STATE REVIEW FRAMEWORK

California

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

U.S. Environmental Protection Agency
Region 9

Final Report
August 28, 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 (FY2018-2023), 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; and
- **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)

CWA Key Dates: Off-site file reviews conducted July 1, 2025 – September 17, 2025

CWA EPA Key Contacts: Michael Weiss, Laila Hayani, and Daniel Kostek (wastewater); Kristine Karlson and Ash Nieman (stormwater)

CWA State Key Contacts:

State Water Resources Control Board: Bryan Elder, Supervising Water Resource Control Engineer

North Coast Regional Water Quality Control Board: Jeremiah Puget, Environmental Scientist Supervisor

Central Coast Regional Water Quality Control Board: Tamara Anderson, Senior Water Resource Control Engineer Specialist

Colorado River Basin Regional Water Quality Control Board: Michael Perez, Water Resource Control Engineer

EPA Region 9 CWA enforcement staff conducted a State Review Framework (SRF) enforcement program oversight review in the summer of 2025 **for the state fiscal year 2024, July 1, 2023 to June 30, 2024 (FY24) performance of the California's CWA program.** The State of California divides the water quality regulatory work by watersheds into nine semi-autonomous Regional Water Quality Control Boards (RWQCBs), who function in partnership with the State Water Resources Control Board. The Water Boards are housed within state government and are part of the California Environmental Protection Agency (CalEPA).

As per past California SRFs, EPA conducted the file reviews at a subset of the nine regional boards, while reviewing available data and performance metrics statewide. The current review included a remote examination of facility files from the North Coast Regional Water Quality Control Board (North Coast Regional Board, or RB1), the Central Coast Regional Water Quality Control Board (Central Coast Regional Board, or RB3) and the Colorado River Basin Regional Water Quality Control Board (Colorado River Regional Board, or RB7). This was the first time any of the three aforementioned Regional Water Boards have been subject to the file reviews. Previous SRF file reviews have been conducted at the Los Angeles and Central Valley RWQCBs (SRF Round 1), the San Francisco and San Diego RWQCBs (SRF Round 2), the Santa Ana RWQCB (SRF Round 3). During SRF Round 4 EPA conducted virtual files reviews of the Central Valley Regional Board with offices

located in Fresno, Redding, and Sacramento; and of the Lahontan Regional Board with offices in South Lake Tahoe and Victorville.

EPA bases SRF findings on data and file review metrics, and conversations with program management and staff. EPA will track recommended actions from the review and publish reports and recommendations in EPA's SRF Manager Database.

Resource Conservation and Recovery Act (RCRA)

Review Year: FY2024

Online File Review Dates: Orange County Health Care Agency (OCHCA) 6/17/2025-9/10/2025

Department of Toxic Substances Control (DTSC) 6/12/2025-9/10/2025

DTSC Contact: Beatris Karaoglanyan, Branch Manager and Sierra Tsang, Associate Governmental Program Analyst

OCHCA Contact: Shruthi Sill, Regulatory Administrator, HMSS/OC CUPA

EPA File Reviewers: Tara Frost and John Schofield

Clean Air Act (CAA)

Review Year: federal fiscal year 2024 (FY2024).

File Review dates: June 23 – September 18, 2025.

South Coast Air Quality Management District (SCAQMD) Key Contacts: Terrance Mann, Deputy

Executive Officer. Compliance & Enforcement; Victor Yip, Assistant Deputy Executive Officer;

Pavan Rami, Program Supervisor; Jack Cheng, Manager

EPA Reviewers: Tyler Holybee, Erika Pauley, Yvezee Lapada

EPA Region 9 CAA enforcement staff conducted a SRF review of SCAQMD, whose jurisdiction covers facilities located within portions San Bernadino and Riverside Counties and the entirety of Los Angeles and Orange County. The SRF file review covers FY2024 in order to sufficiently make proper findings since the last SCAQMD SRF covering 2011. EPA based its SRF findings on data, file review metrics, and conversations with program management and staff at SCAQMD.

EPA will track recommended actions from the review in the SRF Tracker and publish its report on the EPA Enforcement and Compliance History Online (ECHO) website.

STATE REVIEW FRAMEWORK

California

South Coast Air Quality Management District (SCAQMD)

Clean Air Act
Implementation in Federal Fiscal Year 2024

U.S. Environmental Protection Agency
Region 9

Final Report
August 28, 2026

Executive Summary

Clean Air Act (CAA)

Areas of Strong Performance

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

- In FY2024, the District conducted Full Compliance Evaluations (FCEs) of all Air Compliance Monitoring Strategy (CMS) sources within their jurisdiction annually. This is twice as frequent as the minimum requirement and well above the national average of 86.1% for major and mega-sites (metric 5a). In prior years, the District regularly conducts FCEs at this rate.
- The District has a 38% discovery rate of violations[1] at CMS sources, over 4 times the national average of 9%. The District issued Notices of Violation (NOV) for at least 126 of their 335 CMS sources. This is in addition to 1,118 non-CMS facilities that received NOVs during FY2024.
- The District has a robust inspection system in place, a necessary and important achievement needed to address the serious non-attainment of the Los Angeles Air Basin. EPA commends the District's efforts to identify and address non-compliance with the CAA and the District's Rules and Regulations.
- The District ensures collections of all final penalties and keeps documentation of collecting the payment.

---

[1] Metric 7a1 has been modified to be (number of facilities with an NOV date during the review year at active major sources)/(total universe of active major sources during the review year), as the District did not make HPV determinations in FY24.

The District conducts FCEs by way of their Equipment List inspections, including review of Title V annual compliance certifications. They are conducted at all of their major sources on an annual basis. The District did not identify any SM-80, minor or synthetic minor sources. Therefore, they have achieved a 100% FCE inspection rate, which is in alignment with the 100% national goal and exceeds the current national average of 86.1%. Analysis demonstrates that the District conducts thorough and complete FCEs and reports summarize all components inspected and provide adequate information to make a compliance determination.

In 2024, EPA Office of the Inspector General Report Number 24-P-0049 identified that the EPA did not ensure that the District identified and inspected SM-80 sources. EPA Region 9, EPA Office of Enforcement and Compliance Assurance, and the District are working closely together to address the report recommendations that were identified.

The District routinely makes accurate compliance determinations.

Final Penalty Payments are documented and collected.

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 District currently utilizes a district data management system, and "batch" uploads some information into the federal Integrated Compliance Information System for Air (ICIS-Air). The District does not report identified violations or enforcement actions taken, and uploads inspection and compliance monitoring activities at a less than acceptable frequency. This is a recurring issue from Round 2.
- The Revised Timely and Appropriate Enforcement Response to High Priority Violations[1] (HPVs) Policy requires delegated enforcement authorities to make compliance determinations and HPV determinations accurately, timely, and to report them into ICIS-Air. Despite the high discovery rate of violations identified by the District, the District does not upload compliance determinations or make HPV determinations. This is a recurring issue from Round 2.
- The HPV policy requires timely and effective enforcement actions to address non-compliance. While the District issued NOVs promptly, the District did not issue enforcement actions that include specific corrective actions or timelines that will return the facility to compliance within 180 days. The District NOVs resulted in compliance or identified prior noncompliance in 51% of the files reviewed, below the goal of 100%, and within 180 days in 44% of files reviewed, below the goal of 100%. (metrics 9a and 10a)
- The District does not consistently document the method for penalty calculation for the enforcement action and failed to document penalty calculation based on gravity of the violation and economic benefits in 13 of the 16 penalty offers reviewed.
- The District did not document the rationale for the difference between initial penalty calculation and final penalty in any of the 14 instances where penalties were used in a formal enforcement action and were subsequently lowered, which does not meet the national goal of 100%. (metric 12a) EPA acknowledges that the District has discretion to adjust penalties to resolve matters, but they should improve documentation to ensure that those adjustments are appropriate.

---

[1] https://www.epa.gov/sites/default/files/2015-01/documents/hpvpolicy2014.pdf

The District is not referencing the HPV Policy when they determine how to classify violations. The District is therefore not properly identifying what is and is not an HPV within their own internal systems or in ICIS-Air.

The file review indicated that the District does not upload violations or enforcement actions taken in ICIS-Air, and uploads inspection and compliance monitoring activities at a less than acceptable frequency.

The District is not referencing the HPV Policy when they determine how to classify violations. The District is therefore not properly identifying what is and is not an HPV within their own internal systems or in ICIS-Air.

The HPV policy requires timely and effective enforcement actions to address non-compliance. While the District issued NOVs promptly, the District did not issue enforcement actions that include specific corrective actions or timelines that will return the facility to compliance within 180 days. The District NOVs resulted in compliance or identified prior noncompliance in 51% of the files reviewed, below the goal of 100%, and within 180 days in 44% of files reviewed, below the goal of 100%.

Gravity and economic benefit were documented inconsistently by the District. The District also did not document any rationale for the difference between initial and final penalty calculations.

End Executive Summary

Clean Air Act Findings

CAA Element 1 - Data

Finding 1-1
Area for Improvement

Recurring Issue:
Recurring from Round 3

Summary:

The file review indicated that the District does not upload violations or enforcement actions taken in ICIS-Air, and uploads inspection and compliance monitoring activities at a less than acceptable frequency.

Explanation:

Metric 2b evaluates the completeness and accuracy of reported Minimum Data Requirements (MDRs) in ICIS-Air. The national goal is to accurately report 100% of data in ICIS-Air.

EPA found that 0 of the 30 files reviewed accurately reported MDR data into ICIS-Air. All files with violations and/or enforcement actions (20) were missing violations, informal, and/or formal compliance actions in ICIS-Air.

Missing data in ICIS-Air hinders targeting efforts, and results in incomplete information being released to the public, including a false report of compliance at non-compliant facilities.

EPA uses several metrics to determine whether information is entered into ICIS-Air in a timely manner with the goal of achieving 100% percent timeliness. Four metrics are used, and timeliness statistics are calculated when data is frozen immediately prior to the start of the SRF review period.

- Metric 3a2 measures whether HPV determinations are entered into ICIS-Air in a timely manner (within 60 days) in accordance with the FY2023 ICIS-Air requirements.
- Metric 3b1 measures the timeliness (within 60 days) for reporting compliance-related MDRs (FCEs and Reviews of Title V Annual ACCs).
- Metric 3b2 evaluates whether stack test dates and results are reported within 120 days of the stack test. The national goal for reporting results of stack tests is to report 100% of all stack tests within 120 days.
- Metric 3b3 measures timeliness for reporting enforcement related MDRs within 60 days of the action.

At the time of the FY2023 metric generation, timeliness statistics were calculated at:

- 3a2: Timely HPV Determinations at 0%
- 3b1: Timely compliance related MDR Reporting at 14.9%
- 3b2: Timely Stack Test Reporting at 13.0%
- 3b3: Timely Enforcement-related MDR reporting 0%

Metric 3a2 is dependent on entering HPVs into ICIS-Air, to which the District has reported 0 for the FY2024. The file review revealed at least 116 violations at 29 facilities, a majority of which likely qualify as HPVs under the HPV Policy, that were not entered into ICIS-Air. Because no HPVs were entered (metric 8c), in a timely manner (metric 13) or otherwise, EPA assessed a 0% timeliness metric. Please refer to finding 3-2.

Metric 3b1 and 3b2 are 14.5% and 13%, respectively, and reflect the low frequency of "batch" reporting to ICIS-Air from the District's internal data system. The District reported 90 of 605 compliance monitoring actions into ICIS-Air within 60 days of the activity. The District reported 25 of 192 stack test reviews within 120 days of testing.

Metric 3b3 measures entry of enforcement actions into ICIS-Air, to which the District has reported 0 for FY2024. The file review revealed at least 50 formal enforcement actions at 29 facilities that were not entered into ICIS-Air. Because no enforcement actions were entered, in a timely manner or otherwise, EPA assessed a 0% timeliness metric.

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	30	0%
3a2 Timely reporting of HPV determinations [GOAL]	100%	53.4%	0		0
3b1 Timely reporting of compliance monitoring MDRs [GOAL]	100%	78.2%	90	605	14.9%
3b2 Timely reporting of stack test dates and results [GOAL]	100%	51.8%	25	192	
3b3 Timely reporting of enforcement MDRs [GOAL]	100%	82.6%	0		0

State Response:

EPA's Title V CMS program sets a goal for local authorities to conduct Full Compliance Evaluations (FCEs) at Title V facilities every two years. South Coast AQMD conducts FCEs at all Title V facilities (i.e., over 300 major sources) annually. This extensive effort generates a significant volume of data from on-site inspections, report reviews, and enforcement actions. We strive to meet EPA's minimum data requirements by submitting this information into ICIS-Air, and we have taken proactive steps to improve the scope and timeliness of our submissions. Most notably, South Coast AQMD applied for an EPA Exchange Network Grant back in 2023, well before the SRF was initiated. Our grant application sought, among other things, to modernize our Title V data management system by upgrading our antiquated, paper-based CMS system and facilitating electronic submissions directly into ICIS-Air.

Although our agency's initial Exchange Network Grant application was denied, we reapplied and were awarded the grant in 2024. System development under this grant is ongoing, with meetings between technical staff and EPA Grant Administration and EPA IT staff occurring as recently as two weeks ago. There were some delays in the process, such as during the federal government shutdown, but South Coast AQMD has submitted all required reporting, has obtained approval for its Quality Assurance Project Plan (QAPP), and is continuing to collaborate with EPA staff on this important project.

Moreover, contrary to the statements in the summary above, South Coast AQMD uploads all required violation information into ICIS-Air. In practice, all violation information for the Title V facilities within our jurisdiction — including High Priority Violations (HPVs) — is routinely entered into ICIS-Air as comments within specific Compliance Monitoring Activities (utilizing the User Defined Fields section), including, but not limited to, violation number, issue date, and

applicable rule(s). Also, all NOVs issued by our agency are uploaded to our F.I.N.D. (Facility INformation Detail) system, a publicly-accessible web portal that provides various types of information for facilities in our jurisdiction, including violation details similar to what is entered into ICIS-Air. South Coast AQMD and EPA Region 9 staff meet on a quarterly basis to share information and coordinate on compliance and enforcement issues. During the meetings, we have described our technology challenges relating to ICIS-Air, and Region 9 staff acknowledged these challenges and recommended maintaining our current practice while we undergo our Title V modernization project. We understand EPA's preferred submission method, as well as the regulatory need for easily accessible data, and the aforementioned system upgrade is being designed to address both the scope and timeliness of data entry.

Recommendation:

Rec #	Due Date	Recommendation
1	09/30/2027	EPA recommends the District provide updates as required by SCAQMD's Exchange Network Grant, from the grant, "The proposed project modernizes two fundamental parts of South Coast AQMD's Title V program: (1) Using Shared CROMERR Services to make the facility e-reporting portal CROMERR compliant, and (2) Using a VES to ensure that compliance and enforcement data is sent in a timely and accurate manner to ICIS-AIR."
2	09/30/2027	EPA recommends the District meet with EPA's Data Solutions Branch quarterly to troubleshoot system problems and ensure that ICIS-Air MDRs are being met.
3	09/30/2027	During the new system build, EPA recommends the District update its data entry protocols to implement the standard operating procedure to ensure that all compliance monitoring activities are reported in ICIS-Air. SCAQMD and EPA will check data metrics 3a2, 3b1, 3b2, and 3b3 to review effectiveness of the data entry. If the metrics are above 70 percent, EPA will consider this recommendation complete.

CAA Element 2 - Inspections

Finding 2-1

Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The District conducts FCEs by way of their Equipment List inspections, including review of Title V annual compliance certifications. They are conducted at all of their major sources on an annual basis. The District did not identify any SM-80, minor or synthetic minor sources. Therefore, they have achieved a 100% FCE inspection rate, which is in alignment with the 100% national goal and exceeds the current national average of 86.1%. Analysis demonstrates that the District conducts thorough and complete FCEs and reports summarize all components inspected and provide adequate information to make a compliance determination.

In 2024, EPA Office of the Inspector General Report Number 24-P-0049 identified that the EPA did not ensure that the District identified and inspected SM-80 sources. EPA Region 9, EPA Office of Enforcement and Compliance Assurance, and the District are working closely together to address the report recommendations that were identified.

Explanation:

Metric 5a evaluates whether the District met the negotiated frequency for FCE coverage of major and mega-site sources. The District conducted on-site FCEs at 335 of 335 major and mega-sites which meets the national goal of 100%.

Metric 5b and 5c evaluates whether the District met the negotiated frequency for FCE coverage of SM-80, minor, and synthetic minor sources. EPA was unable to evaluate these metrics as the District has not identified any such sources.

Metric 5e evaluates whether the District has reviewed Title V Annual Compliance Certifications for all active major sources during the review year. The District reviewed 288 of 290 annual compliance certifications submitted during the FY24. EPA commends the District's extraordinary efforts for a relatively large number of sources, and expects the District to meet the national goal of 100% in future years.

Metric 6a evaluates the number of facilities which the District has documented FCE elements to ensure an accurate assessment of a facility's compliance status. The district documented all elements in the 30 case files EPA reviewed. EPA commends the District's thorough inspections.

Metric 6b evaluates whether the District provided sufficient documentation to determine compliance for MDR or facility files reviewed. In 28 of 30 SRF files reviewed, the District provided sufficient documentation to determine compliance, while in 2 SRF files the District

provided documentation to indicate the facility had become inactive or closed. Therefore in 28 out of 28 operating facilities, the district provided sufficient documentation to determine compliance, which achieves the national goal of 100%.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
5a FCE coverage: majors and mega-sites [GOAL]	100%	86.1%	335	335	
5e Reviews of Title V annual compliance certifications completed [GOAL]	100%	82.8%	288	290	99.3%
6a Documentation of FCE elements [GOAL]	100%		28	28	100%
6b Compliance monitoring reports (CMRs) or facility files reviewed that provide sufficient documentation to determine compliance of the facility [GOAL]	100%		28	28	100%

State Response:

As noted above, South Coast AQMD has a robust inspection program in place that includes, among other exemplary accomplishments, annual on-site inspections at all Title V facilities in our jurisdiction. With respect to SM-80, minor, or synthetic minor sources, we are not able to identify high-emitting synthetic minor sources until we receive a clear regulatory definition from EPA. Unlike other jurisdictions, our agency also implements a rigorous minor source permitting and enforcement program for facilities that emit less than major source thresholds, so the facilities at issue are all currently subject to regulatory oversight. Specifically, having been under nonattainment NSR rules for multiple decades, we impose permitting requirements to broadly restrict increases in potential to emit NSR and require appropriate offsets at the most incremental levels, which includes fugitive emissions that generally do not count toward Title V applicability. It warrants consideration that any national policy understanding of SM-80 sources has little to no

conceptual bearing for a jurisdiction that requires Title V permits at the 10 ton per year threshold for ozone precursors. Although we have several hundred Title V sources, many if not most of the permitted source types are uniquely under the Title V program only in and for our jurisdiction. South Coast AQMD rules and regulations are generally considered to be the most stringent in the country, with requirements that are more protective than federal standards.

