

U.S. EPA Region 10  
Alaska Department of Environmental Conservations' Clean Air Act  
Compliance & Enforcement Program Review for FY2007  
September 24, 2009

**I. EXECUTIVE SUMMARY**

The State Review Framework (SRF) is a program designed to ensure that EPA conducts oversight of state compliance and enforcement programs in a nationally consistent and efficient manner. Reviews look at 12 program elements covering: data (completeness, timeliness, and quality); inspections (coverage and quality); identification of violations, enforcement actions (appropriateness and timeliness); and penalties (calculations, assessment and collection). Reviews are conducted in three phases: analyzing information from the national data systems; reviewing a limited set of state files; and developing findings and recommendations. Considerable consultation is built into the process to ensure EPA and the state understand the causes of issues, and to seek agreement on identifying the actions needed to address problems. The reports generated by the reviews capture information and agreements developed during the review process in order to facilitate program improvements. They are designed to provide factual information and do not make determinations of program adequacy. EPA also uses the information in the reports to draw a “national picture” of enforcement and compliance, and to identify any issues that require a national response. Reports are not used to compare or rank state programs.

**A. MAJOR STATE PRIORITIES AND ACCOMPLISHMENT**

- Priorities : ADEC’s priorities for FY2007 were to identify, prevent, abate, and control air pollution to protect public health and the environment in a cost-effective accountable manner. In general, their priorities were to issue air quality permits to facilities that release potentially harmful pollutants and to provide compliance assistance and enforcement activities. One of their specific goals was to implement a Quality Management System (QMS) for permit and compliance services, including specific work instructions for full compliance evaluations, compliance certification reviews, excess emission and permit deviation notices and formal enforcement settlements. Additional goals were to: 1) conduct compliance inspections under the Compliance Monitoring Strategy (CMS) plan, 2) improve on-line compliance reporting for external users, 3) ascertain the compliance status of each permitted source by conducting reviews under the CMS plan, and have knowledge of the compliance status of true minors and synthetic minors other than SM80s.
- Accomplishments: ADEC completed and implemented QMS work instructions for on-site and off-site full compliance evaluations. They drafted instructions for formal enforcement procedures, excess emissions and permit deviations, operating reports and annual compliance evaluations.
- Best Practices ADEC has an extensive array of written policy and procedures.
- Element 13 – ADEC did not submit an Element 13 request

## B. SUMMARY OF RESULTS

- Status of Recommendations from Round 1 - The two recommendations from Round 1 were considered to be complete as of the start of Round 2.
  
- Summary of Round 2 Results:
  - *Areas with No Issues or Only Minor Issues:*

Data completeness (element 1), data accuracy (element 2), completion of commitments (element 4), T-V certification review (element 5), quality of inspection or compliance monitoring reports (element 6), identification of alleged violations (element 7), enforcement actions that promote sources returning to compliance (element 9), penalty calculation method (element 11), and final penalty assessment and collection (element 12).
  - *Significant Findings and Recommendations:*
    - Element 3 – Timeliness of Data Entry

Finding 3-1: HPVs are not timely entered into AFS  
Recommendation 3-1: ADEC and EPA shall discuss the options of either 1) ADEC submitting monthly HPV updates to EPA, 2) holding monthly HPV calls, 3) having ADEC enter their own HPV flags into AFS, and 4) decreasing ADEC's upload cycle to AFS from 60 to 30 days.
    - Element 8 – Identification of SNC and HPV  
Finding 8 – 1: HPVs are accurately identified but not timely entered into AFS  
Recommendation 8 – 1: ADEC should notify EPA of new HPVs, and updates for existing HPVs, on a more frequent cycle (monthly basis) for entry into AFS. Or, ADEC could start entering their own HPV data into AFS.
    - Element 10 – Timely and Appropriate Action  
Finding 10 – 1: ADEC is above the national average in addressing HPVs within 270 days of day zero  
Recommendation 10-1: ADEC should review their process and procedures for addressing HPVs in a timely manner. Their review findings shall be provided to Region 10 for discussion of possible improvements to ADEC's procedures.

## C. SIGNIFICANT CROSS-MEDIA FINDINGS AND RECOMMENDATIONS

The Clean Air Act (CAA) is the only program for which a SRF was conducted. The Clean Water Act (at the time of the review) and the Resource Conservation and Recovery Act programs have not been delegated to the State of Alaska.

