STATE REVIEW FRAMEWORK

South Carolina

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

U.S. Environmental Protection Agency
Region 4

Final Report
March 5, 2026

I. Introduction

A. Overview of the State Review Framework

The State Review Framework (SRF) is a key mechanism for the 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, the EPA periodically reviews such programs using a standardized set of metrics to evaluate their performance against performance standards laid out in federal statute, the 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 the 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 the 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 (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 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 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:

CAA virtual file review: March 18 – April 28, 2025
CWA virtual file review: April 3 – May 9, 2025
RCRA virtual file review: March 24 - April 1, 2025

State and EPA contacts for review:

	South Carolina Department of Environmental Services	**EPA Region 4**
SRF Contact		Laurie Jones, SRF Coordinator
CAA	Michael D. Shroup, Director Compliance Management Division, Bureau of Air Quality Office: 803-898-4051	Denis B. Kler, Policy, Oversight & Liaison Office Sydnee Adams, Air Enforcement Branch
CWA	Charles Williams Director of Water Pollution Compliance, Enforcement, and Office of Rural Water Bureau of Water Office: 803-898-4233	Laurie Jones, Policy, Oversight & Liaison Office Tristan Odekirk, Water Enforcement Branch
RCRA	Tom J. Richmond Hazardous Waste Manager Bureau of Land and Waste Management Office: 803-898-0464	Reginald Barrino, Policy, Oversight & Liaison Office

Executive Summary

Clean Water Act (CWA)

Areas of Strong Performance

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

The South Carolina Department of Environmental Services (SC DES) consistently takes enforcement responses which promote a return to compliance.

The Round 5 file review found that the SC DES consistently includes documentation in the files of the rationale for the difference between initial penalty calculation and final penalty calculation, and sufficient documentation that all final assessed penalties were collected. Metric 12a was an area for State Attention in Round 4, so this review shows improvement in this area.

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:

While the SC DES met some of its FY 2023 Compliance Monitoring Strategy (CMS) inspection commitments, it did not meet the commitments for three key areas: pretreatment, Municipal Separate Storm Sewer System (MS4), and general permits. Failure to meet all of the CMS inspection commitments is a recurring issue from Round 3.

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:

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

The SC DES was timely in identifying high priority violations (HPVs) and made accurate compliance determinations and 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:

The SC DES was not timely in reporting HPVs, stack tests and stack test results in ICIS-Air.

Resource Conservation and Recovery Act Findings (RCRA)

Areas of Strong Performance

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

The SC DES RCRA Minimum Data Requirements for compliance monitoring and enforcement activities were complete in RCRA Info.

The SC DES met national inspection goals for both treatment, storage, and disposal facilities (TSDFs), large quantity generators (LQGs) and reverse distributer (RD) universes combined.

The SC DES's hazardous waste program inspection reports reviewed were complete, provided appropriate documentation to determine compliance at the facility and the timeliness of inspection report completion was well under the 150-day timeline outlined in the Hazardous Waste Civil Enforcement Response Policy (ERP).

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

The SC DES consistently issued enforcement responses that have returned or will return a facility in SNC or secondary violation (SV) to compliance.

The SC DES consistently considered gravity and economic benefit (EB) when calculating penalties and included documentation in files showing collection of final assessed penalties.

The SC DES RCRA Minimum Data Requirements for compliance monitoring and enforcement activities were complete in RCRA Info.

Clean Water Act Findings

CWA Element 1 - Data

Finding 1-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The SC DES exceeded the national goals for the entry of permit limits and discharge monitoring reports into the national Integrated Compliance Information System (ICIS) database for NPDES major and non-major facilities.

Explanation:

The SC DES met or exceeded National Goals for the entry of key Data Metrics (1b5 and 1b6) for major and non-major facilities. For the FY 2023 period of review, the SC DES entered 100% of their permit limits and 99.8% of discharge monitoring reports for NPDES major and non-major facilities.

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%	376	376	100%
1b6 Discharge monitoring report (DMR) data entry rate for major and non-major facilities.	95%	99.76%	10243	10268	99.8%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

CWA Element 1 - Data

Finding 1-2
Area for Improvement

Recurring Issue:
Recurring from Round 4

Summary:

The consistency of data between files reviewed and data reflected in the national data system needs improvement.