CAA Element 3 - Violations

Finding 3-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The District routinely makes accurate compliance determinations.

Explanation:

Metric 7a focuses on the accurate compliance determinations. The District successfully identified 124 violations at 27 facilities which is a commendable effort alone. The file review also indicated the final 3 facilities were inspected and no violations were noted. Therefore, the district made 127 total accurate compliance determinations.

However, the District's excellent effort is not being documented, as these identified violations are only being tracked internally. As mentioned above in Metric 2a, the District has not been entering this data into ICIS-Air and uses their own internal databases alone. A comparison between Round 2 and Round 5 indicates a slight drop in accurate compliance determination reporting into ICIS-Air.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
7a Accurate compliance determinations [GOAL]	100%		127	127	100%

State Response:

South Coast AQMD deploys multiple different enforcement teams, with specialized training and equipment, to address the wide variety of Title V sources within our jurisdiction. This commitment to staffing, organization, training, and investigative technology allows for the referenced accuracy of our compliance determinations. These successful efforts are reflected in our entries into ICIS-Air, although not in the particular fields preferred by EPA. As detailed above, this issue will be resolved in our current system upgrade.

Recommendation:

Rec #	Due Date	Recommendation
1	09/30/2027	Refer to Recommendations in Element 1 [NO DUE DATE, PLACEHOLDER BELOW]

CAA Element 3 - Violations

Finding 3-2
Area for Improvement

Recurring Issue:
Recurring from Round 3

Summary:

The District is not referencing the HPV Policy when they determine how to classify violations. The District is therefore not properly identifying what is and is not an HPV within their own internal systems or in ICIS-Air.

Explanation:

Metric 8c focuses on the accurate identification of violations that are determined to be HPVs. While the District does a good job of identifying violations, they do not properly classify if the violations are HPVs. During Round 2 SRF Review it was noted that the District had identified HPVs at a rate of 4.5%. Since then, however, the District has not implemented the procedure and has not improved at evaluating the FRV/HPV status of violations. The District should evaluate their job aid previously created from the Round 2 SRF to determine if it should be changed to improve its usefulness.

Metric 13 focuses on timeliness of HPV identification. Without HPV data, it was not possible to perform a data evaluation of timeliness. Once the District begins inputting HPV data into ICIS-Air, EPA reminds them to do so in a timely manner to achieve this goal.

Lastly, the District should attend an EPA HPV Policy training to assist in ensuring that they are correctly classifying and reporting HPV violations in accordance with the HPV Policy.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
8c Accuracy of HPV determinations [GOAL]	100%		0	119	0%
13 Timeliness of HPV Identification [GOAL]	100%		0	0	0

State Response:

While all required information for violations issued to Title V facilities, including HPVs, is generally submitted into ICIS-Air as part of the Compliance Monitoring Activities, we do not formally designate HPVs as such in the EPA database. Based on discussions with Region 9 staff during the SRF process, South Coast AQMD agrees that formal HPV designations, and the ability to search and analyze related data, would be beneficial to ongoing investigations, enforcement actions, and case resolutions. We therefore intend to develop an agency HPV determination policy and, as part of our system upgrade, ensure that all identified HPVs are properly designated in ICIS-Air. Upon its completion, we intend to submit

our draft proposed HPV determination policy to EPA for review and discussion. Finally, South Coast AQMD has regularly attended EPA HPV Policy trainings, starting in 2022, and we will continue to do so in 2026.

For the record and necessary context, however, we should note that High Priority Violation Criteria 1 and 2 are not well-calibrated to local requirements and circumstances. As literally applied to our facilities, every permit violation would be an HPV. This is because virtually all of our permits covering nonattainment air contaminants are "LAER" or Part D permits, and virtually all failures and issues in permit coverage for nonattainment pollutant are Part D violations. We do not believe it was the intended scope of OECA that all federal CAA violations at Title V facilities would be HPVs, but that is how the criteria would literally apply to South Coast AQMD. Moreover, the composition of our Title V facilities includes source types that OECA may consider marginal in terms of being actual or true minor sources in any other jurisdictions, including all other nonattainment jurisdictions that are not extreme, as well as source types that EPA has never regulated under any NSPS or major (or even minor) source NESHAP.

As a matter of national policy, it is understood that EPA enforcement would be most interested in circumvention of major NSR requirements and the wrongful avoidance of Title V permit requirements, e.g., by those violators who undertake modifications or install equipment with sizeable emissions (i.e., above significant emission rates) without authorization. The technical breadth of the application of the LAER requirement in South Coast AQMD, however, spans virtually all equipment and modifications, including equipment and modifications having assigned limits and parameters that would not count as being "issued pursuant to" Part C or Part D requirements in any other jurisdiction. Put differently, it is not clear that permitting issues or permit condition violations for, e.g., a small emergency engine were ever conceptualized under Criteria 1 and 2 in the formulation of the national policy. In the course of further discussions, EPA should consider whether it may be better to clarify or refine the application of HPV designations under Criteria 1 and 2. EPA could consider, for example, that Criteria 1 and 2 makes better sense as limited to South Coast AQMD's 25 or 50 tpy sources (aligning for better national consistency, at least, with the major source thresholds for severe or serious areas) or as limited to source types that otherwise have an applicable NSPS or NESHAP for any of the equipment or operations. It is understandable why EPA should regard a violation of PSD permit requirements for a power plant in Oregon State as an HPV, but it's not as clear as matter of consistent enforcement prioritization why minor equipment issues for the smallest Title V sources in South Coast AQMD's jurisdiction would trigger equivalent enforcement resourcing. We pursue all actionable federal Clean Air Act violations and do not countenance circumvention of NSR or Title V permit requirements, but our SIP and Title V rules have an in-built design that typically frustrates any cases of aggravated circumvention from ever arising. Thus, EPA should consider that HPV criteria 1 and 2 functionally and qualitatively differ as to how they apply to South Coast AQMD facilities, and this is more likely to be distortive and confusing than helpful in promoting OECA policy.

Recommendation:

Rec #	Due Date	Recommendation
1	12/01/2026	EPA recommends the District attend an EPA HPV / FRV Policy training.
2	12/01/2026	EPA recommends the District submit updated procedure for documentation of HPV determinations by 9/1/2026 to EPA for Review and Concurrence. (refer to Finding 4-1 recommendations)

CAA Element 4 - Enforcement

Finding 4-1
Area for Improvement

Recurring Issue:
No

Summary:

The HPV policy requires timely and effective enforcement actions to address non-compliance. While the District issued NOVs promptly, the District did not issue enforcement actions that include specific corrective actions or timelines that will return the facility to compliance within 180 days. The District NOVs resulted in compliance or identified prior noncompliance in 51% of the files reviewed, below the goal of 100%, and within 180 days in 44% of files reviewed, below the goal of 100%.

Explanation:

EPA commends the district on the extremely high 38% discovery rate of violations at CMS sources, over 4 times the national average of 9% (metric 7a1). The District issued Notices of Violation for at least 126 of their 335 CMS sources. This is in addition to 1,118 non-CMS facilities that received NOVs during FY2024.

However, EPA found that for 28 facilities, NOVs were the primary action used by the District to bring facilities in compliance. The District relied solely on the prospect of additional penalties based on further duration of violation alone to bring facilities back into compliance through notice of a violation determination. Therefore, it is likely that many violations included in the 38%

discovery rate above may be repeat or re-identified violations. District NOVs did not include enforceable specific corrective actions or timelines that would ensure compliance in a timely manner. The HPV policy requires timely and effective enforcement actions that include specific corrective actions or timelines that will return the facility to compliance within 180 days.

Applicable EPA policy/guidance: Revision of U.S. Environmental Protection Agency's Enforcement Response Policy for High Priority Violations of the Clean Air Act; Timely and Appropriate Enforcement Response to High Priority violations (2014)

Metric 9a is designed to evaluate whether the agency takes formal enforcement actions that returns facilities to compliance. EPA found that the District NOVs identified prior non-compliance, or non-compliance that was corrected on the date of NOV, in 49% of the actions reviewed. These violations did not necessitate specific compliance actions or timelines, and therefore met the HPV policy. In 51% of actions, the District did not include any specific compliance actions or timelines for ongoing violations. Occasionally, District inspectors document discussions with facility representatives on means to come into compliance, but did not document or include any enforceable compliance plan.

Metric 10a is designed to evaluate the extent to which the agency takes timely action to address HPVs. EPA found that the District NOVs identified prior non-compliance or resulted in compliance within 180 days in 56% of the actions reviewed. EPA found that the lack of compliance actions and timelines identified in metric 9a likely led to non-compliance for more than 180 days for 44% of actions.

Metric 10b evaluates if the agency has entered the removal or resolution of HPVs into ICIS-Air. EPA found that because no HPVs were entered into ICIS-Air, EPA cannot evaluate the District on this Metric. See Element 1 – Data and Element 3 – Violations for further discussion.

Metric 14 is designed to evaluate the timeliness of case development and resolution involving HPVs according to the HPV Policy. EPA found that the District does not produce Case Development and Resolution Timelines for HPVs not addressed within 180 days, to which EPA identified at least 38. While NOVs accurately document the violation and the status of violation if not addressed, the case files do not document specific milestones for case resolution including timelines for negotiations, enforcement actions, or otherwise.

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%		60	118	50.8%
10a Timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place	100%		52	118	44.1%
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	38	0%

State Response:

Contrary to EPA's newfound position in the SRF, South Coast AQMD maintains that NOVs issued by the agency constitute formal enforcement actions. All Title V NOVs issued by our inspectors are referred to the South Coast AQMD Legal Department for settlement. These settlements carry penalties significant enough to serve as meaningful deterrents and also can lead to serious consequences for violators, including, but not limited to, impacts to government contracts, employee compensation, community standing, and increased regulatory scrutiny. Alongside this, it is standard operating procedure for inspectors to specify corrective actions in conjunction with providing an NOV, whenever that topic is applicable to the violations or activity at issue. Many times, compliance is immediately achieved upon inspectors advising the facility of the steps required to achieve compliance –e.g., the repair of a minor leak, returning to permitted operating parameters, or improved housekeeping methods. If compliance cannot be immediately achieved, inspectors conduct follow-up site visits within a short timeframe, usually no more than a week, to confirm compliance or to take additional enforcement action.

Note also that many NOVs are issued following facility self-reported deviations in accordance with Title V requirements. In those cases, the approved Title V program requirements and formalities of reporting already make the facility confront and resolve any issue of ongoing violations.

As covered above, Criteria 1 and 2 as literally applied to South Coast AQMD Title V facilities would be relatively over-capturing what counts as an HPV. Because of that, it is also not always correct or realistic to assume there is any single, specified formal corrective action path in the thinking of conventional HPV handling. For example, in the case of an emergency engine that exceeded its hours limits—probably not a credible HPV issue in any other jurisdiction—several options are that the facility may curtail (i.e., avoid further operating through the end of the calendar year), seek a permit modification, or pursue variance relief under state law.

Thus, if not already addressed by the facility in its own deviation reporting, the issuance of an NOV does operate as a formal enforcement action to further promote and require any needed corrective actions. As is clear, however, this may be an issue of semantics caused by the literal scope of the HPV definition making virtually all Title V permit condition violations into arguable HPVs that would bring on HPV resolution timelines and formalities, including formal expectations of demands for corrective action, which was probably not intended by OECA. (Back to the example of an exceedance of hours limits by an emergency generator at a Title V facility: this is probably not an HPV violation for other jurisdictions, and it is unclear that OECA would have intended that it be designated or handled as such, even though it is a violation type that South Coast AQMD commonly handles swiftly.)

Aside from all this, every year South Coast AQMD issues hundreds of NOVs across numerous industries, including complex ongoing violations such as those found at the Chiquita Canyon Landfill. For facilities that are unable to achieve compliance expeditiously, an established procedure exists through the South Coast AQMD Hearing Board. When appearing before the Hearing Board, facilities may be legally mandated to follow a strict compliance plan on top of air quality rules and regulations or permit requirements. We also refer cases to prosecuting agencies when violations rise to the level of criminal liability. In sum, NOVs issued by South Coast AQMD meet the criteria for formal enforcement actions and are resolved in a manner consistent with the EPA HPV Policy.

With respect to the proposed 180-day resolution timeline, South Coast AQMD notes that it is not always practicable given the volume and complexity of cases handled by our Legal Department. The EPA HPV Policy itself anticipates this situation: Section V expressly provides that enforcement agencies may establish case development and resolution timelines in consultation with the Region where the 180-day target cannot be met. South Coast AQMD intends to take advantage of this mechanism in consultation with our colleagues at Region 9.

Recommendation:

Rec #	Due Date	Recommendation
1	12/01/2026	EPA Recommends the District issue Notices To Comply (NTC) or Notices Of Violation (NOVs) as informal enforcement action and subsequently pursue separate formal enforcement actions to bring facilities into compliance. NOVs cannot serve the dual purpose of informal and formal enforcement action without compliance actions and timelines. EPA recommends the District evaluate and revise its relevant enforcement policies and submit to EPA for review to ensure compliance with the HPV policy by 12/1/2026. The District should refer to EPA's 2024 policy: New Definitions for Key Terms and Action Categories for EPA's Enforcement Program Tools, and EPA's Information Collection Request (ICR) Supporting Statement for the 2018 Renewal defines formal and informal enforcement actions as follows: "An informal enforcement action notifies or advises the recipient of apparent deficiencies, findings concerning noncompliance, or that the issuing agency believes one or more violations occurred at the referenced source and provides instructions for coming into compliance. An informal enforcement action offers an opportunity for the recipient to discuss with the issuing agency actions they have taken to correct the violations identified or provide reasons they believe the violations did not occur. An informal enforcement action may include reference to an issuing agency's authority to elevate the matter, and/or liability of the recipient to pay a penalty. These data are intended to ensure that the delegated agency informs the source as soon as possible of the agency's findings so that the source is on notice of the need to promptly correct conditions giving rise to the violation(s) or potential violation(s). "A formal enforcement action either requires that a person comply with regulations, requirements, or prohibitions established under the CAA; sets compliance schedule with milestones, requires payment of a penalty or establishes an agreement to pay a penalty; initiates an administrative procedure (e.g., file a complaint) or civil action (e.g., referral); or constitutes a civil action. Generally, these actions are referred to as complaints, settlement agreements, compliance or penalty orders, referrals, consent agreements, or consent decrees. In other words, formal enforcement actions have legal consequences if the source does not comply. All facilities subject to formal enforcement are to be tracked in ICIS until the resolution of the enforcement action, regardless of classification." EPA recommends that the District issue formal enforcement actions that bring the facility back into compliance within 180 days with enforceable compliance actions and deadlines, and not rely solely on the prospect of further penalties for resolving non-compliance prior to seeking penalty following compliance confirmation. EPA recommends the District

Rec #	Due Date	Recommendation
		implement the HPV Policy to ensure that violations are resolved appropriately and timely. Included in the implementation of the HPV Policy will be measures to ensure that HPVs are resolved within 180 days or a Case Development and Resolution Timeline is created to resolve the violations. Implementation will ensure HPVs are addressed through one of the following actions: • Issue a legally enforceable order that requires immediate action to come into compliance with the requirement violated; • Issue a legally enforceable order that imposes penalties, where the source has demonstrated that it is currently complying with the requirement violated; • Issue a legally enforceable order that imposes a schedule on the source to comply with the requirement violated and penalties for the violation; or • Transfer or refer the matter to an organization with authority to initiate a civil or criminal judicial action.
2	03/31/2027	EPA recommends the District finalize and require training of all enforcement staff on their renewed enforcement policy(s) by 3/31/27.

CAA Element 5 - Penalties

Finding 5-1
Area for Improvement

Recurring Issue:
No

Summary:

Gravity and economic benefit were documented inconsistently by the District. The District also did not document any rationale for the difference between initial and final penalty calculations.

Explanation:

Metric 11a evaluates whether The District documented gravity and economic benefit in the case file for a penalty calculation. The District did not document gravity and economic benefit in 13 of the 16 penalty calculations reviewed, which does not meet the national goal of 100%. In some cases, same-day corrective actions were noted, while in other cases similar factors were not captured in the reports. According to the District's public website, aqmd.gov/…/resolution, the District assesses each violation on a case-by-case basis and uses a "sliding scale" to determine

appropriate civil penalties. Key considerations include the extent of harm caused by the violation, the company's maintenance record, and the nature, frequency, and duration of the violation. The District also considers any mitigation efforts, any unproven or innovative nature of control equipment in use, and the financial burden and economic impact on the company in violation. The criteria for assessing harm from each violation are vague and not clearly defined. Additionally, it is unclear how the impact of mitigation efforts influences civil penalties, which may raise concerns about fairness and transparency in their enforcement process.

EPA is not aware of any formal penalty policy or a standardized penalty calculation process as it was not provided by the District.

Metric 12a evaluates whether the District documented the rationale for the difference between the initial and final penalty. EPA found that 0 of the 14 penalties reviewed, the rationale for the difference between initial penalty calculation and final penalty were not documented.

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%		3	16	18.8%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		0	14	0%

State Response:

As set forth in correspondence to Region 9 staff on October 2, 2025, South Coast AQMD's Legal Department considered gravity and economic benefit in all of the settled cases provided during the SRF process.

South Coast AQMD has a formal penalty policy contained in a District Prosecutor Enforcement Guidelines Manual that governs all settlement discussions. This document is both attorney work product and enforcement confidential, and it is therefore not disclosed outside the agency. The

manual expressly requires that economic benefit be considered in every case, consistent with EPA's Stationary Source Civil Penalty Policy. Because this manual is applied uniformly, the consideration of gravity and economic benefit was inherent to each of the settlements at issue in the SRF inquiry, regardless of whether that analysis was visible in the record reviewed.

South Coast AQMD’s penalty calculation process requires application of the California Health and Safety Code (Code) statute which provides eight factors to consider in determining a penalty, and a range of penalty amounts is contained within that Chapter of the Code. South Coast AQMD's publicly available NOV Resolution webpage, details how civil penalties are evaluated on an individualized basis as required by state law, accounting for factors such as the nature and extent of the violation, mitigation actions taken, and economic advantage gained by operating in violation. Differences between initial and final penalty amounts reflect the outcome of those negotiations and the statutory factors that must be considered under the Code.

South Coast AQMD’s formal penalty policy includes seeking client approval for high profile matters and a penalty range for settlement authority. Those communications are attorney work product and contain information that documents the rationale for the final penalty calculation.

Recommendation:

Rec #	Due Date	Recommendation
1	12/31/2026	EPA recommends that the District standardizes the penalty documentation process by having a template or policy which provides a clear explanation of gravity, economic benefit, and mitigating or aggravating factors for each violation in each case file. Additionally, include a standardized way of documenting the rationale for a change in penalty between initial offer and final penalty. This will ensure consistency and transparency in penalty determinations. EPA will review CY27 penalties to assess penalty documentation.

