs) are not resolved in the national data system (ICIS-NPDES).

Explanation:

According to the national data system, VIDPNR completed a total of 6 compliance monitoring (CM) activities in FY2023. While on site, VIDPNR expressed to EPA Region 2 that there were a number of additional activities missing from the national data system. VIDPNR was able to provide documentation for three (3) additional CM activities. Any other activities have been excluded due to lack of documentation that the activity occurred.

Metric 7j1 indicates that there were four (4) major and non-major facilities with single-event violations reported in the review year. In each of these cases, there was no documentation of corrective actions taken to resolve the SEVs.

During the file review, EPA Region 2 identified 18 instances in which facilities had SEVs that pre-dated the review period that had not been closed in ICIS-NPDES. Seventeen (17) of these cases dated back to 2010-2011 and one was dated 2016.

While not directly related to an SRF metric, unresolved SEVs can impact a facility's compliance status in ECHO; therefore it is important to strive for data accuracy with respect to SEV resolution statuses.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
7j1 Number of major and non-major NPDES facilities with new single-event violations reported that began in the review year			4		

State Response:

Recommendation:

Rec #	Due Date	Recommendation
1	01/31/2027	Because a measurable decline in progress has been exhibited between reviews, EPA will be requesting a corrective action plan from DPNR. Specific requirements and guidance will be transmitted separately.

CWA Element 2 - Inspections

Finding 2-1
Area for Improvement

Recurring Issue:
Recurring from Round 3

Summary:

VIDPNR does not meet inspection coverage commitments for NPDES majors, minors and all other compliance monitoring strategy (CMS) categories. Inspection reports are not complete and sufficient to assess permit requirements, and are not completed timely.

Explanation:

Metric 5a1 shows that VIDPNR inspected 0 (0%) of 4 NPDES majors required under the FY'23 Compliance Monitoring Strategy (CMS) plan.

Metric 5b shows that VIDPNR inspected 8 (66.7%) of 12 NPDES non-majors required under the the FY'23 CMS.

The compliance monitoring activity data described above differs from the data report by VIDPNR in the FY'23 End of Year (EOY) report. While on-site, EPA Region 2 found no documentation to substantiate the additional activities reported by VIDPNR.

Metric 4a5, 4a8 and 4a9 show that VIDPNR conducted 1 (12.5%) Sanitary Sewer Overflow (SSO) inspection, 0 (0%) Industrial Stormwater inspections and 0 (0%) Phase I and II Construction Stormwater inspections required under the FY'23 CMS plan.

Metric 6a shows that 6 (66.7%) of 9 inspection reports were complete and sufficient to assess permit requirements and documented inspector observations. EPA Region 2 found that reports did not always provide adequate information linking the observations to permit conditions or requirements.

Metric 6b shows that 1 (11.1%) of 9 inspection reports reviewed were completed within the prescribed 30-day timeframe. On average, reports took 289 days to complete, and it was found that two of these reports took over 700 days to complete.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
4a5 Number of SSO inspections. [GOAL]	100% CMS		1	8	12.5%
4a8 Number of industrial stormwater inspections. [GOAL]	100% CMS		0	7	0%
4a9 Number of Phase I and Phase II construction stormwater inspections. [GOAL]	100% of commitments		0	5	0%
5a1 Percentage of NPDES major facilities with individual or general permits inspected [GOAL]	100% CMS		0	4	0%
5b Inspections coverage of NPDES non-majors (individual and general permits) [GOAL]	100% CMS		8	12	66.7%
6a Inspection reports complete and sufficient to assess permit requirements at the facility and document inspector observations. [GOAL]	100%		6	9	66.7%
6b Timeliness of inspection report completion [GOAL]	100%		1	9	11.1%

State Response:

Recommendation:

Rec #	Due Date	Recommendation
1	01/31/2027	Because a measurable decline in progress has been exhibited between reviews, EPA will be requesting a corrective action plan from DPNR. Specific requirements and guidance will be transmitted separately.

CWA Element 3 - Violations

Finding 3-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

Compliance determinations are generally accurate.