## **II. BACKGROUND INFORMATION** **ON STATE PROGRAM AND REVIEW PROCESS**

### **A. GENERAL PROGRAM OVERVIEW**

- **Agency Structure:** ADEC is organized into four offices. One in Fairbanks, one in Anchorage, one in Juneau and one in Deadhorse. The Deadhorse office is a one-person office and is only manned during the inspection season for facilities on Alaska's North Slope. This person reports to ADEC's headquarters' office located in Juneau.
- **Compliance/Enforcement Program Structure:** ADEC's Division of Air Quality Air Permits Program is divided into three sections; the Title V Section, the Technical Services Section, and the Title 1 Section. Inspections, case development, and enforcement actions are conducted by each of the four Title V field offices. Each of the four field offices report to the Title V Section Manager located in Juneau. The Title V Section manager reports to the Program Manager. A Compliance Order by Consent (COBC) and a Settlement Agreement (SA) are administrative tools typically used by ADEC as settlement documents. In all settlements, ADEC's Division of Air Quality Director approves the final negotiated settlement.
- **Roles and responsibilities:** An enforcement officer in any of ADEC's Title V field offices can issue formal enforcement actions. No one office is largely responsible for major policy decisions, guideline development, regulatory interpretations, and issuance of formal enforcement actions. Informal enforcement actions are also issued by the field offices.
- **Resources:** In fiscal year 2007 (the SRF review year), ADEC had 16 staffed position (FTE) and three vacancies in their Title V Program Section. There were seven staffed positions and two vacancies in the Anchorage office, seven staffed positions in the Fairbanks office, and two staffed positions in the Juneau office. There currently is one vacancy in the Anchorage office...the other two positions have been filled.
- **Staffing:** As discussed above, there were three vacancies in the Title V Program Section in FY2007. The Agency has difficulty retaining experienced staff. The main reason is due to the high cost of living in Alaska. The Agency must compete against higher paying positions offered by local industry such as oil and gas facilities and consulting firms.
- **Training:** Compliance and enforcement staff attend in-house training, attend EPA sponsored training (when resources allow), and participate in on-line training. During FY 2007, compliance training included 1) Basic Inspector Training for two new hires, 2) attendance at Western States Project Introduction to Environmental Enforcement Course for four new hires, 3) Visible Emission Recertification for all Title V Program staff, 4) Clean Air Act penalty policy in-house training for all Title V Program staff, 5) WESTAR combustion inspection course for all Title V Program staff, 6) Facility Operating Report (FOR) and Annual Compliance Certification (ACC) review guidance in-house training, and Leadership conference calls (usually monthly) for all office supervisors and senior staff. Alaska also has an in-house orientation training program for new hires which includes, but is not limited to, office policies and procedures, program familiarization, and on-line self instructional training which includes the following:
  1. Mathematics Review for Air Pollution Control

2. Basic Concepts in Environmental Sciences
3. Understanding Air Toxics (Web Video)
4. Introduction to Air Pollution Control
5. Combustion Evaluation

The State of Alaska has developed an “Enforcement Manual” intended to provide an overview of available enforcement tools for employees. This manual is in its sixth edition and is quite extensive and detailed.

- Data reporting systems/architecture: AIRTOOLS is ADEC’s database used to track permitting and compliance and enforcement activities for the state’s permitted sources. Copies of all FCEs, T-V certifications, source test reports, enforcement actions (formal and informal), correspondence, etc. are included in the database. MDRs are required fields in AIRTOOLS which are then uploaded into AFS using the Universal Interface (UI) software. AFS is updated every two months using the UI software.

## **B. MAJOR STATE PRIORITIES AND ACCOMPLISHMENTS**

- **Priorities**: ADEC’s priorities for FY2007 were to identify, prevent, abate, and control air pollution to protect public health and the environment in a cost-effective accountable manner. In general, their priorities were to issue air quality permits to facilities that release potentially harmful pollutants and to provide compliance assistance and enforcement activities. One of their specific goals was to implement a Quality Management System (QMS) for permit and compliance services, including specific work instructions for full compliance evaluations, compliance certification reviews, excess emission and permit deviations notices and formal enforcement settlements. Additional goals were to: 1) conduct compliance inspections under the Compliance Monitoring Strategy (CMS) plan, 2) improve on-line compliance reporting for external users, 3) ascertain the compliance status of each permitted source by conducting reviews under the CMS plan, and have knowledge of the compliance status of true minors and synthetic minors other than SM80s.
- Accomplishments: ADEC completed and implemented QMS work instructions for on-site and off-site full compliance evaluations. They also drafted instructions for formal enforcement procedures, excess emissions and permit deviations, operating reports and annual compliance evaluations. Additionally, they conducted full compliance evaluations in accordance with their CMS plan.
- Best Practices: 1. All of ADEC’s enforcement actions (administrative, civil or criminal) are logged and tracked in the department’s Compliance Automated Tracking System (CATS) database. The database provides a record of receipt and disposition of each complaint reported to ADEC. It also provides a record of each administrative, civil, and criminal enforcement action taken by ADEC against an offender. 2. ADEC has extensive documentation of the policies and procedures employed by the Title V Program. They included, but are not limited to, A) templates for all enforcement related correspondence such as FCE information requests, FCE noncompliance corrected actions, and FCE in compliance letters, B) Onsite and Offsite FCE checklists, C) NOV drafting, D) CEM review checklists, and E) source test pre-test meeting guidance.