CAA Element 5 - Penalties

Finding 5-2
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

Final Penalty Payments are documented and collected.

Explanation:

Metric 12b evaluates whether the District documented final penalty collections. The District collected and documented final penalties in 12 of the 12 penalties reviewed, meeting the national goal of 100%.

Relevant metrics:

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

State Response:

South Coast AQMD's Legal Department settles a significant number of violations each year and has an efficient process in place to ensure settlements are properly documented and penalties collected. South Coast AQMD's standardized violation review process and penalty settlement approach is published on the agency's NOV Resolution webpage, as described above. Each violation evaluation takes into consideration analysis of emissions, EPA's stationary source policy and timelines, culpability, economic benefit and mitigation, among other things. Case files include an inspector's report detailing the violation(s), correspondence requesting a response from the facility detailing penalty mitigation factors, may contain settlement communications between the parties, and ultimately a signed settlement agreement with tracked entry of payment. Some matters may include additional materials related to client briefing memos, and internal communications related to additional violation research. Some matters may lead to litigation or proceedings before South Coast AQMD's independent Hearing Board. Following South Coast AQMD's recent meeting with EPA's Enforcement and Compliance Assurance Division staff to obtain clarification on this finding, South Coast AQMD legal staff will increase retention of written

material documenting reduction of penalty offers, including the basis for the reduction, and determine material that is not attorney client work product or confidential and can be shared.

STATE REVIEW FRAMEWORK

California

Clean Water Act
Implementation in State Fiscal Year 2024

U.S. Environmental Protection Agency
Region 9

Final Report
August 28, 2026

Executive Summary

Areas of Strong Performance

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

Clean Water Act (CWA)

- Completeness of permit limits and discharge data in EPA's database.
- California performed well in accurately determining the compliance status of permittees, with almost 90% accuracy.
- The state exceeded the national average and met the 100% national goal of documenting both the gravity and economic benefit considerations of its assessed discretionary penalties.
- Any differences between penalties assessed vs. those collected were documented, and most penalties were documented as either paid or in collections.

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)

- California struggled with completeness and accuracy of data for CWA permittees, inspections, and enforcement actions in the national data system, with less than 40% of files accurately reflected in the system. This is a recurring issue highlighted in previous SRF rounds.
- The state is not widely implementing the 30-day deadline for inspection report completion in its 2020 Inspection Procedures Manual, meeting the deadline less than 40% of the time.
- California failed to meet commitments for pretreatment and SSO inspections. This is a recurring issue highlighted in previous SRF rounds.
- Inspection report quality is highly variable and overall, only met the expectations set forth in the Inspection Procedures Manual in 67% of files reviewed.

Clean Water Act Findings

CWA Element 1 - Data

Finding 1-1
Meets or Exceeds Expectations.

Recurring Issue:
No

Summary:

California exceeded the national goal for entry of permit limit and discharge monitoring report (DMR) data for major and non-major facilities into EPA's national database, Integrated Compliance Information System (ICIS).

Explanation:

This was a statewide review of data entry. Metrics 1b5 and 1b6 measure the state's rate of entering permit limits and DMR data into ICIS.

California entered 100% of permit limits into ICIS for major and non-major facilities, exceeding EPA's national goal of >=95%.

California entered 99.62% of DMR data into ICIS, exceeding EPA's 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%	367	367	100%
1b6 Discharge monitoring report (DMR) data entry rate for major and non-major facilities.	95%	96.9%	20,567	20,646	99.62%

State Response:

In response to the third bullet above under "Priority Issues to Address," California notes that it has an alternative Compliance Management Strategy (CMS) for SSO inspections that took effect after the SRF review period and anticipates being able to meet those requirements going forward.

CWA Element 1 - Data

Finding 1-2
Area for Improvement

Recurring Issue:
Recurring from all previous rounds.

Summary:

California accurately entered inspection and enforcement data into ICIS for just 38.5% of the files reviewed, meaning that more than 60% of files were either missing entirely or lacked key facility and compliance data. This is a recurring finding from previous reviews of the state's NPDES program.

Explanation:

Under metric 2b, EPA compared inspection reports and enforcement actions found in selected files to determine if the inspections, inspection findings, and enforcement actions were accurately entered into ICIS. The analysis was limited to data elements mandated in EPA's ICIS data management policies. States are not required to enter inspections or enforcement actions for certain classes of facilities. For this review metric, EPA reviewed files from the North Coast, Central Coast, and Colorado River Regional Boards, that is interpreted as being representative of the entire State.

EPA found 15 of the 39 files reviewed (38.5%) had all required information (facility location, inspection, violation, and enforcement action information) accurately entered in ICIS. Eight out of nine non-stormwater files reviewed for the Colorado River Regional Board contained all the required information. Missing or incorrect facility information (addresses unknown or not matching permit, longitude/latitude missing) and unreported or incorrect enforcement actions, violations, single event violations (SEVs), and inspections were the most frequently cited data accuracy issues. For example, the North Coast Regional Board entered Administrative Civil Liability (ACL) complaints as completed formal enforcement actions, despite not meeting the definition of a formal or informal enforcement action. It is noteworthy that multiple stormwater facilities that were inspected and enforced against by the state were entirely missing from ICIS. California's accuracy rate of 38.5% is well below the national goal of 100%.

Since Round 4, California has begun to identify violations using SEV codes in the State's CIWQS database which then flows into EPA's ICIS database; however, use of the codes is not consistent with EPA policy. Many SEV codes are being used to track wastewater violations beyond what was intended, while violations found as a result of stormwater inspections are completely missing.

SEVs were also incorrectly reported for effluent limit exceedances in which discharges did not go to US waters.

The same finding for Metric 2b was identified in Rounds 1, 2, 3, and 4 of the SRF. (Metric 2b was 51.1% in Round 4.)

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	100%		15	39	38.5%

State Response:

To accurately assess and correct the issues identified, California requests that EPA provide a list of the specific facilities and corresponding ICIS entries that were flagged during the file review. This will allow us to determine whether each issue stems from a data entry error, an ICIS-to-CIWQS mapping mismatch, or a definitional discrepancy between State and federal enforcement categories. Based on our internal review of enforcement records, misclassification may reflect differences in how the State tracks the progressive enforcement process. CIWQS does not always allow a direct one-to-one mapping between State terminology (e.g., ACL Complaint as a proposed action) and ICIS categories (completed formal enforcement).

California requests additional information and clarification regarding the ACL data from the North Coast Regional Board discussed in the explanation above. California and EPA have previously agreed that ACLs which include a compliance project meet the definition of a formal enforcement action because they include a compliance schedule. From Guidance for Oversight of NPDES Programs, May 1987, a formal enforcement action is one "that requires actions to achieve compliance, specifies a timetable, contains consequences for noncompliance that are independently enforceable without having to prove the original violation, and subjects the person to adverse legal consequences for noncompliance." More specific information about which facilities and corresponding ICIS entries were reviewed would allow California to better understand why these specific actions were identified as not meeting the definition of a formal enforcement action.

Similarly, California recognizes new enrollments under expired permits, however, they are not sent to ICIS because ICIS has rules against these coverages. This difference in interpretation likely accounts for many of the stormwater related discrepancies. Again, it would be helpful to obtain more details related to the data to understand more of the discrepancies. It would also be helpful to better understand the other violation codes available.

The National Pollutant Discharge Elimination System (NPDES) Noncompliance Report (NNCR) workgroup is currently developing a policy for SEV codes and California is part of that effort. It is anticipated that an update to what violations flow from CIWQS to ICIS will be required once the NNCR workgroup finalized a policy for SEV codes. In the interim, please provide additional information on which EPA policy currently governs California's use of SEV codes and was used to reach the finding of non-compliance above.

Recommendation 1-2: The State Water Board received a grant in 2022. Water Board staff are working with the Grant Manager to change the scope of this project because we were unable to get a viable bid for work on Virtual Exchange Services (VES) and VES is not the preferred technology moving forward.

Recommendation 1-4: The State Water Board requests EPA assistance in decoding transmission errors and understanding ICIS business rules in order to fulfill this recommendation.

Recommendation 1-5: additional guidance or rephrasing this recommendation would be helpful so knowledge of the ICIS database structure is not needed. Water Board will likely need additional time to meet the due date depending on updates made to the recommendation.

Recommendation 1-6: California requests EPA's assistance in developing clarifying guidance for data entry to ensure consistent, accurate classification across both systems and that EPA recognizes in its final report that it may be difficult to fully meet these recommendations given that policies to fully implement NNCR are still in development and the ICIS modernization effort is ongoing.

Recommendation:

Rec #	Due Date (or days from final report)	Recommendation
1-1	Ongoing	CalEPA will coordinate with State Water Board and EPA on data policy and technology issues as they arise and will provide appropriate points of contact for related concerns.
1-2	Ongoing	State Water Board and the Office of Information Management and Analysis (OIMA) will provide an update to EPA Region 9 on its workplan progress under the Exchange Network Grant issued in 2021 for assistance with e-Reporting. The update shall include next steps, including identifying obstacles and proposing solutions and a timeline in which this grant will be utilized."
1-3	Ongoing	EPA Region 9 will continue meeting monthly with State Water Board and OIMA to determine the root causes of State-wide data translation issues.
1-4	365 Days	State Water Board shall perform a root cause analysis to identify the various issues impeding accurate translation under the current translation logic and provide it to the EPA.
1-5	365 Days	State Water Board and OIMA will provide the EPA with updated documentation of the data flow. Documentation shall include updated logical mapping of source data to target ICIS-NPDES tables; criteria for transmittal; and mutually accepted methods for QC and error correction of data transmitted.
1-6	December 21, 2028	State Water Board and OIMA shall fully implement data flow to ICIS according to ICIS NPDES Minimum Data Requirements and eReporting schedules. EPA shall run a Data Metric Analysis (DMA) to verify proper data flow.

CWA Element 2 - Inspections

Finding 2-1
Area for Improvement

Recurring Issue:
Yes

Summary:

The State fell short of its commitments for pretreatment and SSO inspections.

Explanation:

Metrics 4a1, 4a2, 4a5 measure inspection coverage compared to CMS commitments and were evaluated based on statewide data. California failed to meet the Compliance Monitoring Strategy (CMS) commitments for pretreatment and SSO inspections during SRF Round 3, SRF Round 4, and regularly fails to satisfy annual commitments for these same inspection categories, including during the most recent review of the CWA 106 Work Plan covering the state fiscal year 2024, July 1, 2023 to June 30, 2024.

EPA Region 9 established 106 Work Plan inspection commitments for California consistent with the inspection frequency goals outlined in EPA's 2014 CWA NPDES Compliance Monitoring Strategy. The 4a metrics measure the number of inspections completed by the State overall in FY24 compared to the CMS commitments, which are the same as California's Clean Water Act section 106 grant Work Plan.

Metric 4a1 measures pretreatment compliance inspections and audits. California generally relies on State Board pretreatment experts to complete pretreatment program audits, inspections, and inspections of Industrial Users. During FY24, California's Regional Boards did not meet their Work Plan commitments, completing seven Pretreatment Compliance Inspections (PCIs) and five Pretreatment Compliance Audits (PCAs) at the 115 publicly owned treatment works (POTW) pretreatment programs in California. The State has a goal of conducting one PCA in each five-year permit term of all approved active POTW Pretreatment programs, which equates to 20% of the universe or 23 audits per year. The state's goal is to conduct at least two PCIs during each five-year permit term, which equates to 40% of the universe or 46 inspections per year).

Metric 4a2 measures inspections of Significant Industrial Users (SIUs). The data needed to assess Metric 4a2 is segmented among the separate Regional Water Boards and non-authorized POTWs and was not accessible for the SRF review. The Regional Boards typically delegate this responsibility to the non-authorized receiving POTW as a requirement of their NPDES Permit/Waste Discharge Requirement (WDR) (as a "POTW Mini-Program" as described in the EPA Memorandum *Oversight of SIUs Discharging to POTWs without Approved Pretreatment Programs*).

Under metric 4a5, California is expected to annually inspect at least five percent of the 1,058 sanitary sewage collection systems subject to its general Waste Discharge Requirement (WDR) for sewage collection systems (Order No. 2006-0003-DWQ). During State FY24, California inspected just 28 (2.6%) of its sanitary sewer systems.

It should be noted that California and EPA entered into an alternative CMS for sanitary sewer inspections on July 1, 2024 (outside of the SRF review period). Under the alternative CMS, the universe of sanitary sewer systems was better defined to those with NPDES permits and those that have had sanitary sewer overflows (SSOs) to surface waters in the past 10 years. Through this alternative CMS, the universe was refined to 405 sanitary sewer systems and California has

proposed to inspect 25 facilities annually, which would exceed the 5% goal. Hence no recommendation is warranted for SSO inspections even though California did not meet the metric goal.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
4a1 Number of pretreatment compliance audits at approved local pretreatment programs. [GOAL: 20% of 115 universe]	100% CMS		5	23	22%
4a1 Number of pretreatment compliance inspections at approved local pretreatment programs. [GOAL: 40% of 115 universe]	100% CMS		7	46	15%
4a2 EPA or state Significant Industrial User inspections for SIUs discharging to nonauthorized POTWs	100% CMS				unknown
4a5 Number of SSO inspections. [GOAL: 5% of 1,058 universe]	100% CMS		28	53	53%

State Response:

Pretreatment:

California submitted a Pretreatment Compliance Monitoring Strategy (CMS) workplan in November 2022 per the 2019 SRF recommendation. No approval has been received from EPA as of February 2026. The State Board continues coordination with EPA to develop an alternative CMS approach for pretreatment audits and inspections. California currently has approximately 90 NPDES-approved pretreatment programs. The California Pretreatment Program continues to be understaffed to meet pretreatment compliance inspections and audit requirements set forth in the CMS. However, the Water Boards are committed to improving management of the California Pretreatment Program and continue working with EPA's compliance and enforcement staff on proposing an alternate CMS plan that will allow California to make progress with the Pretreatment Program.

A workplan was submitted in November 2022 and updated progress shared with EPA in 2025. The updated workplan will be resubmitted as part of the response to Recommendation 2-1. Current staffing limitations and resource constraints remain a challenge; however, efforts are underway to improve program management and compliance monitoring.

Developing a process to come into compliance with Metric 4a2 will require additional time, resources, and coordination. The State Water Board has begun compiling industrial facility data and mapping those facilities against wastewater treatment plant locations and sewer shed boundaries to identify potential SIUs discharging to POTWs without approved pretreatment programs. This effort remains in the developmental stage and is dependent on staffing, resources, and funding to meet monitoring requirements.

Sanitary Sewer Inspections:

California exceeded the alternative CMS goal in fiscal year 24/25 by conducting 37 inspections statewide and is on track to meet or exceed the goal in fiscal year 25/26.

Recommendation:

Rec #	Due Date	Recommendation
2-1	August 15, 2026	State Water Board shall submit an alternative CMS to EPA Region 9 for review and approval outlining how California plans to meet pretreatment commitments. The alternative CMS shall include interim goals as well as plans to incrementally increase staff capable of performing PCA, PCI, and SIU inspections and other resources until the program fully meets all inspection commitments for PCAs, PCIs, and SIUs.
2-2	180 Days	State Water Board shall submit a work plan for inventorying SIUs discharging to non-authorized POTWs, including a process for identifying new and previously unknown SIUs and a plan with measurable goals and milestones for achieving annual inspections of each SIU.
2-3	Ongoing	EPA will continue to meet monthly with California State Waterboard to coordinate on pretreatment inspections and work towards finalization and implementation of an alternative CMS.

CWA Element 2 - Inspections

Finding 2-2

Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

Statewide, California met or exceeded inspections of its Clean Water Act CMS commitments for major and minor facilities, CAFOs, and stormwater facilities.

Explanation:

For this review, EPA reviewed statewide inspection metrics compared to CMS commitments. Metrics 5a and 5b measure the number of inspections at major and minor (non-major) facilities in FY24 compared to CMS commitments. EPA Region 9 has established 106 Work Plan inspection commitments for California consistent with the inspection frequency goals outlined in EPA's 2014 CWA NPDES Compliance Monitoring Strategy.

Metric 5a1 measures the inspection coverage of NPDES majors, while metric 5b1 measures inspection coverage of NPDES non-majors with individual permits (also called minors), and metric 5b2 measures inspection coverage of NPDES non-majors with general permits. California inspected 149 (59.6%) major facilities and 52 (29.5%) minor facilities during the fiscal year, meeting the CMS based 106 Work Plan commitment to inspect major permittees at least once every two years and each minor facility at least once during its five-year permit term. Because there are only two Combined Sewer Systems in California, Metric 4a4 has a high percent of completion.

California met its 106 Work Plan inspection commitments for all stormwater inspection categories. According to the 106 Work Plan, the Regional Water Boards must perform an on-site audit or inspection for all Phase I and II MS4 permittees at least once every ten years, or 10% per year. The State reported completing 83 audits of Phase I and Phase II MS4s permittees (13.6%). Currently, California's CWA Section 106 commitment in its 2020-2025 Workplan is to inspect 10% of MS4s. The state does not have an alternative CMS. The 106 Work Plan should be amended to reflect the CMS requirements for MS4s.

According to the 106 Work Plan, the Regional Water Boards are expected to inspect at least 10% of industrial stormwater permittees, 10% of permitted Phase I construction sites, and at least 5% of permitted Phase II construction sites each year. The State reported completing 1,818 industrial stormwater inspections out of 9,163 permittees (19.8%), and 1,703 construction stormwater inspections out of 14,014 permittees (12.1%). Construction site category (i.e. Phase 1 v. Phase II) was not provided during this reporting period.

There are 106 medium and large CAFOs throughout California (covered by NPDES general permits and not WDRs). Regional Boards inspected 71.7% of the CAFOs, which met the CMS goal of inspecting large and medium CAFOs at least once every five years (20% per year).

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
4a4 Number of CSO inspections. [GOAL: 50% of 2 universe]	100% CMS		1	1	100%
4a7 Number of Phase I and II MS4 audits or inspections. [GOAL: 10% of 609 universe]	100% CMS		83	61	136%
4a8 Number of industrial stormwater inspections. [GOAL: 10% of 9,163 universe]	100% CMS		1818	916	198%
4a9 Number of Phase I and Phase II construction stormwater inspections. [GOAL: 10% of 14,014 universe]	100% CMS		1703	1401	121%
4a10 Number of comprehensive inspections of large and medium NPDES permitted concentrated animal feeding operations (CAFOs) [GOAL: 20% of 106 universe]	100% CMS		76	21	361%
4a11 Number of sludge/biosolids inspections at each major POTW. [GOAL]	100% CMS		N/A	N/A	N/A
5a1 Percentage of NPDES major facilities with individual or general permits inspected [GOAL: 50% of 250 universe]	100% CMS		149	125	119%
5b Inspections coverage of NPDES non-majors (individual and general permits) [GOAL: 20% of 176 universe]	100% CMS		52	35	148%

State Response:

California requests additional information on how Metrics 4 and 5 are calculated and the underlying data used for the calculations. Please provide clarification on why the State should apply for an alternative CMS when the State is exceeding the CMS goal of 10% found within the federal 106 workplan.