Explanation:

Metric 2b indicated that 53.3% (16/30) of the files reviewed reflected accurate data entry of minimum data requirements (MDR) for NPDES facilities into ICIS. Discrepancies observed between ICIS and the SC DES's files were related to single event violations (SEV) not being resolved in the system, SEVs not being entered into the system, ICIS missing enforcement action entries, and duplicate entries of data. It was also observed that there were discrepancies in the facility type universes and the number of inspections entered in ICIS versus the number of CMS inspections and facility type universes reported to the EPA via the CWA § 106 Grant Workplan. Entry of compliance monitoring activities such as inspections in ICIS are required by the NPDES e-Rule. Data Accuracy is a recurring issue from the CWA SRF Rounds 2, 3, and 4 evaluations. While the SC DES has been working on numerous upgrades to their state database, additional work is needed to ensure data accuracy to meet the SRF national goal. Therefore, this remains an Area for State Improvement in SRF Round 5.

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%		16	30	53.3%

State Response:
SC DES Bureau of Water has created a database user guide for processing Wastewater and Industrial Stormwater Evaluations that standardizes data entry of SEV's. Such standardization is expected to improve the consistency of electronic files. SC DES also holds frequent meetings with the database vender to discuss improvements to the database that will improve data flow to EPA ICIS.

Recommendation:

Rec #	Due Date	Recommendation
1	10/31/2026	By June 1, 2026, the SC DES 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. By October 31, 2026, the EPA will review a random selection of facility files and evaluate file metric 2b 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.

CWA Element 2 - Inspections

Finding 2-1
Area for Attention

Recurring Issue:
No

Summary:

File review metric 6a measures whether inspection reports were complete and sufficient to assess permit requirements at the facility and document inspector observations. Most of the SC DES's inspection reports generally were well written, complete and provided sufficient documentation to determine compliance.

File review metric 6b indicated that the SC DES inspection reports were not consistently completed in a timely manner.

Explanation:

Metric 6a requires that inspection reports are complete and sufficient to determine compliance at a facility. Most of the SC DES's inspection reports and the accompanying cover letter were found to be well written, complete, and sufficient (18/25 reports reviewed). Field observations and checklists noting compliance issues were also included in inspection reports and/or cover letters, where appropriate. This file review found certain checklist sections were left blank, when they should have been indicated as not applicable. The SC DES was aware of this issue and are undergoing revisions to the checklist template that will render sections which are not applicable to not show up as blank in the final report. Therefore, this is an Area for State Attention for SRF Round 5.

Metric 6b indicated that 8 of 25 (32%) of the SC DES's inspection reports were completed in a timely manner. The National Goal for this metric is 100% of inspection reports completed in a timely manner. Because the SC DES's Enforcement Manual does not prescribe timeframes for inspection report completion, the EPA relied on its EMS which allows for 60 days to complete non-sampling and sampling inspection reports.

Timeliness of inspection reports was an Area for State Improvement from CWA SRF Rounds 3 and 4 evaluations and the SC DES has implemented many changes in response to this finding from Round 4 of the SRF, during which only 10% of reports were found to be timely. The SC DES has modified its inspection report review and completion procedures, and the changes became fully implemented during fiscal year (FY) 2024. To assess the SC DES's progress, in first quarter of FY 2025 the EPA randomly selected and reviewed 10 inspection report files. Of the 10 files reviewed 8 were issued within 60 days, which equates to 80%. Overall, the average number of days to complete inspection reports was reduced to 32.6 days, with a range of 10-78 days. Since the implementation of these changes occurred after the review year of this Round 5 file review (FY 2023 data) and based on review of the FY 2025 inspection reports and ongoing discussions with the EPA, the SC DES has made acceptable progress on improving their inspection report timeliness procedures and no additional programmatic or process changes are needed at this time. The EPA will continue to monitor the SC DES's implementation efforts through existing oversight calls and other periodic data reviews.

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%%		18	25	72%
6b Timeliness of inspection report completion [GOAL]	100%		8	25	32%

State Response:
SC DES agrees with EPA's finding on this metric and are continuing to utilize procedures originally implemented during FY2024. SC DES will demonstrate to EPA its efforts to issue inspections reports that are properly written and completed in a timely manner during oversight calls and other periodic data reviews as necessary.