- Element 13: ADEC chose not to submit any information under this element.

### C. PROCESS FOR SRF REVIEW

- Review Period: The review period covered federal fiscal year 2007.
- Key Dates: A SRF notification letter was sent to ADEC’s commissioner on May 29, 2008. The SRF kick-off letter was sent to ADEC’s Division of Air Quality acting director on September 4, 2008 which included the official data pull. A follow up conference call was held on October 15, 2008. The file selection was sent to ADEC on October 15, 2008, and the file review was conducted November 3-7, 2008. The official Preliminary Data Analysis (PDA) was completed October 17, 2008, and sent to ADEC on March 3, 2009.
- Communications with the State: The kick-off meeting was held via conference call and included ADEC’s and Region 10’s senior and middle management and pertinent staff. The intent and purpose of the review along with a projected time line was discussed. During the onsite file review, ADEC’s staff and management were available to answer any questions the reviewers had. A formal close out meeting was not held because of this open communication during the review. Since the review, ADEC staff has been very receptive in providing follow up information as needed. ADEC did not provide any comments or corrections to the official data pull or the PDA. On July 31, 2009, a copy of the Draft SRF report was sent to ADEC for their review and comment. As part of the ADEC/EPA annual planning meeting held on August 18, 2009, the review’s findings were discussed. On August 31, 2009, ADEC submitted a written response to EPA’s Draft report.
- State and Regional Lead Contacts for the Review:  
SRF Coordinators R10: MaryKay Voytilla (206)-553-6510 and Rindy Ramos (206)-553-6510. ADEC: Jim Baumgartner (907)-465-5108.

### III. STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEW

During the first SRF review of Alaska’s compliance and enforcement program, region 10 and Alaska identified a number of actions to be taken to address issues found during the review. The table below shows the status of progress toward completing those actions.

5/04/2009

Region	State	Status	Due Date	Media	Title	Finding
Region 10	AK - Round 1 Total: C0	Completed	10/30/2005	CAA	Incomplete and inaccurate data	Incomplete and inaccurate data entry into AFS
Region 10	AK - Round 1 Total: C0	Completed	10/30/2005	CAA	Accurately record all violations in AFS	Non-reporting of violations that are not HPV.



#### **IV. PRELIMINARY DATA ANALYSIS CHART**

This section provides the results of the Preliminary Data Analysis (PDA). The Preliminary Data Analysis forms the initial structure for the SRF report, and helps ensure that the data metrics are adequately analyzed prior to the on-site review. This is a critical component of the SRF process, because it allows the reviewers to be prepared and knowledgeable about potential problem areas before initiating the on-site portion of the review. In addition, it gives the region focus during the file review and/or basis for requesting supplemental files based on potential concerns raised by the data metrics results. The full PDA is available in Appendix A of this report.

The PDA reviews each data metric and evaluates state performance against the national goal or average, if appropriate. The PDA Chart in this section of the SRF report only includes metrics where potential concerns are identified or potential areas of exemplary performance. The full PDA contains every metric positive, neutral, or negative. Initial Findings indicate the observed results. Initial Findings are preliminary observations and are used as a basis for further investigations. Findings are developed only after evaluating them against the file review results where appropriate, and dialogue with the stat have occurred. Through this process, Initial Findings may be confirmed, modified, or determined not to be supported. Findings are presented in Section VI of this report.

Original Data Pulled from Online Tracking Information System (OTIS)							EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Initial Findings
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			2	Only 2 informal enforcement actions were issued. This number appears to be low and should be further addressed during the file review.
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			2	Same as above
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			2	This appears to be low in relationship to the number of FCE & PCEs conducted. It should be further addressed during the file review and in consultation with the state. The state may not be entering all of their enforcement actions into AFS.
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			2	Same as above
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	71.0%	180.0%	This high percentage indicates that the state may not be entering all of their Non HPV enforcement actions. Note: This is a corrected value. Two sources originally identified as HPVs in FY07 were later determined to not be HPVs. AFS has been corrected.
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	24.6%	14.3%	This low percentage indicates that HPV designations are not being entered in a timely manner.
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	91.0%	73.5%	The low percentage indicates T-V certifications are not being reviewed and entered into AFS.
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		40.8%	69.2%	Alaska is above the national average in addressing HPVs within 270 days of day zero.

## V. FILE SELECTION

Files to be reviewed are selected according to a standard protocol and using a web-based file selection tool (available to EPA and state users here: [http://www.epa-otis.gov/egi-bin/test/srf/srf\\_fileselection.cgi](http://www.epa-otis.gov/egi-bin/test/srf/srf_fileselection.cgi)). The protocol and tool are designed to provide consistency and transparency in the process. Based on the description of the file selection process in section A, states should be able to recreate the results in the table in section B.