CWA Element 2 - Inspections

Finding 2-3
Area for Improvement

Recurring Issue:
Yes

Summary:

67% of the reviewed inspection reports were found complete enough to meet expectations of California's 2020 Inspection Procedures Manual and to determine compliance at the facility.

Explanation:

Metric 6a assesses the quality of inspection reports to evaluate whether the inspection reports provide enough documentation to accurately determine the compliance status of inspected facilities. For this review metric, EPA reviewed files from the North Coast, Central Coast, and Colorado River Regional Boards, that is interpreted as being representative of the entire State. EPA reviewed 33 inspection reports to determine compliance with California's 2020 inspection Procedures Manual, the state's guidance document that implements expectations in EPA's 2017 NPDES Compliance Inspection Manual (Chapter 1 – Introduction (Part D) and Chapter 2 – Inspection Procedures (Part G)) as referenced in the SRF Round 5 CWA File Review Facility Checklist and the CWA Metrics Plain Language Guide. Inspection report quality has been an area for state improvement for the past two rounds of SRF, and California created its 2020 Inspection Procedures Manual in response to EPA's previous SRF findings. Although the manual is a step in the right direction, there is no consistent implementation of its expectations statewide.

Of the 33 reports reviewed in this SRF round, 22 or 67% were found complete enough to meet report content expectations and to determine compliance at the inspected facility. In SRF Round 4, only 47% of the inspection reports satisfied this metric and demonstrate modest improvement. The remaining 11 inspections reports were not found to be complete enough to document the inspection and accurately determine compliance at the facility. Most POTW and traditional wastewater inspection reports had detailed narrative and photographic documentations, but a few reports lacked discussion of noncompliance history or enough narrative to determine operational status. Most of the Central Coast Regional Board wastewater inspection reports did not contain the necessary elements to determine compliance and lacked a substantive narrative or a photo log. Inspection reports in the North Coast Regional Board often did not review effluent compliance history. Inspection reports from the Colorado River Regional Board were robust and thorough.

Stormwater inspection reports were highly variable across the regions. Most in the North Coast Region provided detailed findings and contained most required elements. In the Central Coast Region, most were thorough but in two cases, an NOV was the only evidence of the inspection having taken place. EPA was told by staff in the region that it is common practice there to issue an NOV as the only documentation of an inspection. Almost all stormwater inspection reports in

the Colorado River Basin lacked basic data on activities and pollution controls at the facility, what was inspected, who participated, and factual observations. Most reports in the region were less than two pages including photos.

Most of the 33 inspection reports (including all the stormwater inspection reports) were not signed by the inspector, and the report completion date was missing. Signing and dating the inspection report is a key responsibility for the inspector as noted in Chapter 1 (Part D) of the 2017 NPDES Compliance Inspection Manual cited above. EPA strongly recommends that California update its Inspection Procedures Manual to address this requirement. The state's manual also requires peer review or supervisory review of all reports, but most stormwater reports lack any indication that such a review occurred. Round 6 of the CWA SRF will verify whether the deficiency was addressed and rate this metric accordingly.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
6a Inspection reports complete and sufficient to assess permit requirements at the facility and document inspector observations.	100%		22	33	67%

State Response:

The Water Boards agree that all inspection reports should comply with the NPDES Compliance Inspection Manual and the Water Board's Inspection Procedures Manual requirements. Due to the COVID pandemic and other unanticipated resource constraints, the Water Board's 2020 Inspection Procedures Manual was not implemented until 2023/2024 with the first widespread training being completed in October of 2024, after this SRF review period. Accordingly, improvements to inspection procedures resulting from the adoption and implementation of the 2020 Inspection Procedure Manual are likely not reflected in this review. A significant number of both State and Regional Water Board inspection staff attended the February 2026 Storm Water Inspector Workshop put on by EPA Region 9 in San Francisco where additional training regarding appropriate inspection procedures was provided. Lastly, the State Water Board's Office of Enforcement biannual all enforcement staff training in 2026 will include additional training on inspection procedures and required inspection report elements.

This section notes that the North Coast Regional Board often did not review effluent compliance history. The Water Boards agree that review of compliance history, which is readily available in both CIWQS and ICIS, should be conducted prior to an inspection. Neither the NPDES Compliance Inspection Manual nor the Inspection Procedure Manual, however, require a summary of this desktop review be contained in the inspection report itself.

The Central Coast Regional Board has clarified that the statement above that "it is common practice there to issue an NOV as the only documentation of an inspection" is limited to MS4 inspections. Traditional inspection reports are prepared for all other types of inspections, such as construction and industrial stormwater inspections. For MS4 inspections, the Central Coast Regional Board transmits their MS4 inspection findings in a letter and groups findings into categories (e.g., violations, deficiencies, other findings). If violations are identified, then the letter is framed as an NOV. If violations are not identified, then the letter is framed as an inspection summary or follow-up.

Recommendation:

Rec #	Due Date	Recommendation
2-4	365 Days	The State Board shall update the existing [2020] Inspection Procedures Manual (Water Board Manual) and submit it to EPA concurrent with the CWA Section 106 EOY report for SFY 2027-28, after ensuring it includes the following provisions: i. Inspection reports must contain at a minimum all required elements in Appendix 1, attached to this report, derived from EPA's 2017 NPDES Compliance Inspection Manual (EPA Manual); ii. Inspection reports must include inspector's signature and date, indicating time of report completion. A dated electronic signature, such as a certificate signature, is acceptable. iii. Inspection reports must be reviewed and signed by either a peer or supervisor. A dated electronic signature, such as a certificate signature, is acceptable.
2-5	(i) 120 days after 2-4 (ii) 180 days after 2-4	i. The State Board shall train all inspectors on the Water Board Manual. New inspectors will be trained on the Water Board Manual before they lead any inspections. ii. Each Regional Board shall implement the new Water Board Manual's for all inspection reports.
2-6	365 Days	The State Board shall, before the start of SFY 2027-28, establish an internal tracking system to audit compliance with the Water Board Manual throughout the state, to ensure inspection reports contain required elements identified in the updated Water Board Manual. i. Submit a self-audit of inspection report evaluating compliance with the Water Board Manual, concurrent with the SFY 2027-28 CWA Section 106 EOY report. ii. If the self-audit conducted in SFY 2027-28 shows 70% or greater compliance with the updated Water Board Manual, a second audit will be conducted in SFY 2027-28 to confirm > 70% compliance for a second year. If results of either year's self-audit show California is unable to maintain >70% compliance, the self-audit report will identify any gaps in inspection report quality, whether regional or programmatic. Based on the identified issues, each of the self-audit reports will provide a plan to address the gaps showing < 70% compliance.

Rec #	Due Date	Recommendation
		iii. If additional, targeted training is identified in the plan as being needed to address inspection report quality, the State Board will conduct the additional training on the Water Board Manual during the following state fiscal year and will document it in the applicable EOY report.

CWA Element 2 - Inspections

Finding 2-4
Area for Improvement

Recurring Issue:
No

Summary:

Only 12 of the 32 inspection reports reviewed by EPA were completed and sent to the facility within recommended timelines for completing an inspection report.

Explanation:

Metric 6b measures the state's timeliness in completing inspection reports against the February 2020 California Office of Enforcement (OE) *California Water Boards Inspection Procedures Manual* (Inspection Procedure Manual) which states Evaluation Inspections shall be "completed and uploaded within 30 days of the completed inspection" and that 70% of the inspection reports should meet the expected deadline. For this review metric, EPA reviewed files from the North Coast, Central Coast, and Colorado River Regional Boards, that is interpreted as being representative of the entire State.

EPA reviewed 32 inspection reports (a mix of major, non-major, and general permitted facilities covering POTWs, CAFOs, sanitary sewers, construction stormwater, industrial stormwater, and MS4s) and found only 12 reports were completed within California's timeliness guidelines (37.5%).

EPA found that many of the completed inspection reports reviewed were not signed or dated, which made it difficult to assess the timeliness of these reports. Many reports indicated they were

emailed to the facility, but no actual date was provided. Unfortunately, according to the *Water Boards Options for Long-Term Retention and Storage of Emails,* emails are automatically deleted after 120 days, unless staff save them into electronic storage sites. Since the facility files generally did not contain copies of the email transmitting the report to the facility it was not possible to ascertain the timeliness, and these reports were noted as not timely. Inspection reports from the North Coast and Central Coast Regional Board often did not include signatures or dates of report completion. Colorado River Regional Board inspection reports were usually signed by a supervisor and included a cover letter confirming transmittal of the report to the facility.

Additionally, each of the three Regional Boards that provided inspection reports for the file review had different inspection report templates

---

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
6b Timeliness of inspection report completion [GOAL: 30 Days for CEIs/45 days for CSIs]	100%		12	32	37.5%

State Response:

As noted above, the Inspection Procedures Manual requires inspection reports to be completed and uploaded to the CIWQS database within 30 days of the completed inspection. Once the report is uploaded to CIWQS it is available to the regulated entity and the public. In addition, the regional boards should be providing a copy directly to the regulated entity through email or U.S. mail on the same date. The Water Boards currently track the date an inspection report is uploaded to CIWQS and request that the upload date along with guidance that uploads should only occur after transmittal be used to determine compliance with this requirement. Based on the explanation above, it seems that EPA is looking for a signature date or a transmittal date in the form of an email or transmittal letter date.

Clarification as to the signature and block dates requirement for inspection reports is also requested. Specifically, the Water Boards would like confirmation that electronic signatures are acceptable.

For recommendation 2-7, we suggest the development of a list of required elements that must be in every inspection report instead of an inspection report template. The list of required elements would be easier to implement across the broad variety of inspection programs. As noted in the explanation above, each regional board already has inspection templates, it is just a matter of ensuring that those templates contain all the required elements.

In addition, we request that SSO and MS4 inspections not be included in the 30-day timeliness requirement. The Water Boards intends to amend the 2020 Inspecting Procedure Manual 30-day requirement as it relates to these types of inspections because they take much longer and are more akin to audits than inspections. A 60-day timeliness requirement for SSO and MS4 inspections would be more realistic and attainable.

It would also be helpful to change the due date of recommendation 2-8 to be consistent with the F106 end of year report, which is in August.

Recommendation:

Rec #	Due Date	Recommendation
2-7	365 Days	As part of its update to the existing Water Board Manual in Recommendation 2-4 above, the State Board shall update requirements for documenting inspection report completion and transmittal to allow tracking of timeliness and transmittal. The updated Water Board Manual shall require documentation such as a dated signature indicating report completion and identification of date and means by which the report was provided to the regulated entity.
2-8	365 Days	Starting in SFY 2027-2028, inspection report timeliness by Regional Water Boards will be reported in midyear and end of year 106 reports. The timeliness reporting will include the number of inspections completed, within that fiscal year, and corresponding inspection reports completed, within the timeframes established in updated Water Board Manual.

CWA Element 3 - Violations

Finding 3-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

Inspection reports generally provide adequate information supporting the compliance determinations found during inspections.

Explanation:

Metric 7e measures the percentage of inspection reports reviewed that led to an accurate compliance determination, based on information available in the file. The number of inspection reports that led to accurate compliance determinations (89.7%) was below the national goal of 100% but does not necessitate a corrective recommendation. For this review metric, EPA reviewed files from the North Coast, Central Coast, and Colorado River Regional Boards, that is interpreted as being representative of the entire State. Nearly all the inspection reports from the Regional Boards included sufficient documentation leading to an accurate compliance determination.

Metrics 7j1, 7k1, 8a3, and 8a4, also called review indicator metrics, provide context for the overall findings from the file reviews. They are not used to develop additional findings. For these metrics, EPA reviewed statewide data.

Metric 7j1 measures the number of major and non-major facilities with SEVs reported that begin in the review year. California's FY24 data indicated 1036 major and non-major facilities with reported SEVs in the national database system.

Metric 7k1 measures the active major and non-major facilities in noncompliance. California's FY24 data indicated 21.4% of facilities in noncompliance, which is significantly above the national average of 13.7%.

Metric 8a3 measures the percentage of active major facilities in SNC and non-major individual permit facilities in Category I noncompliance during the fiscal year. California's FY24 data indicated 0.7% of facilities were in noncompliance, which is well below the national average of 4.3%.

Metric 8a4 measures the percentage of active non-major general permit facilities in Category I noncompliance during the reporting year. California's FY24 data indicated 0% of facilities were in noncompliance, which is less than the national average of 3.1%.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
7e Accuracy of compliance determinations	100%		26	29	89.7%
7j1 Number of major and non-major NPDES facilities with new single-event violations reported that began in the review year			1036		1036
7k1 Major and non-major facilities in noncompliance.		13.7%	3121	14567	21.40%
8a3 Percentage of active major facilities in SNC and non-major individual permit facilities in Category I noncompliance during the fiscal year		4.3%	97	13888	0.70%
8a4 Percentage of active non-major general permit facilities in Category I noncompliance during the reporting year		3.1%	2	13476	0%

State Response:

Please explain the difference between a facility having a new SEV and being in noncompliance.

CWA Element 4 - Enforcement

Finding 4-1
Area for Attention

Recurring Issue:
No

Summary:

Eighty-three percent of the reviewed enforcement actions resulted in a return to compliance.

Metric 9a measures the percent of enforcement responses that return or will return the source to compliance. For this review metric, EPA reviewed files from the North Coast, Central Coast, and Colorado River Regional Boards, that is interpreted as being representative of the entire State. There were 20 of 24 enforcement actions reviewed that resulted in a return to compliance specific

to the relevant NPDES requirement. The finding level is identified as an Area for State Attention since it is below 85%. Four enforcement actions did not promote return to compliance.

In 83.3% of enforcement actions reviewed, the EPA reviewers found either that the enforcement action mandated a return to compliance or found other documentation in the file indicating that the facility returned to compliance because of the enforcement action. The actions included a variety of informal (NOVs or notices of noncompliance) and formal (administrative civil liability actions) enforcement actions, most often with documented returns to compliance. In four of the actions evaluated, the EPA reviewers found that the action did not promote a return to compliance. Each of these cases were either penalty actions or informal actions (i.e. verbal warning) where the action did not include a requirement to return to compliance. Although some of these facilities may have returned to compliance, the EPA reviewers did not find documentation in the file of return to compliance.

Stormwater enforcement electronic files (i.e. SMARTS) contained additional information useful in verifying facilities return to compliance, including copies of required reports, sampling results, and/or permit application documents developed or submitted to address the deficiency/violation resulting in the enforcement action. Three of the four cases in which facilities were not returned to compliance involved stormwater permittees in the Colorado River Basin Regional Board. These permittees had violations documented in inspection reports and/or informal actions, but there was no documentation in the files to show the regional board followed up to ensure the facilities returned to compliance.

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	100%		20	24	83.3%

State Response:

Please provide details on which four Colorado River Basin Regional Board enforcement actions these were so we can better understand what was lacking. Inspection report and Notices of Violation templates include requirements to come into compliance with all applicable orders. The Water Boards request EPA’s assistance in identifying an efficient documentation process that would be sufficient to demonstrate a return to compliance.

CWA Element 4 - Enforcement

Finding 4-2
Area for Attention

Recurring Issue:
No

Summary:

Enforcement actions taken at major and non-major facilities are only taken in an appropriate and timely manner 75% of the time.

Explanation:

Metrics 10a1, 10a2, 10a3, and 10a4, also called review indicator metrics, are used to provide context for the overall findings from the file reviews. They are not used to develop additional findings. For these metrics, EPA reviewed statewide data and compared it to EPA expectations for enforcement response timeliness as provided in EPA's Enforcement Management System (EMS).

Metric 10a1 measures the percentage of major NPDES facilities with formal enforcement action taken in a timely manner in response to late DMR SNC violations. California's FY24 data indicated 0% of facilities had formal enforcement action taken in a timely manner in response to late DMR SNC violations. The national average is 28.6%.

Metric 10a2 measures the percentage of major individually permitted NPDES facilities with formal enforcement action taken in a timely manner in response to missing DMR SNC violations. California's SFY24 data indicated 0% of facilities had formal enforcement actions taken in a timely manner in response to missing DMR SNC violations.

Metric 10a3 measures the percentage of major individually permitted NPDES facilities with formal enforcement action taken in a timely manner in response to SNC effluent violations. California's SFY24 data indicated 42.1% of facilities had formal enforcement actions taken in a timely manner in response to SNC effluent violations while the national average is 25.3%.

Metric 10a4 measures the percentage of major individually permitted NPDES facilities with formal enforcement action taken in a timely manner in response to SNC compliance schedule violations. California's SFY24 data indicated 0% of facilities had formal enforcement action taken in a timely manner in response to SNC compliance schedule violations. The national average is also 0%.

For context, EPA policy dictates that SNC level violations must be addressed with a formal enforcement action (administrative compliance order or judicial action) issued within 5½ months of the end of the quarter when the SNC level violations initially occurred.

Metric 10b was used to assess California's enforcement response to any type of violation (SNC or lower-level violations) at any type of facility (major, minor or general permit discharger). EPA's evaluation of metric 10b was based on review of 32 enforcement responses selected from the North Coast, Central Coast, and Colorado River Regional Boards' files. Each of the 32 enforcement responses were reviewed to determine if they met EPA expectations for enforcement response as provided in EPA's EMS. The EMS includes the strict expectations cited above for enforcement response to major facility SNC violations as well as general guidelines for responses to non-SNC violations.

EPA found that 24 of the 32 enforcement responses were appropriate for the type of violation. These responses included NOVs for minor deficiencies, with documented follow-up and a return to compliance, or formal enforcement (Administrative Civil Liabilities, compliance orders, etc.) for more serious violations. In eight of the files, however, the EPA reviewers concluded that the enforcement action was not appropriate for the circumstances. For example, some facilities had effluent violations from toxic pollutants and the corresponding enforcement actions were informal, or the enforcement action did not return the facility to compliance or prevent the facility from returning to noncompliance.

There were multiple stormwater cases in the Central Coast Region in which continuing violations were handled with a series of what would be considered by EPA to be informal actions, rather than escalating to formal enforcement.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
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	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%	8	19	42.1%
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.	100%		24	32	75%

State Response:

For late DMR SNC violations, California takes enforcement for recurrence of nonsubmittal since a significant number of initial nonsubmittal's are due to system errors, permit data entry delay, etc. Once true noncompliance is identified, the Water Boards issue NOVs that require immediate compliance. When a discharger fails to respond to an NOV containing compliance milestones, then an Administrative Civil Liability is issued. EPA, however, does not consider the issuance of an Administrative Civil Liability "formal enforcement." Often, the issuance of an ACL Complaint will result in a settlement that includes not only the imposition of liability but also an agreed upon compliance schedule. EPA's definition of what qualifies as formal enforcement fails to credit California for this progressive enforcement approach.

CWA Element 5 - Penalties

Finding 5-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

Consideration of economic benefit and gravity was not applicable in most of the files reviewed. When assessing discretionary penalties for a formal action, California considered economic benefit and gravity in its penalty calculation and documented collection of the penalty payment.

Explanation:

For these review metrics, EPA reviewed penalty files from the North Coast, Central Coast, and Colorado River Regional Boards, that is interpreted as being representative of the entire State. Metric 11a assesses the state's method for calculating penalties and whether it properly documents the economic benefit and gravity components in its penalty calculations. This metric was mostly not applicable as mandatory penalty provisions are required by California Water Code section 13385, subdivisions (h) and (i), for specified violations of NPDES permits. For violations that are subject to mandatory minimum penalties (MMPs), the Water Boards must assess an ACL for the MMP or for a greater amount. California Water Code section 13385(h) requires that a MMP of $3,000 be assessed by the Regional Water Boards for each serious violation. Water Boards may issue discretionary liabilities depending on the nature of the violations. It should also be noted that the Porter-Cologne Water Quality Control Act requires that certain civil liabilities be set at a level that accounts for any "economic benefit or savings" violators gained through their violations. One instance of economic benefit and gravity components being included in penalty calculations was for a large SSO to waters in the Central Coast Regional Water Board. There were also three stormwater cases in the North Coast Region with such detailed calculations.

Metric 12a assesses whether the state documents the rationale for changing penalty amounts when the final value is less than the initial calculated value. In one instance, the North Coast Regional Water Board produced a penalty which was significantly lower than what was calculated in the record. Documents reviewed showed one significant difference between the penalty the North Coast Regional Board assessed in an industrial stormwater case compared to the penalty approved by the North Coast Regional Board. The Board's decision lowered the penalty from more than $8 Million to $127,000. The rationale given for the reduction appears to have been a misalignment between the bulk of the evidence gathered (centered on numerous highly turbid discharges) versus how the case was pled (alleged unauthorized discharges, which require strong evidence of inadequate stormwater controls onsite). As a result, economic benefit was zeroed out, and the dates and volumes of unpermitted discharges were severely curtailed.

In a second instance, the North Coast Regional Board allowed a disadvantaged POTW to complete a Supplemental Environmental Project (SEP) and pay a reduced penalty. The total value of the SEP and the reduced penalty was the same as the initial penalty calculation. The SEP consisted of the installation of a backup power generator for a sewer lift station at an affordable housing complex within the town, which supported the State Water Board's core value of the human right

to water by safeguarding the continuity of wastewater services, preventing water contamination, reducing health risks, and ensuring equitable access to these services.

Metric 12b assesses whether the state documents collection of penalty payments. The files had documentation indicating collection of assessed penalties in almost all penalty actions reviewed (89%).

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	100%		4	4	100%
12a Documentation of rationale for difference between initial penalty calculation and final penalty	100%		2	2	100%
12b Penalties collected	100%		8	9	88.9%

State Response:
None

Element
Name of Facility
Name of Operator/Permittee
Mailing address/Location of facility
Receiving Water
Discharge point(s) and pathway of discharge
SIC Code or type of facility (basis for regulation under the CWA)
WDID, Permit tracking number or indication if unpermitted
Type of inspection (e.g. industrial stormwater, pretreatment, etc.)
Name(s) of facility representative(s) participating in inspection
Name(s) of inspectors participating in inspection
Date of inspection
Entry and Exit Times
Consent granted (by whom and what time)
Weather conditions at time of inspection
If a checklist is used: A) if included in the final report, indicate which elements were reviewed as part of the inspection and which were not reviewed; B) if checklist not included in final report and report is narrative instead, maintain a copy of the filled-in checklist along with inspection notes in accordance with state recordkeeping mandates.
Supplementary narrative information that supports or explains findings. The narrative should include relevant facts, observations, important information gained via interviews with facility personnel, and references to accompanying documentary support.
List of documents reviewed during inspection
List of any documents requested from operator (to be provided post-inspection)
Supporting documentation relied upon in making inspection report finding must be retained and included in the report, or referenced if it is already included in the facility's compliance file. This includes printed information and evidence produced, copied, or taken by an inspector to determine compliance status or corroborate alleged or suspected violations, including field notes, lab analyses and reports, statements, photographs, videotapes, drawings, maps, printed matter, recordings, and copies of records. Note that not all such evidence must be included in the report itself; only as much as necessary to support the inspector's findings. Evidence not included in the report should be available either in the facility's compliance files or with the inspector's records in accordance with recordkeeping schedules.
Inspector's Signature and Date Signed
Peer Reviewer or Manager's Signature and Date Signed

STATE REVIEW FRAMEWORK

California

Resource Conservation and Recovery Act
Implementation in Federal Fiscal Year 2024

U.S. Environmental Protection Agency
Region 9

Final Report
August 25, 2026

Executive Summary

Introduction

Resource Conservation and Recovery Act (RCRA)

The California Department of Toxic Substances Control (DTSC) is authorized by the EPA to implement their hazardous waste management program in lieu of the federal Resource Conservation and Recovery Act (RCRA) program. In 1993, California Senate Bill 1082 was signed into law establishing the Certified Unified Program administered by the California Environmental Protection Agency (CalEPA). The implementing regulations authorize local approved agencies, referred to as Certified Unified Program Agencies (CUPAs), to perform inspections and enforcement in six different programs, including facilities that generate hazardous wastes.

A CUPA is typically either a city or county fire or health department (e.g., Orange County Health Care Agency (OCHCA), City of Santa Fe Springs' Department of Fire-Rescue). The first CUPA was certified in 1996. There are 81 CUPAs.

CUPAs are required to structure their enforcement program to follow the implementing state statute for the specific delegated program. For example, the Hazardous Waste Control Law (Health and Safety Code, Division 20, Chapter 6.5) is the state law that protects human health and the environment from the potential hazards associated with facilities that generate, transport and/or manage hazardous wastes. DTSC is the primary agency that implements this law. As previously stated, CUPAs have been authorized to implement the generator requirements contained in the law along with the corresponding hazardous waste management regulations promulgated by DTSC.

To ensure the delegated program is consistent among each CUPA jurisdiction, CalEPA and the primary implementing agency evaluate each CUPA on at least a 4-year cycle. The evaluation includes ensuring inspection and enforcement data is being properly captured in California Environmental Reporting System (CERS). Additionally, the evaluations are used to determine if a CUPA's inspection and enforcement programs are consistent with legal requirements. At the conclusion of a CUPA evaluation, a report which identifies the findings including deficiencies and incidental findings, along with timeframes for associated corrective actions as well as one of the following evaluation ratings is issued to the CUPA: Meets or exceeds standards, Satisfactory with improvement needed, or Unsatisfactory with improvement needed. During the progress report process, ratings can be upgraded including the following additional rating: Meets standards.

To assess whether a CUPA is meeting the required standards for the certification, CalEPA, in coordination with all state agencies with Unified Program responsibilities (e.g., DTSC for the Hazardous Waste Generator and Onsite Hazardous Waste Treatment Program), performs evaluations of each CUPA every 4 years (per 27 California Code of Regulation (CCR) 15330). Several performance measures and CERS data are used to identify deficiencies and incidental findings, corrective actions and resolutions, if any, timeframes for associated corrective actions and resolutions, observations and recommendations, and examples of accomplishments, challenges, and outstanding program implementation.

DTSC issues all state and federal hazardous waste IDs and performs Treatment/Storage/Disposal Facility

(TSDF), TSDF enforcement, e-waste management, used oil, transporter, and other inspections associated with active or closed TSDFs (e.g., groundwater monitoring evaluations) while the CUPAs perform generator inspections and enforcement. Under the EPA grant, DTSC also performs a limited number of generator inspections.

San Joaquin County Environmental Health Department (SJCEHD) was the CUPA agency reviewed during the prior Round 4 of the SRF. The major issues identified in the Round 4 SRF of SJCEHD were CERS Compliance Monitoring and Enforcement (CM&E) data not being translated into RCRAInfo and not including economic benefit of noncompliance into penalty calculations. These same issues were found in this Round 5 review of OCHCA.

For Round 5, the EPA focused the SRF review on a single CUPA and a single DTSC district office. The EPA avoided selecting a CUPA that was recently reviewed by DTSC and scored poorly on a recent state CUPA evaluation, since those CUPAs would already have action items to address.

EPA selected OCHCA as the CUPA for review. With the exception of the City of Anaheim, OCHCA is the certified CUPA for Orange County.[1]

RCRAInfo and CERS generator inspection and enforcement data for 31 FY2024 files representing 30 facilities were reviewed. Additionally, statewide CUPA and DTSC inspection and enforcement data metrics were evaluated as part of this SRF review.

OCHCA's Inspections & Enforcement Plan (I&E Plan), which is similar to the EPA's 2003 RCRA Hazardous Waste Civil Enforcement Response Policy (ERP), references CalEPA's "Unified Program Bulleting 0910-02", which states that Unified Programs must meet the state compliance and enforcement standards as prescribed in state law and regulations. The Bulletin references CalEPA's Violation Classification Guidance for Unified Program Agencies, which describes Class 1, Class 2, and Minor violations.

The DTSC Chatsworth office was selected for review and covers DTSC Region 3, which is a defined area of southern California. However, the office will sometimes cover facilities from anywhere in the state depending on the type of inspection and inspection needs. RCRAInfo TSDF transporter, e-waste inspection and enforcement data for 20 FY2024 files were reviewed.

Resource Conservation and Recovery Act (RCRA) Findings:

Areas of Strong Performance

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

OCHCA

- With the exception of capturing economic benefit of noncompliance, OCHCA's penalty calculations and penalty collection procedures mirror DTSC's and EPA's formal enforcement policies and procedures.

[1] OCHCA works in partnership with its Participating Agencies (PAs), which oversee the Hazardous Materials and Business Emergency Response Plan (HMBP) program in the cities of Fountain Valley, Huntington Beach, La Habra, and Orange, as well as the Underground Storage Tank (UST) program in the City of Orange.

DTSC

- DTSC routinely meets TSDF inspection frequencies, defined in the EPA Dec 2021 RCRA Compliance Monitoring Strategy (CMS).
- DTSC Chatsworth's hazardous waste program inspection reports reviewed were complete, consistent, and provided appropriate documentation to determine compliance at the facility.
- DTSC Chatsworth timeliness of issuing an official inspection report averages under 40 days from the first day of the inspection.
- DTSC Chatsworth effectively manages noncompliant facilities with appropriate enforcement responses.
- DTSC Chatsworth routinely settles cases for the calculated proposed 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:

OCHCA

- OCHCA is reporting most hazardous waste CM&E activity data in CERS. However, some data that is reported in CERS includes some discrepancies between what is in the file and the system.
- OCHCA inspection reports follow current CalEPA guidance, though additional detail such as complete photograph logs must be considered in future updates to statewide reporting guidance.
- OCHCA reports do not contain sufficient information such as complete photograph logs to document observed violations.
- OCHCA is not elevating recalcitrant violators to formal enforcement per the Agency's Inspection and Enforcement Plan.
- Based on CalEPA's existing guidelines, OCHCA does not include economic benefit of noncompliance in the agency's penalty calculations.

CalEPA

- Only a small subset of RCRA C CM&E conducted by the CUPAs is captured in RCRAInfo. Additionally, much of the data that is captured is inaccurately represented due to CERS system schema mismatches and to flaws in translation logic. Obstacles include limited CUPA source data, complex data validation rules, and a lack of attention to data mapping by CalEPA. This is a recurring issue identified in a previous SRF review.
- The CalEPA inspection and enforcement plan template and associated guidance documents prepared for CUPAs need to be revised to include an economic benefit of noncompliance component in penalty calculations, a timeline for elevating Class 2 and minor violations to Class 1 (SNC) violations, and the maximum number of recalcitrant violator re-inspections to be performed by a CUPA.
- Given CalEPA's Unified Program oversight responsibilities, CalEPA should update and provide policy documents and training that will provide consistency in CUPA inspection and enforcement programs.

Resource Conservation and Recovery Act Findings

RCRA Element 1 - Data

Finding 1-1
OCHCA/CalEPA: Area for Improvement

Recurring Issue:
Recurring from Round 4

Summary:
OCHCA is reporting most CM&E data in CERS. However, some of the data reported in CERS contains discrepancies between what is in the file and the system. Due to CalEPA's translation logic, the majority of the CM&E data in CERS does not flow to RCRAInfo and what does flow is frequently inaccurate.

Explanation:

In California, DTSC is the authorized agency to implement RCRA C CM&E. However, the bulk of inspection and enforcement of hazardous waste generators have been delegated by the State to 81 local agencies identified as CUPAs. Typically, a CUPA is associated with a County or City Fire Department or a County Health Department. CalEPA certifies CUPAs and oversees the Unified Program. CalEPA has developed a statewide web-based system, known as CERS, that supports the electronic exchange of required Unified Program information among businesses, local governments, and the EPA. CalEPA is responsible for administering the Unified Program, which includes responsibility for managing CERS and providing user guidance to the CUPAs. Hazardous waste CM&E data is either directly entered, uploaded, or electronically transferred to CERS by the CUPA. The EPA IDs are matched to facilities and validated based on data in DTSC's Hazardous Waste Tracking System (HWTS) not RCRAInfo, and it is the CUPA's responsibility to ensure that EPA IDs which do not pass validation are validated per the July 2022 CalEPA EPA ID Validation Overview For CUPAs. From CERS, CM&E data is scheduled to automatically be uploaded to EPA's RCRAInfo database monthly by CalEPA.

A portion of the Round 5 RCRA SRF review focused on a single CUPA, OCHCA. OCHCA is responsible for ensuring CM&E data is in CERS and CalEPA is responsible for ensuring the data translates from CERS to RCRAInfo monthly. OCHCA uploads CM&E data to CERS quarterly, in line with CalEPA's standard. OCHCA provided the EPA with electronic copies of selected CM&E files for review. The EPA assessed this data and compared it to both CERS CM&E data and the CM&E data found in RCRAInfo. For the file review, EPA staff reviewed 31 complete inspection/enforcement OCHCA files representing 30 facilities. Facilities include both state and federal hazardous waste handlers distinguished by unique identification numbers, commonly referred to as EPA ID numbers. Only 1 of the 31 files reviewed for OCHCA contained all the required data accurately reflected in RCRAInfo. Moreover, many of files had multiple data issues within a single file. The following data issues were identified in the files reviewed:

- 2 of 30 facilities had an EPA ID listed in CERS that did not exist in RCRAInfo and thus is an invalid EPA ID, however, they both passed CERS EPA validation. Both of the facility's IDs are CA-prefix IDs that exist in HWTS and thus appear to be a result of DTSC not assigning the EPA IDs in RCRAInfo in addition to HWTS.

- Approximately 25% of the files reviewed included data in the file that did not match data in CERS.
    - Some of the files included inspections, particularly “re-inspections”, which were not in CERS.
    - Some of these files included violations listed in the inspection report that were not in CERS.
    - Some of the files documented return to compliance (RTC) for violations but this RTC was not listed in CERS.
    - Some of the files did not properly link violations to the inspection that discovered the violation and or to the enforcement action that addresses the violation.
    - Some of the files included enforcement actions that were not in CERS.
- The majority of the CM&E activities entered into CERS were not reflected at all or reflected improperly in RCRAInfo. This appears to be due to various issues with the CERS system set-up and translation. See Finding 1-3 for more information. Summary of issues:
    - CM&E activities exist in CERS accurately but did not flow to RCRAInfo.
    - CM&E activities flowed to RCRAInfo, but it did not translate accurately.
- Of the inspections that did flow to RCRAInfo, many are listed with the wrong evaluation type due to CERS data system and translation issues.
- Some of the violation linkage issues appear to be due to CERS translation logic as opposed to OCHCA data entry issues.
- All files with SNC designations that flowed to RCRAInfo were translated incorrectly. See Finding 1-3 for more information.

The one file that had proper data only had one inspection with no violations and flowed to RCRAInfo despite having no EPA ID listed in CERS. It is unclear how this successfully flowed to RCRAInfo given this information.

The EPA recommends OCHCA correct the data discrepancies for the identified files reviewed and going forward perform annual reconciliation of CM&E data to ensure proper entry. Additionally, CalEPA should provide improved guidance and training to CUPAs on data entry to ensure data is recorded in a manner that allows for complete and accurate translation to RCRAInfo. Recommendations related specifically to the CERS systems and translation are listed separately in Finding 1-3.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	OCHCA N	OCHCA D	OCHCA Total
2b Complete and accurate entry of mandatory data.	100%		1	31	3.2%

DTSC/CalEPA Response:

DTSC and CalEPA are committed to protecting Californians and their environment from exposure to hazardous wastes by enforcing hazardous waste laws and regulations. DTSC’s and CUPA’s implementation of the RCRA Hazardous Waste Program is a crucial component of this mission.

DTSC and CalEPA strive to ensure that both the public and EPA are fully informed of California's consistent and timely inspection and enforcement activities. Transparency and accountability are advanced through secure, high-quality data exchange between State systems to RCRAInfo.

DTSC is authorized by EPA to implement the RCRA hazardous waste program. CalEPA certifies CUPAs and oversees the Unified Program. Through this certification, the CUPAs are delegated authority to implement the Hazardous Waste Generator Program.

Pursuant to Health and Safety Code section 25404, subdivision (e), CalEPA is responsible for establishing a statewide information management system (i.e., CERS) capable of receiving all data collected by the Unified Program Agencies and reported by regulated businesses. Historically, CalEPA has supported the translation and transfer of data from CERS to RCRAInfo. As part of an ongoing transition, DTSC, as the authorized RCRA agency, is working toward assuming responsibility for translating and transferring data from CERS to RCRAinfo. CalEPA will continue to collaborate closely with DTSC, including helping to establish a timeline and ensure a smooth and coordinated transition of these responsibilities. Responses and further details regarding the translation and transfer of data from CERS/CERS NextGen can be found in Finding 1-3.

CalEPA will provide guidance to CERS/CERS NextGen users on system functionality, use, and operation. As the subject matter expert and lead agency for the Hazardous Waste Management Program, DTSC will lead the development and delivery of programmatic guidance and training to CUPAs on hazardous waste data and its importance to data quality and consistency. CalEPA will coordinate with and support DTSC by providing system-focused training and technical assistance as needed. Together, DTSC and CalEPA will collaborate to ensure hazardous waste data in CERS/CERS NextGen is complete, accurate, and timely so that the public and EPA are fully informed of California's inspection and enforcement activities.

OCHCA Response:

OCHCA acknowledges the finding. OCHCA reports all required CM&E data to CERS on a quarterly schedule consistent with CalEPA practice. However, the file review identified specific discrepancies between case files, CERS entries, and RCRAInfo records. OCHCA will develop a plan to ensure accurate entry of CM&E data entered into CERS that includes annual reconciliation of CM&E data entered and ensure discrepancies are corrected. OCHCA will defer to DTSC and CalEPA on additional guidance related to this recommendation.

Recommendation:

Rec #	Due Date	Recommendation
1-1.1 OCHCA	12/1/2026	OCHCA should develop a policy and plan to ensure accurate entry of CM&E data entered into CERS that includes at least annual reconciliation of CM&E data entered and ensure discrepancies are corrected. Submit the policy and plan to the EPA and DTSC.

Rec #	Due Date	Recommendation
1-1.2 CalEPA/DTSC	3 Months Prior to CERS NextGen Go Live Date	CalEPA should collaborate with DTSC to revise their CERS EPA ID validation procedures and CUPA guidance to ensure the EPA ID numbers listed exist in RCRAInfo, are updated when facilities change EPA IDs, and the EPA ID numbers listed for a given CERS facility corresponds to the correct facility. Provide the plan and guidance to the EPA for comment.
1-1.3 CalEPA/DTSC	First Training Prior to CERS NextGen Go Live Date	Annual training should be provided to the CUPAs on hazardous waste inspection, violation, and enforcement data entry, including how to enter re-inspections, designate facilities as SNC, and enter RTC information. The first of these trainings should occur no later than prior to the CERS NextGen Go Live date and it should reflect modifications to CERS needed to ensure complete and accurate reporting to RCRAInfo as recommended in Finding 1-3. Submit to the EPA all trainings provided with a list of which CUPAs attended and the percentage of CUPA entities that had at least one person trained. If less than 60% of CUPAs were trained, provide additional trainings in FFY27. Submit to the EPA all trainings provided with a list of which CUPAs attended and the percentage of CUPA entities that had at least one person trained.
1-1.4 DTSC	12/31/2026	DTSC should perform reconciliation of HWTS and RCRAInfo to identify handlers that exist solely in either system and make corrections where appropriate. DTSC should ensure there is a mechanism for flagging facilities in HWTS not in RCRAInfo. Provide the EPA with a report that includes a list of handlers that exist solely in either system and describe the flagging mechanism. Provide the EPA with a report that includes a column that summarizes the corrective action for each handler.

RCRA Element 1 - Data

Finding 1-2
DTSC: Area for Attention

Recurring Issue:

Recurring from Round 3

Summary:
Some of the DTSC Chatsworth CM&E data is missing or is not accurate.

Explanation:

DTSC has 6 offices located across the state with staff that perform inspections. Each office is assigned inspections to conduct for a given State Fiscal Year (SFY). Any enforcement that results is generally taken by the office who conducted the inspection. Offices are not constrained to inspect particular geographical areas, but typically inspections assigned are in relatively close proximity to the office location. DTSC uses a web-based system called EnviroStor, to enter RCRA CM&E data. From EnviroStor, CM&E data is uploaded to EPA's RCRAInfo database monthly by DTSC with support from contractors.

In addition to OCHCA, Round 5 RCRA SRF focused on a single DTSC office, the DTSC Chatsworth Office. DTSC Chatsworth provided to EPA electronic copies of the CM&E selected files for review. The EPA assessed this data and compared it to the CM&E data found in RCRAInfo. The EPA did not verify whether the data was accurately reported in EnviroStor. For the file review, the EPA staff reviewed 20 complete inspection/enforcement DTSC Chatsworth files representing 16 facilities. 80% (16 of 20) of the files reviewed for DTSC Chatsworth contained all the required data that was accurately reflected in the RCRAInfo database. The following data issues were identified in the files reviewed:

- Some files indicated inspections, violations, and enforcement actions that were not in RCRAInfo.
- Some files had informal enforcement action dates listed in RCRAInfo different than the actual date provided in the file.
- One of the files had informal enforcement listed in RCRAInfo but the file did not include informal enforcement. It appears this may have been erroneous entry of informal enforcement.

The EPA recommends DTSC correct the data discrepancies for the identified files reviewed and going forward perform quarterly reconciliation of CM&E data to ensure proper entry. In addition to the above issues, EPA also identified that DTSC does not flow any penalty paid data to RCRAInfo. All applicable files reviewed included penalty collection documentation; however, the EPA recommends DTSC flow penalty paid data to RCRAInfo to ensure RCRAInfo maintains an accurate view of compliance.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	DTSC N	DTSC D	DTSC Total
2b Complete and accurate entry of mandatory data.	100%		16	20	80%

DTSC Response:

DTSC acknowledges the evaluation and commends the Chatsworth Branch team for its excellence in documenting inspection and enforcement activities. The explanation describes a small number of instances where CM&E data in RCRAInfo did not match the data in DTSC's files. Where possible,

DTSC has corrected the minor data discrepancies in RCRAInfo described in the explanation. DTSC will continue to strive to ensure that EPA receives timely and accurate information about DTSC's inspection and enforcement activities.

Regarding the transmission of penalty-paid data from DTSC to RCRAInfo, DTSC is unable to implement this enhancement at this time due to the funding and system development resources it would require. The necessary modifications to the EERD EnviroStor database may be considered in the future as resources allow, and DTSC will reevaluate this potential enhancement as priorities and funding permit.

RCRA Element 1 - Data

Finding 1-3
CalEPA: Area for Improvement

Recurring Issue:
Recurring from Round 4

Summary:
The majority of CM&E data from CERS does not flow to RCRAInfo. Of the data that does flow, the majority is either not translated correctly or does not properly reflect the activity that occurred.

Explanation:

California translates CM&E data from two sources: CERS, compiling data from 81 local agencies, and EnviroStor, reporting on activities performed by DTSC. Most CM&E data from EnviroStor is translated to RCRAInfo. Currently only a small subset of CERS hazardous waste CM&E data is translated to RCRAInfo. Data translation from CERS to the RCRAInfo CM&E module has improved, in part through the implementation of EPA ID validation, however, CM&E translation largely remains a work in progress. This translation: (a) is not well documented, (b) does not conform to the same EnviroStor business rules or RCRAInfo business rules, and (c) does not represent 100% of the level of effort made by CUPA inspection and enforcement staff. The ability to increase the data flow to RCRAInfo depends on making multiple CERS source system changes to report activities correctly to RCRAInfo as well as updating the node XML.

The SRF team identified the following areas of concern for the existing CERS translation as part of the OCHCA file review:

- There are still many facilities in CERS with hazardous waste inspections that do not have an EPA ID number assigned, or have an assigned EPA ID number that is invalid, or have a valid EPA ID that does not correspond to the facility it is assigned to in CERS. The EPA's review indicates that in most cases, only inspections with valid EPA RCRA IDs flow to RCRAInfo, and therefore the translation underrepresents the hazardous waste CM&E activities occurring and in rare cases, CM&E activities are translated from one facility to a different facility.
- CERS distinguishes hazardous waste inspections into two programs - "Hazardous Waste Large Quantity Generator" program inspections, coded as "HWLQG," covers facilities that are federal RCRA Large Quantity Generators (LQGs) at the time of inspection, or "Hazardous Waste Generator" (HWG) program inspections, coded as "HWG," which covers

all hazardous waste generators that were not a federal RCRA LQG at the time of inspection, even if they were a federal LQG at some point during the calendar year. CERS is only set up to translate HWLQG inspections to RCRAInfo. All hazardous waste inspections that require a state or federal ID number (e.g., HWG, LQG) should be translated to RCRAInfo regardless of the federal generator status (e.g., VSQG, SQG, LQG, not a generator) at the time of inspection.

- CERS is not properly translating to RCRAInfo facility SNC status designations (evaluation type codes "SNY" and "SNN")[2] nor inspections that include SNC violations. Inspections with SNC violations should be listed in RCRAInfo as separate evaluation records from the SNC status designation. The CERS translation does not follow this logic and results in inaccurately reported evaluation records in RCRAInfo. The following issues were identified:
    - Inspections in CERS that include violations resulting in an SNC designation are translated to RCRAInfo as an SNY record with the date of the inspection as the date of the SNC designation. In RCRAInfo, SNY records are not inspections, and require a separate evaluation record for the inspection.
    - All violations identified as part of the inspection resulting in an SNC designation are linked to the SNY record. No violations should be linked to the SNY record, only to the inspection record.
    - Some of the SNN records in RCRAInfo correspond to records in CERS that appear to be actual follow-up inspections. In RCRAInfo, SNNs are not inspections.
- The only nationally defined evaluation type corresponding to an actual inspection that CERS is set up to translate is Compliance Evaluation Inspections (CEIs). However, many of the inspections that are being translated as CEIs do not meet EPA's definition of CEI. CalEPA should translate all hazardous waste inspections that occur and report them to RCRAInfo with the appropriate corresponding evaluation type as defined in the RCRAInfo Data Element Dictionary.
- CalEPA considers what they call "re-inspection" to be informal enforcement according to Revised 2025 CalEPA's Guidance for Inspection and Enforcement Plans; however, these inspections are still recorded under the inspection module of CERS coded as "other" inspections. The file reviewers assessed several OCHCA "re-inspections" and identified that some of these were on-site, and some were completely off-site activities either associated with verifying compliance or gathering additional information to determine compliance related to a previous inspection. This is typically what the EPA would consider a follow-up inspection. The majority of these re-inspections and any associated violations are not translating to RCRAInfo, and the re-inspections that are translating are incorrectly listed as evaluation type CEI given the re-inspections do not correspond to RCRAInfo's definition of CEI defined in the EPA RCRAInfo Data Elements Dictionary (DED). CUPA re-inspections that meet the EPA's definition of inspections and not informal enforcement as defined by the EPA, should be coded in RCRAInfo under the nationally defined evaluation type code value they correspond to, most likely evaluation type "Follow-up Inspection" (evaluation type code "FUI"). If these "re-inspections" meet the EPA's definition of informal enforcement, then the inspection should translate to RCRAInfo under the corresponding RCRAInfo informal

[2] In RCRAInfo, an evaluation record with the evaluation type "A Significant Non-Complier" (evaluation type code "SNY") is used to designate a facility as a SNC and the evaluation type "No Longer A Significant Non-Complier" (evaluation type code "SNN") is used to designate the facility as no longer a SNC. SNY and SNN evaluation records are SNC status designations not actual inspections. Inspections with SNC violations should be listed in RCRAInfo as a separate evaluation record with the appropriate evaluation type.

enforcement type code. If these "re-inspections" are neither RCRAInfo informal enforcement nor RCRAInfo defined evaluations, such as off-site case development then these should not be translated to RCRAInfo.

- Some of the violations and enforcement actions that are in CERS and appear to meet the conditions necessary to translate to RCRAInfo are not translating to RCRAInfo. It is unclear to the EPA what is the root cause of these translation issues.

More robust collaboration between data, IT, and program staff at both agencies is needed to address the aforementioned data issues. CalEPA and DTSC must work together to ensure that the translation to RCRAInfo is fully representative of the reportable hazardous waste CM&E activities conducted by the CUPAs and that each is aware of the scope and limitations of what is translated. RCRAInfo is the sole platform where RCRA implementation by all three levels of government and its data can be viewed and is available to the public via ECHO. Incomplete data misrepresents the program and creates concerns for facilities and involved agencies.

In addition to the above issues, the EPA also identified that CalEPA does not translate any penalty paid data to RCRAInfo. All applicable files reviewed included penalty collection documentation; however, the EPA recommends CalEPA translate penalty paid data to RCRAInfo to ensure RCRAInfo maintains an accurate view of compliance.

The EPA is aware that CalEPA is currently in the process of developing CERS NextGen, the new version of CERS. CalEPA should ensure that they do not reproduce the issues impeding complete and accurate translation of CM&E data to RCRAInfo in the current version of CERS in the new system.

Relevant metrics:

No specific metric. See metrics 2b in Finding 1-1.

DTSC/CalEPA Response:

DTSC and CalEPA strive to ensure that both the public and EPA are fully informed of California's consistent and timely inspection and enforcement activities. Transparency and accountability are advanced through secure, high-quality data exchange between State systems and RCRAInfo.

DTSC and CalEPA appreciate EPA's recognition that data translation from CERS to RCRAInfo has improved. This improvement was the result of ongoing, dedicated, and intensive efforts by DTSC, CalEPA, and CUPAs making continuous improvements in data entry, data quality, and data exchange processes.

DTSC is authorized by EPA to implement the RCRA hazardous waste program. CalEPA certifies CUPAs and oversees the Unified Program. Through this certification, the CUPAs are delegated authority to implement the Hazardous Waste Generator Program.

Pursuant to Health and Safety Code section 25404, subdivision (e), CalEPA is responsible for establishing a statewide information management system (i.e., CERS) capable of receiving all data collected by the Unified Program Agencies and reported by regulated businesses.

CalEPA has been translating and transferring data from CERS to RCRAInfo since the inception of CERS in 2013. CERS will be replaced by CERS NextGen. DTSC and CalEPA are transitioning the responsibility

for data translation and transfer to DTSC. This collaboration, the development of CERS NextGen, and the transition to an updated data exchange process for CERS NextGen will impact the timelines and proposed deliverables contained in the recommendation for RCRA Element 1. DTSC and CalEPA are committed to translating RCRA data in an accurate and timely manner in order to maintain the RCRA authorization granted by EPA.

Recommendation:

Rec #	Due Date	Recommendation
1-3.1 CalEPA	9/30/2026	CalEPA should identify a supervisor or senior leader that oversees data policy and technology for all of CalEPA's delegated programs including but not limited to RCRA-C. Submit to the EPA.
1-3.2 CalEPA/DTSC	9/30/2026	CalEPA and DTSC should collaborate to identify a point person for the EPA to correspond with on a regular basis regarding CERS and CERS NextGen hazardous waste data and translation. This person will coordinate with other program, IT, and data contacts as needed. Submit to the EPA.
1-3.3 CalEPA/DTSC	9/30/2026- 12/31/27	CalEPA and DTSC should meet monthly with the EPA to discuss CERS hazardous waste CM&E translation and other data-related issues and potential solutions. At each bimonthly meeting, the percent of hazardous waste CUPA inspection and enforcement activities translated for the prior months should be reported.
1-3.4 CalEPA/DTSC	9/30/2026	Provide the monthly translation summary report to EPA monthly. If no translation occurs, notify EPA via email.
1-3.5 CalEPA/DTSC	9/30/26, 12/31/26, 3/31/27, 6/30/27, 9/30/27, 12/31/27	CalEPA and DTSC should ensure that all hazardous waste inspections, violations, SNC designations, and enforcement actions performed by the CUPAs are accurately reported in RCRAInfo on a monthly basis, regardless of generator status. CalEPA and DTSC should collaborate to report to the EPA quarterly the number of LQG and HWG inspections in CERS and the number of inspections that flowed to RCRAInfo conducted by CUPAs (i.e., LQG, non-LQG) regardless of evaluation type. Data flowed should be broken down by evaluation type (i.e., CEI, FUI, SNY).
1-3.6 CalEPA/DTSC	6 Months Prior to CERS NextGen Go Live Date	CalEPA and DTSC should review the CERS/CERS NextGen system and translation logic and identify if there are any other issues not identified in this SRF which impede

Rec #	Due Date	Recommendation
		accurate and complete translation from CERS NextGen to RCRAInfo. Accurate translation means that the data translated to a RCRAInfo field or field value meets EPA's definition of that field or field value. Complete translation means all reportable inspections, violations, and enforcement actions required to be translated to RCRAInfo are translated. Present the findings to the EPA.
1-3.7 CalEPA/DTSC	4 Months Prior to CERS NextGen Go Live Date	CalEPA and DTSC should collaborate to provide or present a plan to the EPA to address the issues identified in recommendation 1-3.6 and in this SRF report. Specifically, this plan should ensure inspections and enforcement that are recorded in CERS NextGen and flowed to RCRAInfo are assigned the proper evaluation type and address the issues identified with re-inspections and SNCs. The plan should include proposed steps for correction, timeline, and identify any implementation barriers. Submit the plan or presentation to EPA for comment.
1-3.8 CalEPA/DTSC	9/30/26, 12/31/26, 3/31/27, 6/30/27, 9/30/27, 12/31/27	CalEPA and DTSC should report to the EPA quarterly on the status of making current CERS and or CERS NextGen system changes and translation changes to report activities correctly to RCRAInfo as well as updating the node XML/API. These reports should include list of actions taken and a percent complete metric.
1-3.9 CalEPA	Ongoing	CalEPA should provide the EPA with an opportunity to officially comment on the planned hazardous waste module of CERS NextGen prior to its release. Opportunity to comment may occur episodically throughout development. The CERS NextGen hazardous waste module should include accurate and complete data translation from CERS to RCRAInfo.
1-3.10 CalEPA/DTSC	By CERS NextGen Go Live Date	CalEPA and DTSC should modify CERS translation to RCRAInfo for SNY and SNN evaluation types so that (1) the SNY and SNN designation is translated as a separate evaluation record from the actual inspection, (2) the evaluation start date for SNY and SNN records corresponds to the date the facility was (un)designated as a SNC and (3) the violations are not linked to the SNY designation but rather the inspection that identified the violation.

Rec #	Due Date	Recommendation
1-3.11 CalEPA/DTSC	By CERS NextGen Go Live Date	CalEPA and DTSC should modify CERS NextGen translation to RCRAInfo for inspections so that the type of inspection conducted and reported in CERS is equivalent to the evaluation type assigned in RCRAInfo.
1-3.12 CalEPA/DTSC	Within 3 Months of CERS NextGen Go Live Date	CalEPA and DTSC should collaborate to provide the EPA with updated documentation of the CERS NextGen data translation. Documentation should minimally include updated logical mapping of source data to target RCRAInfo tables and internal business rules; CM&E field option mapping where applicable; criteria for transmittal; and mutually accepted methods for Quality Control (QC) and error correction of data transmitted.
1-3.13 CalEPA/DTSC	By CERS NextGen Go Live Date	CalEPA and DTSC should ensure the hazardous waste module of CERS NextGen is developed such that it allows for complete and accurate translation of hazardous waste CM&E data required by EPA to RCRAInfo. Including, but not limited to all CERS HWG inspections (VSQGs, SQGs).

RCRA Element 2 - Inspections

Finding 2-1
State: Area for Attention

Recurring Issue:
Reoccurring from Round 4

Summary:
California meets the two-year inspection frequency requirement for Treatment, Storage, and Disposal Facilities (TSDF). The California inspection coverage for LQGs is below the national frequency requirement due to incomplete and inaccurate data flow to RCRAInfo.

Explanation:

The data for these metrics comes directly from RCRAInfo and covers all applicable inspections during the review year for California – both state- and local-led inspections. DTSC takes the lead on all TSDF inspections regardless of jurisdiction and delegates meeting LQG frequency to the CUPAs, though some of the inspections DTSC conducts contribute to the LQG frequency goal. DTSC's grant is on the SFY and therefore this is the official timeframe meeting the metric is subject to; however the data presented in metric 5a and 5b reflects the Federal Fiscal Year (FFY).