Explanation:

Metric 7e shows that 8 (88.9%) of 9 inspection reports reviewed led to an accurate determination

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
7e Accuracy of compliance determinations [GOAL]	100%		8	9	88.9%

State Response:

CWA Element 3 - Violations

Finding 3-2
Area for Attention

Recurring Issue:
No

Summary:

There is a significantly high rate of noncompliance in the territory.

Explanation:

There is a significantly high rate of noncompliance in the territory. In FY'23, 84.8% of major and non-major facilities were in noncompliance, 42.9% of active major facilities and non-major individually permitted facilities were in significant non-compliance (SNC) /Category 1 noncompliance, and 12.5% of active non-major generally permitted facilities were in Category 1 noncompliance.

SNC indicates significant violations in terms of environmental and human health impacts. 84.8% of major facilities were in SNC, which is significantly higher than the national average of 14.3%.

In order to address the high rate of non-compliance, EPA Region 2 and VIDPNR have participated in quarterly Significant Non-Compliance Action Plan meetings since 2016.

These high rates of noncompliance can be tied to the lack of appropriate and timely enforcement responses by VIDPNR.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
7k1 Major and non-major facilities in noncompliance.		14.3%	95	112	84.8%
8a3 Percentage of active major facilities in SNC and non-major individual permit facilities in Category I noncompliance during the fiscal year		4.7%	42	98	42.9%
8a4 Percentage of active non-major general permit facilities in Category I noncompliance during the reporting year		3.6%	2	16	12.5%

State Response:

CWA Element 3 - Violations

Finding 3-3
Area for Attention

Recurring Issue:
No

Summary:

SEVs are not correctly identified.

Explanation:

During the on-site review, EPA Region 2 identified various instances in which SEVs were inappropriately identified or categorized. Examples of the findings are described below:

In one instance, VIDPNR identified two SEVs, one of which was identified as failure to submit DMRs. This is not a violation that should be manually identified as it is system generated and recorded in the national data system.

Similarly, for a second facility, VIDPNR identified failure to submit DMRs.

Additionally, while VIDPNR identified a SEV for an inspection conducted on May 5, 2023 and June 6, 2023, the SEV was improperly categorized as an overflow to dry land or building backup. Based on information in the inspection report, VIDPNR did not observe an overflow to dry land or building backup. VIDPNR noted improper operation and maintenance of the lift station and failure to report overflows but did not identify the applicable SEV codes for each.

It was clear during our meeting with VIDPNR management and staff that there had been no formal training on the proper identification and closure of SEVs. The appropriate identification and reporting of SEVs is critical to forming a historical record of noncompliance determinations that are made by EPA or approved States/Territories as well as through self-reported violations (e.g., violations determined from biosolids annual report and sewer overflow/bypass event report submissions).

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %

State Response:

Recommendation:

CWA Element 4 - Enforcement

Finding 4-1
Area for Improvement

Recurring Issue:
No

Summary:

Enforcement is not taken.

Explanation:

There were no informal or formal enforcement actions taken by VIDPNR to address non-compliance with permit requirements identified as a result of inspections, SEVs identified via inspections, or SNC attributed to issues identified through discharge monitoring reports (DMRs) such as effluent exceedances or late reporting of DMRs.

Since FY'19, VIDPNR has issued only one formal enforcement action (December 2024). The department does not have an attorney on staff, leaving them unable to issue enforcement actions and bring facilities into compliance. To our knowledge, VIDPNR's CWA program has not had a staff attorney for many years.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
9a Percentage of enforcement responses that returned, or will return, a source in violation to compliance [GOAL]	100%		0	0	0
10a1 Percentage of major individually permitted NPDES facilities with formal enforcement action taken in a timely manner in response to late DMR SNC violations			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	0
10a3 Percentage of major individually permitted NPDES facilities with formal enforcement action taken in a timely manner in response to SNC effluent violations			0	0	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			0	0	0
10b Enforcement responses reviewed that address violations in a timely and appropriate manner.			0	0	0

State Response:

Recommendation:

Rec #	Due Date	Recommendation
1	01/31/2027	Because a measurable decline in progress has been exhibited between reviews, EPA will be requesting a corrective action plan from DPNR. Specific requirements and guidance will be transmitted separately.