CWA Element 2 - Inspections

Finding 2-2
Area for Improvement

Recurring Issue:
Recurring from Round 4

Summary:

While the SC DES met some of its FY 2023 CMS inspection commitments, it did not meet the commitments for three key areas. This is a recurring issue from CWA SRF Rounds 3 and 4.

Explanation:

The Metrics listed in the table below measure planned inspections completed and inspection coverage for NPDES majors and non-majors. The National Goal for these Metrics is for 100% of state specific CMS Plan commitments to be met. The FY 2023 inspection commitments listed in the table below are from the CWA §106 Workplan end of year (EOY) report. Based on review of the SC DES §106 Workplan EOY report, the SC DES failed to meet 100% of its inspection commitments for the pretreatment (Metric 4a1), MS4 (Metric 4a7), and general permit (Metric 5b2) components. Also, as highlighted under Finding 1-2, there are some discrepancies in the CMS inspections and permit universes and those reported in ICIS.

The SC DES responded during this SRF review that staffing difficulties, along with challenges of implementing a new database, were significant factors to CMS inspection goals not being met for the pretreatment, MS4 and general permit components during FY 2023. While staffing difficulties continue to impact the regional offices, the degree of such staffing issues was improved and the Division of Water Pollution Compliance, Enforcement and the Office of Rural Water became fully staffed during FY 2024 and were able to add additional positions to improve inspection performance.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
4a1 Number of pretreatment compliance inspections and audits at approved local pretreatment programs. [GOAL]	100% CMS		11	36	30.6%
4a7 Number of Phase I and II MS4 audits or inspections. [GOAL]	100% CMS		12	18	66.7%
5b2 Inspections coverage of NPDES non-majors with general permits [GOAL]	100% CMS		161	170	94.7%

State Response:
SC DES agrees with EPA's finding on this metric and have established practices and procedures that ensure annual commitments are met. In 2025, SC DES conducted 19 MS4 (Metric 4a7) inspections to fully meet its commitment of 18; 37 pretreatment compliance inspections and audits (Metric 4a1) were conducted to fully meet its commitment of 36; and 163 inspections of NPDES non-majors with general permits were conducted to fully meet its commitment of 157.

Recommendation:

Rec #	Due Date	Recommendation
2	10/31/2026	By June 1, 2026, the SC DES should revise their practices and procedures to ensure that annual CMS commitments will be met. Any revised procedures should be submitted to the EPA for review. The EPA will regularly monitor the SC DES's implementation efforts through existing oversight calls, data metrics analyses reports, and an analysis of the CWA §106 Grant Workplan FY 2025 EOY report, FY 2025 CMS plan progress, and the submitted final FY25 CMS plan. If by October 31, 2026, the FY 2025 EOY report, FY 2025 CMS plan progress, and the final FY 2025 CMS indicate that the state is meeting, or is on track to meet, its CMS commitments, this recommendation will be considered completed.

CWA Element 2 - Inspections

Finding 2-3
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The Metrics listed in the table below measure planned inspections completed and inspection coverages for NPDES majors and non-majors. The National Goal for these Metrics is for 100% of state specific CMS Plan commitments to be met. The FY 2023 inspection commitments listed in the table below are from the CWA §106 Workplan EOY report.

Explanation:

Based on review of the SC DES §106 Workplan End of Year report, the SC DES met and exceeded the CMS inspection commitments in FY 2023, as detailed in the table below. Noteworthy goal exceedances were in the categories of construction stormwater, industrial stormwater, majors, and minors. Some of these commitments were exceeded by over 100% as shown in the metric findings in the table below.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
4a5 Number of SSO inspections. [GOAL]	100% CMS		13	8	162.5%
4a8 Number of industrial stormwater inspections. [GOAL]	100% CMS		178	162	109.9%
4a9 Number of Phase I and Phase II construction stormwater inspections. [GOAL]	100% of commitments		151	45	335.6%
5a1 Percentage of NPDES major facilities with individual or general permits inspected	100% CMS		108	81	133.3%
5b1 Inspections coverage of NPDES non-majors with individual permits [GOAL]	100% CMS		175	44	397.7%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

CWA Element 3 - Violations

Finding 3-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The SC DES's inspection reports consistently documented accurate compliance determinations.