DTSC inspection coverage for TSDFs nearly meets the two-year coverage requirement, with 97.7% inspected (43 of 44) based on state data in RCRAInfo. The one TSDF that was not inspected by the state during the FFY24 of review was inspected by the state during the SFY24 and the facility was inspected by EPA R9 during the federal FY24. Due to this routine collaboration, the state did meet the FFY24 TSDF inspection frequency of 100%.

The California inspection coverage for LQGs is below the 20% national frequency goal at 17.9% based off state data in RCRAInfo. According to an analysis done by DTSC, the true metric value is approximately 32.4% when accounting for state and local-led FFY24 inspections that did not flow to RCRAInfo. Based on the EPA's review EPA's metric does not represent a failure to meet the frequency, but rather a data exchange issue with CERS. This issue is detailed in Finding 1-3. For this reason, the EPA is unable to verify if the state is meeting the LQG frequency in RCRAInfo. Additionally, the EPA identified the Revised 2025 CalEPA Guidance for Inspections and Enforcement Plans, CalEPA provides to the CUPAs which states there is "no mandated [inspection] frequency" for the hazardous waste generator program. EPA recommends that CalEPA update the guidance to include a LQG inspection frequency of at least 20% per year and at least once every 5 years for LQGs, in accordance with EPA's CMS.

Given DTSC is the authorized agency and lead agency on the CA RCRA Performance Partnership Grant, it is their responsibility to ensure that CalEPA translates all required CM&E data as committed to by the terms of their work plan to ensure EPA's RCRAInfo data reflects the state has met these goals.

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	100%		43	44	97.7%
5b Annual inspection coverage of LQGs and reverse distributor (RD) universes combined using BR universe.	20%		670	3738	17.9%

DTSC/CalEPA Response:

DTSC acknowledges the evaluation and will continue to prioritize resources to meet the two-year inspection frequency requirement for Treatment, Storage, and Disposal Facilities (TSDFs). As described in EPA's explanation, the State did meet the FFY24 TSDF inspection frequency of 100% and not 97.7% as shown in the "Relevant metrics" chart.

California's inspection coverage for LQGs consistently meets and exceeds the national frequency requirement for hazardous waste inspections, thereby contributing to the protection of the people and environment of California. The value of SRF metric 5b, "Annual inspection coverage of LQGs and reverse distributer (RD) universes combined using BR universe," is listed as 17.9% in FFY24. However, this number does not reflect all inspections conducted at California's RCRA LQGs. When all RCRA

LQG BR universe inspections conducted by DTSC and CUPAs are included, the correct metric 5b value is 32.4%. This exceeds the 20% goal set by EPA.

DTSC will work with CalEPA to ensure that 20% of the BR LQG universe is inspected annually by the CUPAs with a 5-year BR LQG inspection coverage of 100% and update guidance as appropriate.

See also responses to Finding 1-3.

RCRA Element 2 - Inspections

Finding 2-2
OCHCA: Area for Improvement

Recurring Issue:
No

Summary:
OCHCA's compliance evaluation reports do not contain sufficient facility information and documentation to support inspection findings.

Explanation:

Metric 6a measures the percentage of on-site inspection reports reviewed that are complete and provide sufficient documentation to determine compliance. Only 22.6% of the inspection reports reviewed contained sufficient facility information and documentation to support the inspection findings. Most of the inspection reports did not include a sufficient description of the operations, location of the violation (e.g., satellite accumulation area), photographs documenting the violation, hazardous waste classification description, or other information (e.g., the date(s) of last annual training provided).

The inspection report template utilized by OCHCA includes an inspection report heading and a table with the name of the facility, CERS facility identifier, the type of facility (e.g., SQG), mailing address, facility address, the service (e.g., Routine or Other Inspection), and the date of the inspection. Included in the summary table is the type of inspection performed (i.e., Routine, Other onsite, Other off-site). Below the above-described table is the name of the person that provided consent for OCHCA to perform the inspection.

If a violation(s) was found, a summary of the violation(s), citation(s) and observation(s) that corresponds to the violation is included as a narrative in the report. How the inspection report was delivered to the facility will be found near the summary table if no violations were observed, or at the end of the report (e.g., a copy of this report has been emailed to the facility).

While some of the reports contained a description of the process operations, most did not. The descriptions do not need to be elaborate but should contain enough information to understand what types of federal or state characteristic and or listed waste(s) the facility generates.

Eighteen of the inspection reports prepared by OCHCA inspectors where violations were identified did not contain any photographs to document the violation. Violations that warrant photographic documentation generally include missing or incomplete container labels, open containers, the container(s) stored for either greater than 90-days (LQGs) or 180-days (SQGs), inadequate aisle space,

inoperable emergency response equipment (e.g., inoperable emergency showers), etc. should be documented with photographs. Additionally, where OCHCA provided photograph logs, there was not a reference either in the inspection report or photograph log to the violation. In one inspection report the inspection included testing a spilled substance with pH paper. However, the pH reading was not included in the photograph description. Due to the fact that the photograph did not clearly show the results with the pH observed, including this information in the narrative is important to support an enforcement action.

Another important piece of information that is missing from most of the inspection reports reviewed is the appropriate EPA and/or California waste codes. Often the inspector will state that a particular waste is a hazardous waste but does include the waste code in the description. For example, an inspector will state that a solvent waste observed in a container is hazardous waste, but there is no waste code(s) included in the description (e.g., D001, D035, F003, F005, etc.). Including appropriate waste codes in inspection reports is necessary to support informal and formal enforcement actions.

OCHCA's inspection summaries entered into CERS often contain more detailed information about the facility and the inspection findings. The more detailed information would benefit the facility and should be included in the inspection reports provided to the facility. The summaries do not include references to photographs and do not include EPA or California waste codes when describing open, unlabeled, mislabeled containers or hazardous waste containers that exceed the accumulation time limit.

OCHCA captures facility information for most facilities on CERS, including site maps, detailed waste streams and raw material inventories, emergency hazardous waste handling procedures, and follows the Unified Program inspection report guidance. However, this information is available internally only to OCHCA staff and was not made available to EPA during the file review period. EPA only had access to CERS inspection and enforcement data.

CalEPA Unified Program inspection report guidance for the CUPAs should be revised to meet EPA's minimum standards. OCHCA internal guidance should mirror this improved guidance.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	OCHCA N	OCHCA D	OCHCA Total
6a Inspection reports sufficient to determine compliance.	100%		7	31	22.6%

OCHCA Response:

OCHCA acknowledges the finding and will revise SOPs and templates based upon CalEPA's issuance of a revised inspection report SOP. OCHCA will continue reviewing its internal report writing practices and will implement any updates or clarifications provided by CalEPA to further strengthen documentation consistency and ensure statewide consistency that aligns with EPA recommendations. OCHCA will also submit an Inspection Report Template and Field Activity Guidelines for CEls focused on process-based inspections as guidance becomes available from DTSC and CalEPA. OCHCA would like to respectfully clarify that this agency adheres to current CalEPA guidance regarding inspection report preparation and photographic documentation.

OCHCA maintains that its inspection reports provide sufficient detail to support formal enforcement actions, including those successfully prosecuted in collaboration with the Orange County District Attorney's Office and multi-jurisdictional hazardous waste case settlements in FY2024.

DTSC/CalEPA Response:

DTSC will work in collaboration with CalEPA to review and modify applicable guidance for CUPAs to align with EPA's minimum standards, as needed.

Recommendation:

Rec #	Due Date	Recommendation
2-2.1 CalEPA/DTSC	7/1/2027	DTSC will work in collaboration with CalEPA and UPAAG to review the Inspection Report Writing Guidance for Unified Program Agencies (UPAs) and add guidance to align with EPA's minimum standards, as needed
2-2.2 OCHCA	9/1/2027	OCHCA will submit to the EPA and CalEPA revised standard operating procedures for inspection report writing and OCHCA's internal review process based on CalEPA's revised I&E Guidance per recommendation 2-1.1.
2-2.3 OCHCA	9/1/2027	OCHCA will submit to the EPA and CalEPA Field Activity Guidelines for conducting compliance evaluation inspections (CEIs) that focus on process-based inspections.
2-2.4 OCHCA	9/1/2027	OCHCA will submit to the EPA and CalEPA an Inspection Report Template, to be used by all OCHCA inspectors, that emphasizes implementation and consistent documentation of observations.

RCRA Element 2 – Inspections

Finding 2-3
DTSC: Meets or Exceeds

Recurring Issue:
No

Summary:
Inspection reports prepared by DTSC contain sufficient information to determine compliance.

Explanation:

DTSC inspection reports are well written and include sufficient supporting information and documentation, such as photographs, to support the observation.

Two inspection files reviewed did not include any photographs. There were no violations observed for these two inspections. Including photographs in inspection reports that document areas of compliance is a good practice.

One inspection report of a universal electronic waste management facility did not include in the operations description that the facility also managed universal waste–batteries even though there was a photograph documenting the facility managed universal waste–batteries.

Except for one inspection report, inspection reports included appropriate EPA and/or California waste codes when describing hazardous wastes generated by the facility. Including appropriate waste codes in inspection reports is necessary to support informal and formal enforcement actions.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	DTSC N	DTSC D	DTSC Total
6a Inspection reports sufficient to determine compliance.	100%		18	20	90%

DTSC Response:

DTSC acknowledges the evaluation and commends the Chatsworth Branch team for inspection reports that are well written and include sufficient supporting information and documentation to determine compliance.

RCRA Element 2 - Inspections

Finding 2-4
OCHCA: Meets or Exceeds

Recurring Issue:
No

Summary:
OCHCA meets the timelines for completing inspection reports per national standards. However, OCHCA does not meet the agency's own standard.

Explanation:

According to OCHCA's Inspection and Enforcement Program Plan dated June 2023, the agency will generally provide complete inspection reports to the facility within fourteen (14) business days, surpassing the national standard.

The inspection reports prepared by the inspector do not include the date of the inspection report. The reports only include the date(s) of the inspection. Most of the inspection reports are transmitted to the facilities via email. The report will state the report was emailed but does not include the date emailed.

OCHCA provided EPA with the dates the inspection report was emailed to the facility for all but three of the files. These three files were marked as not meeting the national timeliness standard given the data was not available. EPA calculated the inspection completion time based on the data provided and compared it to both the national standard, 150 days, and OCHCA's standard, 14 days. Given many files had multiple inspections, the calculation was limited to just routine inspections. 87.1% (27 of 31) of the files had a routine inspection report sent within the national standard, with an average of 25 days. However, OCHCA does not meet the agency's own standard with only 48.4% completed within 14 days.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	OCHCA N	OCHCA D	OCHCA Total
6b Timeliness of inspection report completion	100%		27	31	87.1%

OCHCA Response:

No response.

RCRA Element 2 - Inspections

Finding 2-5
DTSC: Meets or Exceeds

Recurring Issue:
No

Summary:
DTSC exceeds timeliness requirements for issuing inspection reports.

Explanation:

In accordance with California Health and Safety Code Section 25185(c)(2)(A), DTSC is required to provide a copy of the written inspection report to the facility within 65 days of the inspection. Metric 6b measures the timeliness of inspection reports. Of the 20 inspection report files reviewed, 18 (90%) inspection reports were completed within the 65-day requirement. This is a significant improvement since the Round 3 SRF review where DTSC's timeliness was 72.7%. The average number of days to issue inspection reports for this review was 40 days.

At the conclusion of an inspection, DTSC issues a Summary of Violations (SOV) if a violation(s) is observed or a Summary of Observation (SOO) if no violations are observed or more investigation of an observation is required. The SOV provides a concise summary of the violation(s) identified during the inspection and is issued at the conclusion of the inspection.

There are times when an SOV will be issued shortly after the inspection. This is done only when an

inspector may require additional time to determine if an observation should be classified as a violation. The SOV is signed by the inspector and by the facility representative receiving the SOV. The SOV requires the facility to address the observed violation(s) within a certain number of days (typically 30 days). If no violations are observed, a signed SOO is provided instead.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	DTSC N	DTSC D	DTSC Total
6b Timeliness of inspection report completion	100%		18	20	90%

DTSC Response:

DTSC acknowledges the evaluation and will continue to prioritize resources to meet or exceed timeliness requirements for issuing inspection reports.

RCRA Element 3 - Violations

Finding 3-1
OCHCA: Area for Improvement

Recurring Issue:
No

Summary:
OCHCA is not consistently making accurate compliance determinations.

Explanation:

Metric 7a measures accurate compliance determinations contained in inspection reports. Twenty-one (21) of 31 of the files reviewed contained accurate compliance determinations. For the remaining 10 files reviewed, there were two dominant issues: (1) areas of noncompliance were identified; however, the violation(s) did not have a regulatory citation; and (2) re-inspections failing to mention earlier outstanding violations that did not have documentation of resolution in the file.

On a few occasions, OCHCA's inspection stated that documentation was submitted by the facility, yet there is no evidence of RTC either in CERS or RCRAInfo. There were multiple single occasion categories that also impacted the score, including: citing the incorrect regulation language for a violation, stating that a violation was not resolvable when the reasoning for this was not correct, and failing to cite improper disposal violation, when applicable.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	OCHCA N	OCHCA D	OCHCA Total
7a Accurate compliance determinations	100%		21	31	67.7%

OCHCA Response:

OCHCA has taken note of the finding. OCHCA is in compliance with California Hazardous Waste Control laws, including State guidance on violation classification, violation citation, and RTC qualifiers in CERS. OCHCA will update procedures once CalEPA updates violation classification and compliance determination guidance.

Recommendation:

Rec #	Due Date	Recommendation
3-1.1 OCHCA	9/1/2027	OCHCA will submit to the EPA and CalEPA: • A Root Cause Analysis identifying impediments within the department that may be contributing to the under-performing measure, including but not limited to a failure to make accurate compliance determinations. • New or revitalized standard operating procedures (SOPs) for inspection report writing and OCHCA's internal review processes. • Field Activity Guidelines for conducting compliance evaluation inspections (CEIs) that focus on process-based inspections. • An Inspection Report Template, to be used by all OCHCA inspectors, that emphasizes implementation and consistent documentation of observations.

RCRA Element 3 - Violations

Finding 3-2
DTSC: Meets or Exceeds

Recurring Issue:
No

Summary:
DTSC consistently made accurate compliance determinations.

Explanation:

EPA found that in 95% of the inspection files reviewed, DTSC made accurate compliance determination. Only one of the universal waste inspection files reviewed missed a potential violation.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	DTSC N	DTSC D	DTSC Total
7a Accurate compliance determinations	100%		19	20	95.0%

DTSC Response:

No response.

RCRA Element 3 - Violations

Finding 3-3
State: Meets or Exceeds

Recurring Issue:
No

Summary:
California exceeds the national timeliness average for making SNC determinations.

Explanation:

Metric 8b measures the timeliness of SNC determinations made by California which includes both DTSC and CUPA SNC reporting data. Per the CMS, SNC determinations should be made within 150 days of the inspection (day zero). For the review period, California made 61 of 61 SNC determinations in a timely manner, 44 of which originated from DTSC and 17 of which originated from the CUPAs. All 61 were determined on the same day of the inspection (i.e., zero days taken to determine the site as SNC). While EPA understands this is most often the case, EPA's review revealed that both the EnviroStor and CERS data system do not capture the SNC designation date and in both cases, it is assumed to be the same date as inspection date. This results in a depiction of SNC timeliness as always 100%.

Additionally, neither data system is designed to accurately capture re-classified secondary violators and the associated date they were re-classified as SNC (day zero). Both DTSC and CalEPA should make changes to their data systems to ensure that SNC determination dates, including SV reclassification dates, are captured and translated properly to RCRAInfo so EPA can accurately measure if the state is meeting the SNC determination timeliness goal.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
8b Timeliness of SNC determinations	100%	86.5%	61	61	100%

DTSC/CalEPA Response:

DTSC and CalEPA acknowledge the evaluation and will continue to prioritize resources to make timely SNC determinations.

RCRA Element 3 - Violations

Finding 3-4
CalEPA/OCHCA: Area for Improvement

Recurring Issue:
No

Summary:
CalEPA's guidance for CUPA's on SNC classification does not align with EPA's ERP and leads to inappropriate violation classification by OCHCA. OCHCA's I&E Plan does not adequately document internal policies and procedures related to violation classification.

Explanation:

OCHCA's June 2023 Inspection and Enforcement Plan (I&E Plan) references CalEPA's and Unified Program Administration and Advisory Group's Violation Classification Guidance for Unified Program Agencies revised March 6, 2020 (Guidance). The Guidance defines three types of violations Class 1, Class 2 (secondary violations) and minor violations utilized by CUPA. The classification definitions are also defined in California's Health & Safety Code, 25110.8.5. A Class 1 violation is equivalent to the EPA's significant noncomplier (SNC) definition found in the EPA's ERP.

In EPA's review, there were numerous instances found in the files where a SNC determination for a violation was not made but should have been classified or elevated to a Class 1 (SNC) violation per EPA's ERP. These instances identified include RCRA hazardous waste allowed to be stored for over the regulatory time period for LQGs and SQGs, repeated failure of a generator to obtain an EPA ID number, offering waste for transport without an EPA ID number, continued Class 1 and Class 2 violations that repeatedly missed compliance deadlines, violations that had remained outstanding for an excessive number of months, failure to determine whether a waste was hazardous (actual or likely exposure), abandonment violations, and improper disposal. OCHCA often performs several follow-ups on-site and/or off-site inspections to a prior CEI (routine inspection) without ever reclassifying the violation(s) to a SNC. The majority of these instances appear to not be due to a direct failure to follow OCHCA's I&E plan, but inspectors exercising discretion and prioritizing voluntary compliance to an extent that is not adequately documented in the OCHCA I&E plan and goes beyond what is allowed for in EPA's ERP. OCHCA's I&E plan provided to EPA does not adequately discuss inspector or enforcement officer discretion when making classification decisions, nor does it establish a timeframe for reclassifying violations and escalating enforcement actions. Clear criteria on exercising discretion in violation classification and prioritizing voluntary compliance as it relates to violation classification should be added to OCHCA's I&E plan that does not conflict with EPA's ERP. Additionally, a clear timeline for reclassifying Class 2 violations (secondary violations) not yet returned to compliance to Class 1 (SNC) that is at least as stringent as the EPA's ERP should also be included.

Given the above findings, CalEPA should ensure the I&E Guidance, Violation Classification Guide, and any other guidance documents they provide CUPAs clearly reflects the minimum standards established

in EPA's ERP for classifying violations initially as class 1 (SNC) and reclassifying secondary violations not returned to compliance within 240 days to SNC.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	OCHCA N	OCHCA D	OCHCA Total
8c Appropriate SNC determinations	100%		16	28	57.1%

OCHCA Response:

OCHCA acknowledges the finding and will revise the l&E Plan and provide recommended training to staff upon CalEPA's issuance of updated statewide SNC classification and escalation guidance, including any clarified timelines, required criteria, and internal policies and procedures for violation classification. OCHCA recognizes that each enforcement case is unique and initiates each case with an emphasis on education, guiding stakeholders through compliance and enforcement pathways to achieve sustainable compliance outcomes.