CWA Element 5 - Penalties

Finding 5-1
N/A

Recurring Issue:
No

Summary:

Penalties are not issued.

Explanation:

VIDPNR did not take enforcement action in FY'23 and therefore, there were no penalty documents to review.

Due to the lack of sufficient data, EPA Region 2 does not believe there is a basis to determine program performance on Metrics 11a, 12a and 12b.

Relevant metrics:

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

State Response:

Clean Air Act Findings

CAA Element 1 - Data

Finding 1-1
N/A

Recurring Issue:
No

Summary:

There were no activities to review. As the delegated agency, the Virgin Islands is failing to implement a CAA compliance and enforcement program. EPA will be requesting a corrective action plan from DPNR. Specific requirements and guidance will be transmitted separately.

Explanation:

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
2b Files reviewed where data are accurately reflected in the national data system [GOAL]	100%		0	0	0
3a2 Timely reporting of HPV determinations [GOAL]	100%		0	0	0
3b1 Timely reporting of compliance monitoring MDRs [GOAL]	100%		0	0	0
3b2 Timely reporting of stack test dates and results [GOAL]	100%		0	0	0
3b3 Timely reporting of enforcement MDRs [GOAL]	100%		0	0	0

State Response:

CAA Element 2 - Inspections

Finding 2-1
N/A

Recurring Issue:
No

Summary:

There were no activities to review. As the delegated agency, the Virgin Islands is failing to implement a CAA compliance and enforcement program. EPA will be requesting a corrective action plan from DPNR. Specific requirements and guidance will be transmitted separately.

Explanation:

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
5a FCE coverage: majors and mega-sites [GOAL]	100%		0	0	0
5b FCE coverage: SM-80s [GOAL]	100%		0	0	0
5c FCE coverage: minors and synthetic minors (non-SM 80s) that are part of CMS plan or alternative CMS Plan [GOAL]	100%		0	0	0
5e Reviews of Title V annual compliance certifications completed [GOAL]	100%		0	0	0
6a Documentation of FCE elements [GOAL]	100%		0	0	0
6b Compliance monitoring reports (CMRs) or facility files reviewed that provide sufficient documentation to determine compliance of the facility [GOAL]	100%		0	0	0

State Response:

CAA Element 3 - Violations

Finding 3-1
N/A

Recurring Issue:
No

Summary:

There were no activities to review. As the delegated agency, the Virgin Islands is failing to implement a CAA compliance and enforcement program. EPA will be requesting a corrective action plan from DPNR. Specific requirements and guidance will be transmitted separately.

Explanation:

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
7a Accurate compliance determinations [GOAL]	100%		0	0	0
8c Accuracy of HPV determinations [GOAL]	100%		0	0	
13 Timeliness of HPV Identification [GOAL]	100%		0	0	0

State Response:

CAA Element 4 - Enforcement

Finding 4-1
N/A

Recurring Issue:
No

Summary:

There were no activities to review. As the delegated agency, the Virgin Islands is failing to implement a CAA compliance and enforcement program. EPA will be requesting a corrective action plan from DPNR. Specific requirements and guidance will be transmitted separately.

Explanation:

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
9a Formal enforcement responses that include required corrective action that will return the facility to compliance in a specified time frame or the facility fixed the problem without a compliance schedule [GOAL]	100%		0	0	0
10a Timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place	100%		0	0	0
10b Percent of HPVs that have been addressed or removed consistent with the HPV Policy [GOAL]	100%		0	0	0
14 HPV case development and resolution timeline in place when required that contains required policy elements [GOAL]	100%		0	0	0

State Response:

CAA Element 5 - Penalties

Finding 5-1
N/A

Recurring Issue:
No

Summary:

There were no activities to review. As the delegated agency, the Virgin Islands is failing to implement a CAA compliance and enforcement program**.** EPA will be requesting a corrective action plan from DPNR. Specific requirements and guidance will be transmitted separately.

Explanation:

Relevant metrics:

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

State Response: