STATE REVIEW FRAMEWORK

North Carolina

Mecklenburg County, NC

Clean Air Act
Implementation in Federal Fiscal Year 2024

U.S. Environmental Protection Agency
Region 4

Final Report
January 16, 2025

I. Introduction

A. Overview of the State Review Framework

The State Review Framework (SRF) is a key mechanism for EPA oversight, providing a nationally consistent process for reviewing the performance of state delegated compliance and enforcement programs under three core federal statutes: Clean Air Act, Clean Water Act, and Resource Conservation and Recovery Act. Through SRF, EPA periodically reviews such programs using a standardized set of metrics to evaluate their performance against performance standards laid out in federal statute, EPA regulations, policy, and guidance. When states do not achieve standards, the EPA will work with them to improve performance.

Established in 2004, the review was developed jointly by EPA and Environmental Council of the States (ECOS) in response to calls both inside and outside the agency for improved, more consistent oversight of state delegated programs. The goals of the review that were agreed upon at its formation remain relevant and unchanged today:

1. Ensure delegated and EPA-run programs meet federal policy and baseline performance standards
2. Promote fair and consistent enforcement necessary to protect human health and the environment
3. Promote equitable treatment and level interstate playing field for business
4. Provide transparency with publicly available data and reports

B. The Review Process

The review is conducted on a rolling five-year cycle such that all programs are reviewed approximately once every five years. The EPA evaluates programs on a one-year period of performance, typically the one-year prior to review, using a standard set of metrics to make findings on performance in five areas (elements) around which the report is organized: data, inspections, violations, enforcement, and penalties. Wherever program performance is found to deviate significantly from federal policy or standards, the EPA will issue recommendations for corrective action which are monitored by the EPA until completed and program performance improves.

The SRF is currently in its 5th Round (FY2024-2028) of reviews, preceded by Round 4 (FY2018-23), Round 3 (FY2012-2017), Round 2 (FY2008-2011), and Round 1 (FY2004-2007). Additional information and final reports can be found at the EPA website under State Review Framework.

II. Navigating the Report

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

program responses, and the 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 the EPA to make performance findings in addition to the metrics includes results from previous SRF reviews, data metrics from the years in-between reviews, multi-year metric trends.

B. Performance Findings

The EPA makes findings on performance in five program areas:

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

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

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

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

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

C. Recommendations for Corrective Action

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

III. Review Process Information

Key Dates:

June 12 - July 2, 2025, file review for CAA

State and EPA key contacts for review:

	Mecklenburg County Air Quality	**EPA Region 4**
CAA	Leslie Rhodes, Director Jason Rayfield, Program Manager Evan Shaw, Supervisor	Denis Kler, Policy, ECAD/Policy Oversight & Liaison Office Brian Zhong, ECAD/Air Enforcement Branch

Executive Summary

Areas of Strong Performance

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

Clean Air Act (CAA)

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

MCAQ made accurate compliance determinations and accurate high priority violations (HPV) determinations.

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 Air Act (CAA)

MCAQ was not timely in reporting compliance monitoring minimum data requirements (MDRs) and enforcement MDRs in ICIS-Air. MCAQ also had discrepancies in the accuracy of MDRs entered in ICIS-Air.

Clean Air Act Findings

CAA Element 1 - Data

Finding 1-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

MCAQ was timely in reporting stack tests and stack test results in ICIS-Air.

Explanation:

Data metric 3b2 (91.7%) indicated that MCAQ was timely in reporting stack tests and stack test results in ICIS-Air. Data metric 3a2 indicated that MCAQ did not have any high priority violations identified in the review year. Therefore, the EPA did not evaluate the timely reporting of the HPV determinations.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
3b2 Timely reporting of stack test dates and results [GOAL]	100%	51.8%	11	12	91.7%

State Response:

CAA Element 1 - Data

Finding 1-2
Area for Improvement

Recurring Issue:
No

Summary:

MCAQ was not timely in reporting compliance monitoring MDRs and enforcement MDRs in ICIS-Air. MCAQ also had discrepancies in the accuracy of MDRs entered in ICIS-Air.