Explanation:

Metric 7e measures whether accurate compliance determinations were made based on a file review of inspections reports and other compliance monitoring activity. The file review indicated that 90.9% (20 of 22) of the files reviewed consistently documented an accurate compliance determination.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
7e Accuracy of compliance determinations [GOAL]	100%		20	22	90.9%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

CWA Element 4 - Enforcement

Finding 4-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The SC DES consistently takes enforcement responses which promote a return to compliance.

Explanation:

The file review indicated that the SC DES consistently takes enforcement responses which promote a return to compliance. File metric 9a indicated that 26 of the 27 enforcement responses reviewed (96.3%) did return, or were expected to return, a facility 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 [GOAL]	100%		26	27	96.3%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

CWA Element 4 - Enforcement

Finding 4-2
Area for Attention

Recurring Issue:
No

Summary:

File Review Metric 10b evaluates enforcement responses that address violations in a timely and appropriate manner. Most of the SC DES's enforcement responses were found to be timely and appropriate.

Explanation:

File metric 10b indicated that 32 of 40 enforcement responses reviewed (82.1%) had a timely and appropriate enforcement response. During the file review, it was observed that in 6 cases, the SC DES actions took longer to issue/finalize than the EPA and the SC DES timeliness standards; and in two cases, no enforcement response/case closure documentation was found in the file to resolve noted violations.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
10b Enforcement responses reviewed that address violations in a timely and appropriate manner.			32	40	80%

State Response:
These delays were due to staff turnover and facility issues; however, SC DES will continue to make improvements to ensure violations are addressed timely and appropriately. Future delays that hinder or prevent timely and appropriate responses will be thoroughly documented.

CWA Element 5 - Penalties

Finding 5-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The Round 5 file review found that the SC DES consistently includes documentation in the files of the rationale for any difference between the initial penalty calculation and the final penalty calculation, and sufficient documentation that all final assessed penalties were collected. Metric 12a was an area for State Attention in Round 4, so this review shows improvement in this area.

Explanation:

Metric 12a measures the percentage of enforcement files which document the rationale for difference between initial penalty calculation and final penalty. Metric 12b measures the percentage of enforcement files reviewed that document the collection of the assessed penalty. Metrics 12a and 12b indicated that 13 of 13 (100%) files reviewed included adequate documentation required under each of these metrics.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		13	13	100%
12b Penalties collected [GOAL]	100%		13	13	100%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

CWA Element 5 - Penalties

Finding 5-2
Area for Attention

Recurring Issue:
No

Summary:

File Review Metric 11a evaluates whether the penalty calculations document and include both the gravity and the economic benefit components. This review shows that most of the SC DES's penalties included both the gravity and economic benefit components.

Explanation:

Metric 11a indicated that 10 of the 13 files (76.9%) reviewed contained either economic benefit (EB) calculations, documentation that it was considered, or an adequate rationale for not including EB. In each penalty file reviewed, the SC DES used their penalty matrix to determine the gravity component of the penalty calculation. However, in 3 cases reviewed, there were corrective actions for which the time delay of the expenditures should have been captured as EB in the penalty, but the EB component was not included in the penalty calculation. Failure to consider and include EB in penalties was an area for state improvement in CWA SRF Rounds 3 and 4, so this review shows improvement in the consideration and calculation of EB.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
11a Penalty calculations reviewed that document and include gravity and economic benefit [GOAL]	100%		10	13	76.9%

State Response:
SC DES will continue to make improvements to ensure all EB components are considered when assessing civil penalties.

Clean Air Act Findings

CAA Element 1 - Data

Finding 1-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The SC DES was timely in reporting compliance monitoring minimum data requirements (MDRs) in ICIS-Air.

Explanation:

Data metric 3b1 (86.6%) indicated that the SC DES was timely in reporting compliance monitoring MDRs in ICIS-Air.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
3b1 Timely reporting of compliance monitoring MDRs [GOAL]	100%	85.3%	515	595	86.6%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

CAA Element 1 - Data

Finding 1-2
Area for Attention

Recurring Issue:
No

Summary:

The SC DES was not timely in the reporting of enforcement MDRs in ICIS-Air. The SC DES also had discrepancies in the reporting of MDRs in ICIS-Air.

Explanation:

Data metric 3b3 (78.9%) indicated that the SC DES was not timely in reporting enforcement MDRs in ICIS-Air within 60 days. The enforcement MDRs, mostly notices of violations, were reported in ICIS-Air anywhere from two days to 183 days late. In January 2023 the SC DES initiated a CAA data system modernization project by moving to a newer CAA data system. The new system has been completed from the CAA perspective, but the SC DEC is adding different programs and adding enhancements to the new data system which has generated issues where the new system does not communicate properly with ICIS-Air. The SC DEC continues to work to resolve the communication issue and is currently manually entering the data in ICIS-Airs until the communication issues are resolved.

File review metric 2b (72.7%) indicated that the SC DES had one or more discrepancies between the information in the files and the data entered in ICIS-Air. Some of the discrepancies were incorrect document dates, incorrect penalty amounts, or missing/incorrect air programs. 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 %
2b Files reviewed where data are accurately reflected in the national data system [GOAL]	100%		24	33	72.7%
3b3 Timely reporting of enforcement MDRs [GOAL]	100%	82.4%	97	123	78.9%

State Response:
For data metric 3b3, this was the issue with ePermitting not communicating well with ICIS-Air. As noted in the explanation we have been and are working with available resources to correct

the communications issues. We currently have to enter data manually into ICIS-Air to prevent this deficiency going forward, until it is resolved by the vendor. File review metric 2b is primarily attributable to human error. Some related to new staff which have been retrained to ensure correct and consistent data is reported going forward.

CAA Element 1 - Data

Finding 1-3
Area for Improvement

Recurring Issue:
No

Summary:

The SC DES was not timely in reporting HPVs, stack tests and stack test results in ICIS-Air.

Explanation:

Data metrics 3a2 (55.6%) and 3b2 (69.5%) indicated that the SC DES was not timely in reporting HPV determinations within 60 days in ICIS-Air, and stack tests and stack test results within 120 days in ICIS-Air. ICIS-Air indicated that the HPV determinations were about three months late. The stack tests and the stack test results were about two to fourteen months late. In an email from July 29, 2025, the SC DES explained that they used to input data into ICIS-Air only after thoroughly reviewing stack test data or information related to a potential violation. However, they have recently updated their process to enter the data into ICIS-Air as soon as the information is received.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
3a2 Timely reporting of HPV determinations [GOAL]	100%	53.3%	5	9	55.6%
3b2 Timely reporting of stack test dates and results [GOAL]	100%	74.7%	132	190	69.5%

State Response:
BAQ previously was not sending an enforcement referral until the review of test reports were complete and the violation confirmed. We have changed our process to sending the referral for tests that the facility identifies as a failure as soon as we receive the report. This was also the reason for some high priority violations (HPVs) were not being identified and reported timely.

Recommendation:

Rec #	Due Date	Recommendation
3	09/01/2026	Data metrics 3a2 and 3b2: By June 1, 2026, the SC DES will provide to the EPA a written description of what measures and/or procedures have been implemented to ensure the timely reporting of HPV determinations and the timely reporting of stack tests and stack test results. By September 1, 2026, the EPA will review data for metrics 3a2 and 3b2 to ensure the information is timely reported in ICIS-Air. Once data metrics 3a2 and 3b2 indicates a 71.0% or greater of data entry, then this recommendation will be considered complete.

CAA Element 2 - Inspections

Finding 2-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The SC DES 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 (98.4%) and 5b (100%) indicated that the SC DES provided adequate inspection coverage for Title V sources and SM-80 sources during the FY 2023 review year by ensuring that an FCE onsite evaluation was completed at each Title V source at least once every 2 years, and that an FCE onsite evaluation was completed at each SM-80 source at least once every 5 years. In addition, data metric 5e (97.6%) indicated that the SC DES completed the reviews of the Title V annual compliance certifications.

File review metrics 6a (100%) and 6b (96.6%) indicated that the SC DES provided adequate documentation of the FCE elements identified in the CAA Stationary Source CMS and provided adequate documentation in the CMRs to determine the compliance status of the facility. The EPA recommended that the SC DES make sure the topics outlined in sections V and IX of the CMS plan are covered in the inspection reports. The SC DES responded that the inspection reports and the operating permits furnish the essential FCE documentation.

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%	125	127	98.4%
5b FCE coverage: SM-80s [GOAL]	100%	92.7%	201	201	100%
5e Reviews of Title V annual compliance certifications completed [GOAL]	100%	79.1%	245	251	97.6%
6a Documentation of FCE elements [GOAL]	100%		29	29	100%
6b Compliance monitoring reports (CMRs) or facility files reviewed that provide sufficient documentation to determine compliance of the facility [GOAL]	100%		28	29	96.6%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

CAA Element 3 - Violations

Finding 3-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The SC DES was timely in identifying HPVs and made accurate compliance determinations and accurate HPV determinations.

Explanation:

Data metric 13 (100%) indicated that the SC DES was timely in identifying HPVs.

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

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
7a Accurate compliance determinations [GOAL]	100%		33	33	100%
8c Accuracy of HPV determinations [GOAL]	100%		24	24	100%
13 Timeliness of HPV Identification [GOAL]	100%	88%	9	9	100%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

CAA Element 4 - Enforcement

Finding 4-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

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

Explanation:

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

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
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%		20	20	100%
10b Percent of HPVs that have been addressed or removed consistent with the HPV Policy [GOAL]	100%		6	6	100%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

CAA Element 4 - Enforcement

Finding 4-2
Area for Attention

Recurring Issue:
No

Summary:

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

Explanation:
File review metrics 10a (83.3%) and 14 (83.3%) indicated that for one facility file, an HPV was not addressed in a timely manner or alternatively did not have a case-specific development and resolution timeline (CDRT) in place in accordance with the HPV policy. HPVs must be either addressed within 180-days of day zero or have a CDRT in place within 225-days from day zero (additional 45-days from the 180-day period) which would have been around September 11, 2021. The ICIS-Air data indicated that day-zero was determined to be March 11, 2021, SC DES issued an NOV on May 26, 2021, and the HPV was addressed/resolved on October 13, 2022.

In an email dated June 18, 2025, the SC DES stated that since the EPA determined that the facility was not subject to the regulations, the violation was no longer considered an HPV, and a CDRT was not required. However, in this case, the EPA's applicability determination was made after September 11, 2021, so the EPA noted that SC DES should have put a CDRT in place while awaiting the final determination from the EPA.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
10a Timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place	100%		5	6	83.3%
14 HPV case development and resolution timeline in place when required that contains required policy elements [GOAL]	100%		5	6	83.3%

State Response:
On May 14, 2021, the facility requested an applicability determination from EPA prior to the NOAV being issued. On May 23, 2022, the EPA issued a determination that the emission unit was not subject to the Boiler MACT. This determination from the EPA resulted in the Department concluding that there was no HPV violation. The Department elected to not pursue any further enforcement action and issued an No Further Action letter to the facility. EPA contends that the Department should have been deemed it an HPV initially while the Department asserts that it did not have the facts available to make a conclusive determination until it received the EPA determination of applicability and thus required a case management plan. The Bureau currently uses case management plans to address other similar cases.

CAA Element 5 - Penalties

Finding 5-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

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

Explanation:

File Review Metrics 11a (100%), 12a (94.1%) and 12b (100%) indicated that the SC DES considered gravity and economic benefit components in the penalty calculations, provided rationale for differences between the initial penalty calculation and the final penalty, and provided documentation that the penalties were collected.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
11a Penalty calculations reviewed that document gravity and economic benefit [GOAL]	100%		17	17	100%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		16	17	94.1%
12b Penalties collected [GOAL]	100%		16	16	100%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

Resource Conservation and Recovery Act Findings

RCRA Element 1 - Data

Finding 1-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The SC DES RCRA Minimum Data Requirements for compliance monitoring and enforcement activities were complete in RCRA Info.

Explanation:

Metric 2b measures the data accuracy and completeness in RCRA Info with information in the facility files. Twenty-seven (27) files were selected and reviewed to determine completeness of the minimum data requirements. The data was found to be accurate in 26 of the 27 files (96.3%).

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
2b Complete and accurate entry of mandatory data.	100%		26	27	96.3%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

RCRA Element 2 - Inspections

Finding 2-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The SC DES met national goals for TSDFs, LQGs, and RD universes combined.

Explanation:

Metrics 5a and 5b1 measure the percentage of TSDF, LQG and RD universes that had a Compliance Evaluation Inspection (CEI) during the two-year and one-year periods of review, respectively. The SC DES met the national goal for two-year inspection coverage of TSDFs by inspecting 100% of the TSDF universe and met and exceeded the national goal for annual inspection coverage of LQGs and RDs combined by inspecting 26.9% of the LQG and RDs universes.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
5a Two-year inspection coverage of operating TSDFs [GOAL]	100%	89%	15	15	100%
5b1 Annual inspection coverage of LQGs and reverse distributer (RD) universes combined using RCRA Info universe [GOAL]	20%	9%	70	260	26.9%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

RCRA Element 2 - Inspections

Finding 2-2
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The SC DES's hazardous waste program inspection reports reviewed were complete, provided appropriate documentation to determine compliance at the facility and the timeliness of inspection report completion was well under the 150-day timeline outlined the Hazardous Waste Civil ERP.

Explanation:

Metric 6a measures the percentage of on-site inspection reports reviewed that are complete and provide sufficient documentation to determine compliance. All twenty-seven (27) onsite inspection reports reviewed were complete and provided sufficient documentation to determine compliance.

Metric 6b measures the percentage of inspection reports reviewed that are completed in a timely manner per the national standard. Metric 6b indicated 100% of the SC DES's onsite inspection reports reviewed were completed in a timely manner per the national standard.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
6a Inspection reports sufficient to determine compliance.	100%		27	27	100%
6b Timeliness of inspection report completion [GOAL]	100%		27	27	100%

State Response:
SC DES agrees with EPA’s finding on this metric and will continue to follow established practices and procedures in meeting this metric.

RCRA Element 3 - Violations

Finding 3-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The SC DES made accurate hazardous waste compliance determinations. In addition, SNC determinations were timely and appropriate.

Explanation:

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

Metric 8b measures the percentage of SNC determinations made within 150 days of the first day of inspection (Day Zero). The DMA indicated that 80.8% of SNC determinations were made with within 150 days.

Metric 8c measures the percentage of files reviewed in which significant noncompliance (SNC) status was appropriately determined during the review period. The file review indicated that 100% of the files reviewed had appropriate SNC determinations.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
7a Accurate compliance determinations [GOAL]	100%		27	27	
8b Timeliness of SNC determinations [GOAL]	100%	90%	21	26	80.8%
8c Appropriate SNC determinations [GOAL]	100%		27	27	100%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

RCRA Element 4 - Enforcement

Finding 4-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

The SC DES consistently issued enforcement responses that have returned or will return a facility in SNC or SV to compliance.

Explanation:

Metric 9a measures the percentage of enforcement responses that have returned or will return sites in SNC or SV to compliance. A total of twenty-seven (27) files were reviewed that included informal or formal enforcement actions. 100% of the enforcement responses returned the facilities to compliance with the hazardous waste requirements.

Metric 10a measures the percentage of SNC violations addressed with a formal action or referral during the year reviewed and within 360 days of Day Zero. The DMA indicated that 100% of the FY 2023 enforcement actions met the Hazardous Waste ERP timeline of 360 days.

Metric 10b measures the percentage of files with enforcement responses that are appropriate to the violations. A total of twenty-seven (27) files were reviewed with concluded enforcement

responses. 96.3% of the files reviewed contained enforcement responses that were appropriate to the violations.

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
9a Enforcement that returns violators to compliance.	100%		27	27	100%
10a Timely enforcement taken to address SNC [GOAL]	80%	89.1%	22	22	100%
10b Appropriate enforcement taken to address violations [GOAL]	100%		26	27	96.3%

State Response:
SC DES agrees with EPA's finding on this metric and will continue to follow established practices and procedures in meeting this metric.

RCRA Element 5 - Penalties

Finding 5-1
Meets or Exceeds Expectations

Recurring Issue:
No

Summary:

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

Explanation:

Metric 11a measures the percentage of penalty calculations reviewed that document, where appropriate, gravity and EB. Metric 11a indicated that the SC DES considered gravity and EB in 100% of the penalty calculations reviewed.

Metric 12a measures the percentage of penalties reviewed that document the rationale for the final value assessed when it is lower than the initial calculated value. Metric 12a indicated that the initial penalties calculated, and final penalty amounts assessed were the same in all of the SC DES's penalties. Therefore, metric 12a does not apply.

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

Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
11a Gravity and economic benefit [GOAL]	100%		19	19	100%
12a Documentation of rationale for difference between proposed penalty calculation and final penalty.	100%		N/A		
12b Penalty collection [GOAL]	100%		19	19	100%

State Response:
SC DES agrees with EPA’s finding on this metric and will continue to follow established practices and procedures in meeting this metric.