DTSC/CalEPA Response:

DTSC will work in collaboration with CalEPA to review and modify applicable guidance for CUPAs to align with EPA's minimum standards as needed.

Recommendation:

Rec #	Due Date	Recommendation
3-4.1 CalEPA	7/1/2027	CalEPA's Unified Program I&E Plan, Violation Classification Guidance, and related guidance documents should be modified to include detailed discussions on classifying and reclassifying violations that reflect the minimum standards defined in EPA's ERP. EPA recommends this guidance include examples that clearly outline when discretion in violation determination is appropriate. Submit the Unified Program guidance documents to EPA for comment.
3-4.2 OCHCA	9/1/2027	OCHCA should modify their I&E Plan to reflect the updated Unified Program guidance document per recommendation 3-4.1. The OCHCA I&E Plan should include a detailed explanation of related internal policies and procedures and examples as needed to ensure appropriate implementation.

Rec #	Due Date	Recommendation
		Submit the plan to EPA for comment.
3-4.3 CalEPA	7/1/2027	CalEPA should revise the Violation Classification Guidance for Unified Program Agencies dated March 3, 2020 to include a timeline for when a Class 2 or minor violation should be elevated to a Class 1 (SNC) violation that is at least as stringent as the EPA's standard defined in the EPA ERP. Additionally, the revision should include additional examples on when a minor or secondary violation should be elevated to a Class 1 violation. For example, a violation that has not been returned to compliance within 240 days. Submit the revised guidance to the EPA for comment.
3-4.4 OCHCA	1/1/2027, 10/1/2027	OCHCA should provide training to inspector/enforcement staff responsible for making and approving SNC determinations to the current I&E Plan and for revision to the plan in response to the SRF Report. Submit a copy of the training attendance roster to CalEPA and the EPA, that includes the date, attendee name, and attendee title.

RCRA Element 3 - Violations

Finding 3-5
DTSC: Meets or Exceeds

Recurring Issue:
No

Summary:
DTSC generally makes timely and appropriate SNC determinations.

Explanation:

DTSC typically will make a Class 1 (SNC) determination at the end of the inspection or shortly thereafter. If there is a Class 1 violation that is determined to be a SNC, the violation will be relayed to the facility via a Summary of Violations. The EPA's review found a couple of SNC determination issues. In one case, the lack of an EPA identification number was never escalated to a SNC. In another case, there were no SNC determinations, despite many references in the file to repeat violations, abandonment of hazardous waste, hazardous waste storage at a residence, and a criminal referral.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	DTSC N	DTSC D	DTSC Total
8c Appropriate SNC determinations	100%		14	16	87.5%

DTSC Response:

DTSC acknowledges the evaluation and will continue to prioritize resources to make timely and appropriate Significant Non-Complier determinations.

RCRA Element 4 - Enforcement

Finding 4-1
CalEPA/OCHCA: Area for Attention

Recurring Issue:
No

Summary:
OCHCA is not effectively managing secondary or SNC violators with informal enforcement actions.

Explanation:

Metric 9a measures enforcement that returns violators to compliance.

EPA's review found that OCHCA's enforcement actions did not always return the facilities to compliance. Three OCHCA files reviewed did not contain well documented return to compliance information according to EPA's standard. Four facility files reviewed had violations that have never been closed out by the agency at the time of EPA's review. At least one facility violation has been open since 2021. In CERS one storage and one manifest violation were identified as "not resolvable". There was no explanation in the two files on why the easily corrected violations were not resolvable.

EPA's review concludes that CalEPA's Unified Program I&E Plan Guidance and other relevant guidance documents for CUPA's should be modified to correspond with the return to compliance standards listed in EPA's ERP. EPA also recommends it includes guidance on documentation and data entries required to close out a violation or deem a violation "not resolvable", which does not appear to correspond to EPA's definition of "not resolvable". OCHCA should revise their I&E Plan to correspond with these updates to the Unified Program I&E Plan Guidance once received.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	OCHCA N	OCHCA D	OCHCA Total
9a Enforcement that returns sites to compliance	100%		22	27	74.1%

OCHCA Response:

OCHCA acknowledges this finding and will align its l&E Plan with the updated Unified Program l&E Plan Guidance once received from CalEPA.

DTSC/CalEPA Response:

DTSC and CalEPA acknowledge the evaluation and will continue to promote compliance by the CUPAs for all regulated entities. DTSC and CalEPA are committed to and prioritize regulated entities' return to compliance in a timely manner for any and all violations.

RCRA Element 4 - Enforcement

Finding 4-2
CalEPA/OCHCA: Area for Improvement

Recurring Issue:
No

Summary:
CalEPA's guidance for CUPA's on timely and appropriate enforcement response does not align with EPA's ERP and leads OCHCA to not take timely and appropriate enforcement action.

Explanation:

Metric 10b assesses the appropriateness of enforcement actions for secondary (Class 2) violations and SNC (Class 1) determinations. OCHCA has generally not taken appropriate enforcement to address violations with respect to EPA's standards. Missed return to compliance deadlines were generally not escalated when alternative methods of compliance were unsuccessful (i.e., to Notice of Violation (NOV) or from Class 2 to Class 1 or SNC), to Notice of Violation (NOV) or an Administrative Enforcement Order (AEO) with Supervisor approval or Administrative Enforcement Order (AEO). A minority of violations were allowed to continue for more than 240 days while repeated "informal enforcement" re-inspections occurred.

Per the OCHCA's I&E Plan after the first re-inspection for a Class 2 violation, the inspector should be requesting either a NOV or AEO be issued. Also, OCHCA's July 2024 Administrative Enforcement Order (AEO) Guidance (AEO Guidance) states that a Unilateral Order may be appropriate when a site has demonstrated recalcitrance and repeat violations. Several facilities demonstrated recalcitrance and repeat violations, yet no Unilateral Orders were issued by the OCHCA. A few times generators greatly exceeded the length of time allowed to store onsite, but received minimal enforcement (e.g., Class 2 violation). The persistent and repetitive use of re-inspections of facilities with open violations instead of escalating enforcement repeatedly resulted in a lack of timely return to compliance with respect to

EPA's standards.

Another major challenge repeatedly observed was not issuing a NOV or AEO, or not issuing one in a timely manner. Further, there was a lack of adherence to the OCHCA's I&E Plan which describes issuing a NOV or AEO after a single re-inspection, in some instances requests were made for a NOV or AEO which then took several months for one to be issued, or request for a NOV or AEO where none was subsequently issued. Return to compliance was generally observed in a more rapid fashion in the few instances when a NOV and AEO were issued. The EPA found that the OCHCA's I&E Plan has several good practices listed, however, these practices were generally not being implemented. This appears to not necessarily be due to a direct failure to follow OCHCA's I&E plan, but inspectors exercising discretion and prioritizing voluntary compliance to an extent that is not adequately documented in the OCHCA I&E plan and goes beyond what is allowed for in EPA's ERP.

For the files where a request for the District Attorney (DA) was made, there was a lack of documentation in the files after the point the DA becomes involved in the enforcement. In at least one file, the DA dropped the case for reasons that were not documented in the information provided to EPA.

EPA's review concludes that CalEPA's Unified Program I&E Plan Guidance and other relevant guidance documents for CUPA's should be modified to correspond with the standards listed in EPA's ERP. OCHCA should revise their I&E Plan to correspond with these updates to the Unified Program I&E Plan Guidance, and ensure their plan clearly articulates appropriate and inappropriate discretion and any deviations from the guidance based on their internal policies.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	OCHCA N	OCHCA D	OCHCA Total
10b Appropriate enforcement taken to address violations	100%		12	27	44.4%

OCHCA Response:

OCHCA has taken note of the finding and will align the l&E Plan, including clarification of escalation timelines, with updated CalEPA guidance once it is issued. However, in the interim, will be modifying the current I&E Plan to address issues identified in Finding 4.2.

DTSC/CalEPA Response:

DTSC will work in collaboration with CalEPA to review and modify applicable guidance for CUPAs to align with EPA's minimum standards as needed.

Recommendation:

Rec #	Due Date	Recommendation
4-2.1 CalEPA	7/1/2027	DTSC will work in collaboration with CalEPA and UPAAG to review and modify the Unified Program I&E Plan and AEO Guidance

Rec #	Due Date	Recommendation
		as needed. DTSC/CalEPA will provide EPA with an opportunity to comment on the guidance.
4-2.2 OCHCA	9/1/2027	OCHCA should modify their I&E Plan to correspond to the updated Unified Program Guidance provided by the recommendation provided in 4-2.1 above. This plan should include clarifications on internal policies and procedures, and guidance in areas where discretion is permitted. Submit the updated I&E Plan to EPA for comment.
4-2.3 OCHCA	12/1/2026	OCHCA will submit the interim revised I&E Plan to EPA for review and comment.

RCRA Element 4 - Enforcement

Finding 4-3
DTSC: Area for Attention

Recurring Issue:
No

Summary:
DTSC's enforcement actions generally returned facilities to compliance.

Explanation:

The majority of DTSC's files contained well documented return to compliance information. In one file reviewed, DTSC did not require the facility to submit a biennial report that was missed by the facility. In another file, DTSC identified a minor contingency plan violation in the inspection. This was a joint inspection with a CUPA. DTSC's report stated the violation would be addressed by the CUPA. The CUPA report was included as an attachment to DTSC's inspection. In reviewing both reports, the contingency plan violation was not addressed by either agency.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	DTSC N	DTSC D	DTSC Total
9a Enforcement that returns sites to compliance	100%		11	13	84.6%

DTSC Response:

DTSC acknowledges the evaluation and will continue to promote compliance in all regulated entities. It is DTSC's policy to return violators to compliance in a timely manner, penalize violators as appropriate, deprive violators of economic benefit gained from non-compliance, and initiate and complete enforcement actions in a consistent and timely manner.

RCRA Element 4 - Enforcement

Finding 4-4
State: Area for Improvement

Recurring Issue:
No

Summary:
California's timeliness in addressing SNC violations is below the national average

---

Explanation:

The timeliness goal to satisfactorily address SNC violations with formal enforcement is within 360 days of day zero per EPA's ERP. Metric 10a assesses the timelines of formal enforcement response for facilities designated as SNC in the review period and previous year. The data covers both DTSC and the CUPAs, however, DTSC was responsible for majority of the data evaluated (26 of 28). The findings indicate that California is significantly below the national average with 30.3% not meeting the timeliness goal. All of the actions that did not meet the timeliness metric were DTSC actions. This is 10.3% over the 20% exceedance provided for case specific circumstances in EPA's ERP.

The response time guidelines are designed to expeditiously return violators to compliance with all applicable requirements of the Federal RCRA program or the authorized State equivalent. California clarified that 26 out of the 28 SNC facilities in the universe had the violations resulting in the SNC designation RTC in fewer than 360 days. The EPA understands the majority of these facilities have been returned to compliance prior to 360 days; however, the resolution of enforcement actions is taking longer than 360 days.

DTSC has developed a lean six sigma process to improve the timeliness of addressing SNC violations. Timeliness improvements are reported to EPA in mid-year and/or at end of year grant reports. However, CalEPA does not have a timeliness metric articulated for the CUPAs in the I&E Plan template or in CUPA guidance documents.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State	State Total
10a Timely enforcement taken to address violations	80%	83.8	17	28	60.7%

DTSC/CalEPA Response:

DTSC acknowledges the evaluation and continues to strive to reduce the time it takes to resolve enforcement actions.

DTSC will work in collaboration with CalEPA to review and modify applicable guidance for CUPAs to align with EPA's minimum standards as needed.

Recommendation:

Rec #	Due Date	Recommendation
4-4.1 DTSC	RCRA Grant Progress Reports	DTSC will continue to report on SNC violations in RCRA Grant Progress reports. Proposed date: In RCRA Grant progress reports.
4-4.2 CalEPA	7/1/27	DTSC will work in collaboration with CalEPA to determine any needed changes to the Unified Program I&E Plan Guidance to include timeline recommendations in addressing SNC violations. DTSC/CalEPA will submit the publication to EPA.

RCRA Element 4 - Enforcement

Finding 4-5
DTSC: Meets or Exceeds

Recurring Issue:
No

Summary:
DTSC's enforcement responses consistently addressed violations in an appropriate manner.

Explanation:

Metric 10b assesses the appropriateness of enforcement actions for secondary violations and SNC determinations. Appropriate enforcement to address the violations was taken by the agency. However, in one file reviewed, there appeared to be a lack of communication between DTSC's Office of Criminal Investigation (OCI) and Enforcement and Emergency Response Division. There was evidence of fraud and other criminal actions in the file that should have been referred to OCI. A referral may have occurred but was not documented in the file.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	DTSC N	DTSC D	DTSC Total
10b Appropriate enforcement taken to address violations	100%		15	15	100%

DTSC Response:

DTSC acknowledges the evaluation and will continue to prioritize resources to conduct enforcement responses that consistently address violations in an appropriate manner.

RCRA Element 5 - Penalties

Finding 5-1
OCHCA: Area for Improvement

Recurring Issue:
Recurring from Round 4

Summary:
OCHCA's penalties do not include an economic benefit of noncompliance component in its penalty assessment.

Explanation:

File review metric 11a assesses if penalties include both a gravity and economic benefit of noncompliance components. None of the penalty files reviewed contained an economic benefit of noncompliance component in penalty calculations. The root cause of not including economic benefit of noncompliance in OCHCA's penalty calculation is the fact that the inspection and enforcement guidelines developed by CalEPA for the Unified Program do not include economic benefit of noncompliance.

OCHCA's I&E Plan describes the factors that are used to calculate AEO penalties. These factors were used by the agency to develop a Penalty Calculation Worksheet. Missing from the list and in the Penalty Calculation Worksheet is economic benefit of noncompliance. All other components necessary to calculate a penalty are included in the worksheet (e.g., gravity, multiday, extent of deviation, etc.).

Included in the I&E Plan is a reference to CalEPA's Unified Program Bulletin 0910-02, RE: Formal Enforcement Action Guidance for Environmental Violations (Bulletin). The Bulletin provides information from EPA's ERP. The Bulletin does not reference EPA's June 2003 RCRA Civil Penalty Policy that discusses the importance of capturing economic benefit of non-compliance as part of the penalty calculation. However, the Bulletin does reference Health and Safety Code 25189.2(a-d) which authorizes CUPAs and DTSC to access civil penalties for hazardous waste management violations.

As authorized by the Health and Safety Code, DTSC has promulgated regulations found at 22 California Code of Regulations 66272 Article 3 that codifies how administrative civil penalties are calculated. Additionally, DTSC has developed a policy for capturing economic benefit of noncompliance (reference Policy DTSC-OP-0004), Calculating Economic Benefit of Noncompliance dated July 1, 2024. Policy DTSC-OP-0004 is not referenced in the Bulletin.

The issue of not capturing economic benefit of noncompliance was an issue identified for the CUPA that was reviewed as part of the California Round 4 SRF.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	OCHCA N	OCHCA D	OCHCA Total
11a Gravity and economic benefit	100%		0	6	0%

DTSC/CalEPA Response:

DTSC will work in collaboration with CalEPA to review and modify applicable guidance for CUPAs to include additional penalty information, as needed

OCHCA Response:
OCHCA acknowledges the finding and will incorporate EBN upon CalEPA's publication of updated statewide penalty guidance.

Recommendation:

Rec #	Due Date	Recommendation
5-1.1 OCHCA	9/1/2027	OCHCA should modify the agency's I&E Plan and Penalty Calculation Worksheet to include an economic benefit of non-compliance component in penalty calculation. Submit the revised Worksheet to the EPA.
5-1.2 CalEPA	7/1/2027	DTSC will collaborate with CalEPA to review the Unified Program Bulletin 0910-02 and either update the Bulletin to include additional penalty information or create new guidance for this topic as appropriate. DTSC/CalEPA will submit the Bulletin or new guidance to EPA.

RCRA Element 5 - Penalties

Finding 5-2
DTSC: Meets or Exceeds

Recurring Issue:
No

Summary:
DTSC includes gravity based, multiday and economic benefit of noncompliance components in penalty calculations.

Explanation:

DTSC has developed a detailed Penalty Determination Matrix form based on 22 California Code of Regulations 66272.60-69. A penalty calculation includes gravity, multiday, and an economic benefit of noncompliance (EBN) components and other adjustment factors (e.g., extent of deviation). For developing the EBN component, DTSC has developed policy for capturing economic benefit of non-compliance (reference Policy DTSC-OP-0004, Calculating Economic Benefit of Noncompliance dated July 1, 2024). Any calculated EBN exceeding $500 is included in the final proposed penalty. The EPA's BEN Penalty Model is used by DTSC for calculating EBN.

All eight of the files with penalties reviewed included gravity and economic benefit considerations appropriately.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	DTSC N	DTSC D	DTSC Total
11a Gravity and economic benefit	100%		8	8	100%

DTSC response:

DTSC acknowledges the evaluation and will continue to include gravity based, multiday and economic benefit of noncompliance components in penalty calculations.

RCRA Element 5 - Penalties

Finding 5-3
OCHCA: Meets or Exceeds Expectations

Recurring Issue:
No

Summary:
OCHCA documents the rationale for difference in proposed penalty calculations and final penalty.

Explanation:

OCHCA's negotiated AEOs include a penalty section. If there is a reduced penalty and/or supplemental environmental project (SEP), there is typically a stipulation in this section of the AEO that the full accessed penalty will be collected if the facility does not meet injunctive relief requirement, and/or does not complete the SEP project.

All six of the files with applicable penalties reviewed contained adequate documentation of the rationale for the difference between initial penalty calculation and final penalty, as well as documented penalty collection.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	OCHCA	OCHCA D	OCHCA Total
12a Documentation of rationale for difference between initial penalty calculation and final penalty	100%		6	6	100%
12b Penalty collection	100%		6	6	100%

OCHCA response:
No response.

RCRA Element 5 - Penalties

Finding 5-4
DTSC: Meets or exceeds

Recurring Issue:
No

Summary:
DTSC maintains documentation of proposed and final penalties and penalties collected.

Explanation:

Eight penalty enforcement files were reviewed. All eight of the files contained detailed penalty calculation worksheets following 22 CCR 66272.60-90 regulations, which are similar to the EPA's RCRA Penalty Policy. One of the formal enforcement actions reviewed has been referred to the Attorney General and has not been settled. In another formal enforcement action, the Los Angeles County Superior Court has issued Judgment to Collect Administrative Penalties. DTSC, working with the Attorney General, is currently working on collecting the penalty.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	DTSC N	DTSC D	DTSC Total
12a Documentation of rationale for difference between initial penalty calculation and final penalty	100%		7	7	100%
12b Penalty collection	100%		6	6	100%

DTSC Response:

DTSC acknowledges the evaluation and will continue to maintain documentation of proposed

and final penalties and penalties collected.