Explanation:

Data metric 3b1 (64.1%) indicated that MCAQ was not timely in reporting compliance monitoring MDRs in ICIS-Air. Out of the 28 MDRs that were not entered in a timely manner into the ICIS-Air, 24 were linked to delays in entering FCE data into ICIS-Air, and four MDRs were tied to delays in entering Title V annual compliance certification data into ICIS-Air.

Data metric 3b3 (64.3%) indicated that MCAQ was not timely in reporting enforcement MDRs in ICIS-Air. Out of the five MDRs that were not entered in a timely manner into the ICIS-Air, three were linked to delays in entering administrative order data into ICIS-Air, and two MDRs were tied to delays in entering notice of violation data into ICIS-Air.

MCAQ representatives indicated that the untimely reporting of compliance monitoring and enforcement MDRs were associated with staff transitions. During a root cause analysis, MCAQ discovered that the 60-day data deadline was not identified in the internal procedures document and that the new staff was not aware of the requirement; and MCAQ has revised the internal procedures document to include this information. MCAQ also indicated that both the compliance monitoring and enforcement MDR data were available on the MCAQ website, and that the enforcement actions were resolved in a timely manner and facilities were returned to compliance.

File review metric 2b (61.5%) indicated that MCAQ had discrepancies between the information in the files and the data entered in ICIS-Air. Some of the discrepancies were incorrect document dates or missing informal enforcement action data. In discussions with MCAQ, it was determined that if an informal enforcement action was taken and the informal enforcement action assessed a civil penalty, then MCAQ entered the action only as a formal enforcement action. The informal enforcement actions that also assess civil penalties serve two functions, one to provide notice to the facility of the potential violation, and second to assess a civil penalty. The EPA and MCAQ discussed the issue, and MCAQ has decided to enter these actions as informal enforcement actions and formal enforcement actions in ICIS-Air. Incorrect data has the potential

to hinder the EPA's oversight and targeting efforts and may result in inaccurate information being released to the public.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
2b Files reviewed where data are accurately reflected in the national data system [GOAL]	100%		16	26	61.5%
3b1 Timely reporting of compliance monitoring MDRs [GOAL]	100%	78.3%	50	78	64.1%
3b3 Timely reporting of enforcement MDRs [GOAL]	100%	82.6%	9	14	64.3%

State Response:
During this period, MCAQ's compliance and enforcement data was available to the public on-time through our primary online database. MCAQ completed all expected inspections and efficiently processed enforcement cases, assuring a return to compliance by the violator.

MCAQ strives to improve internal procedures for the purpose of meeting 100% of all ICIS-Air MDR targets pertaining to accurate and timely data. For this reason, MCAQ has taken the following measures since the SRF audit:

- MCAQ participated in a virtual training with EPA Region 4's ICIS-Air contact on July 28, 2025, to learn more about proper enforcement case entry.
- MCAQ followed up with same EPA contact after entry of another more recent enforcement case for verification of proper entry.
- MCAQ has included the 60-day processing target for MDR data entry in our internal training document. (A copy will be provided to EPA).
- MCAQ is now routinely monitoring data entry metrics using the ECHO Data Metric Analysis tool. MCAQ's data entry results for FFY2025 show improvement as compared to FFY2024.

Recommendation:

Rec #	Due Date	Recommendation
1	10/01/2026	Data metrics 3b1 and 3b3: By March 1, 2026, MCAQ will provide to the EPA a copy of the revised procedures document to ensure the timely reporting of compliance monitoring MDRs and enforcement MDRs in ICIS-Air. By October 1, 2026, the EPA will review data for metrics 3b1 and 3b3 to ensure the information is timely reported in ICIS-Air. Once data metrics 3b1 and 3b3 indicates a 71.0% or greater of data entry, then this recommendation will be considered complete.
2	07/01/2026	File Review Metric 2b: By March 1, 2026, MCAQ will provide to the EPA a written description of the root causes for the inaccurate data entry, and a written description of what measures and/or procedures have been implemented to ensure accurate entry of data in ICIS-Air. By July 1, 2026, the EPA will review a random selection of facility files and evaluate file metric 2b, informal enforcement actions, to ensure data entry has improved. Once file metric 2b indicates a 71.0% or greater of data entry accuracy, then this recommendation will be considered complete.

CAA Element 2 - Inspections

Finding 2-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

MCAQ met the negotiated frequency for inspections of Title V sources and SM-80 sources, completed the reviews of the Title V Annual Compliance Certifications, provided the necessary documentation for FCEs, and provided the necessary documentation for the CMRs.

Explanation:

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

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

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
5a FCE coverage: majors and mega-sites [GOAL]	100%	85.9%	7	7	100%
5b FCE coverage: SM-80s [GOAL]	100%	91.3%	61	61	100%
5e Reviews of Title V annual compliance certifications completed [GOAL]	100%	97.2%	8	8	100%
6a Documentation of FCE elements [GOAL]	100%		24	24	100%
6b Compliance monitoring reports (CMRs) or facility files reviewed that provide sufficient documentation to determine compliance of the facility [GOAL]	100%		24	24	100%

State Response:

CAA Element 3 - Violations

Finding 3-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

MCAQ made accurate compliance determinations and accurate high priority violations (HPV) determinations.

Explanation:

File review metrics 7a (100%) and 8c (100%) indicated that MCAQ made accurate compliance determinations and made accurate HPV determinations.

Data metric 13 indicated that MCAQ did not have any high priority violations identified in the review year. So, the EPA cannot evaluate if MCAQ was timely in identifying HPVs.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
7a Accurate compliance determinations [GOAL]	100%		26	26	100%
8c Accuracy of HPV determinations [GOAL]	100%		13	13	100%

State Response:

CAA Element 4 - Enforcement

Finding 4-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

MCAQ issued formal enforcement actions that returned facilities to compliance, addressed HPVs in a timely manner, and appropriately addressed HPVs consistent with the HPV Policy.

Explanation:

File review metrics 9a (100%), 10a (100%), and 10b (100%) indicated that MCAQ returned facilities to compliance, addressed HPVs in a timely manner, and appropriately addressed HPVs consistent with the HPV policy. The HPV action was addressed within the 180-day timeframe required by the HPV Policy, so MCAQ did not have to develop a case development and resolution timeline and therefore, file review metric 14 does not apply.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
9a Formal enforcement responses that include required corrective action that will return the facility to compliance in a specified timeframe, or the facility fixed the problem without a compliance schedule [GOAL]	100%		13	13	100%
10a Timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place	100%		1	1	100%
10b Percent of HPVs that have been addressed or removed consistent with the HPV Policy [GOAL]	100%		1	1	100%

State Response:

CAA Element 5 - Penalties

Finding 5-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

MCAQ provided penalty calculation worksheets that addressed both gravity and economic benefit components and provided documentation that the penalties were collected.

Explanation:

File Review Metrics 11a (100%) and 12b (100%) indicated that MCAQ considered gravity and economic benefit components in the penalty calculations and provided documentation that the penalties were collected.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
11a Penalty calculations reviewed that document gravity and economic benefit [GOAL]	100%		6	6	100%
12b Penalties collected [GOAL]	100%		6	6	100%

State Response:

CAA Element 5 - Penalties

Finding 5-2
Area for Attention

Recurring Issue:
No

Summary:

MCAQ did not consistently provide rationale for the difference between the initial penalty calculation and the final penalty.

Explanation:

File Review Metric 12a (83.3%) indicated that MCAQ had one file that did not provide rationale for differences between the initial penalty calculation and the final penalty. The file contained the initial penalty calculation worksheet, but the file did not contain the revised penalty calculation worksheet or any documentation justifying the final penalty amount.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State Total
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		5	6	83.3%

State Response:
MCAQ commits to ensuring documentation is included in the case file on rationale and reason for any adjustments made between initial or assessed penalties and final penalties.