### A. FILE SELECTION PROCESS

EPA requested 25 files for the SRF review. The representative file selection method was conducted using the methodology described in the File Selection Protocol (using the OTIS website).

Of the 25, the 2 files which indicated either informal and/or formal enforcement action occurred in FY 2007 were selected. One file was selected because it was identified as a HPV in FY 2007. Six files were selected because T-V deviations were identified. Thirteen files were randomly selected. Four supplemental files were selected to review the adequacy of the states off-site FCE evaluations of non oil and gas facilities.

### B. FILE SELECTION TABLE

FILE ID#	PROGRM ID	CITY	STATE	ZIP	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
F1	212200021	KENAI	AK	99611	no	no	no	no	yes	no	no	No	no	MAJR	accepted_representiative
F2	202000030	ANCHORAGE	AK	99508	no	yes	no	no	yes	no	no	No	no	SM	accepted_representiative
F3	217000004	MENTASTA	AK	99586	no	yes	no	no	no	no	no	No	no	SM80	accepted_representiative
F4	202000001	ANCHORAGE	AK	99504	no	yes	no	no	no	no	no	No	no	MAJR	accepted_representiative
F5	218560002	ANCHORAGE	AK	99519	yes	yes	no	no	yes	no	no	No	no	MAJR	accepted_representiative
F6	218500007	ANCHORAGE	AK	99519	no	no	no	no	no	no	yes	Yes	yes	MAJR	accepted_representiative
F7	212200034	NIKISKI	AK	99611	yes	yes	no	yes	yes	yes	no	No	no	MAJR	accepted_representiative
F8	220100006	UNALASKA	AK	99685	yes	yes	no	no	no	no	no	No	no	MAJR	accepted_supplemental
F9	218500017	ANCHORAGE	AK	99519	yes	yes	no	no	no	yes	yes	Yes	yes	MAJR	accepted_supplemental
F10	218560004	NORTH SLOPE	AK	99510	no	yes	no	no	no	no	no	No	no	MAJR	accepted_representiative
F11	212210007	ANCHORAGE	AK	99502	yes	yes	no	no	no	yes	no	No	no	MAJR	accepted_representiative
F12	207000002	SEATTLE	AK	98107	yes	no	no	no	no	no	no	No	no	SM	accepted_representiative
F13	213000028	HOMER	AK	99501	no	yes	no	no	no	no	no	No	no	SM80	accepted_representiative
F14	223100020	AUKE BAY	AK	99821	no	yes	no	no	no	no	no	No	no	SM80	accepted_representiative
F15	215000018	KODIAK	AK	99615	no	yes	no	no	no	no	no	No	no	SM80	accepted_representiative

FILE ID#	PROGRM ID	CITY	STATE	ZIP	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
F16	215000001	KODIAK	AK	99615	yes	yes	no	no	yes	no	no	No	no	MAJR	accepted_representiative
F17	206000004	NAKNEK	AK	99633	no	yes	yes	no	yes	no	no	No	no	MAJR	accepted_supplemental
F18	218500103	BARROW	AK	99723	yes	yes	no	no	no	no	no	No	no	SM80	accepted_representiative
F19	218500093	WAINRIGHT	AK	99782	yes	yes	no	no	yes	no	no	No	no	MAJR	accepted_representiative
F20	201600024	SEATTLE	AK	98107	no	yes	no	no	no	no	no	No	no	SM80	accepted_representiative
F21	277790063	CHANDLER	AK	85226	yes	yes	no	no	no	no	no	No	no	MAJR	accepted_representiative
F22	212200054	ANCHORAGE	AK	99519	yes	yes	no	no	no	no	no	No	no	MAJR	accepted_representiative
F23	212200038	ANCHORAGE	AK	99519	yes	yes	no	no	no	no	no	No	no	MAJR	accepted_representiative
F24	213000031	KETCHIKAN	AK	99901	yes	yes	no	no	no	no	no	No	no	SM80	accepted_representiative
F25	205000075	BETHEL	AK	99559	no	yes	yes	no	no	no	no	No	no	SM80	accepted_supplemental

## **VI. FILE REVIEW ANALYSIS CHART**

This section presents the initial observations of the Region regarding program performance against file metrics. Initial Findings are developed by the region at the conclusion of the File Review process. The Initial Finding is a statement of fact about the observed performance, and should indicate whether the performance indicates a practice to be highlighted or a potential issue, along with some explanation about the nature of good practice or the potential issue. The File Review Analysis Chart only includes metrics where potential concerns are identified, or potential areas of exemplary performance.

Initial Findings indicate the observed results. Initial Findings are preliminary observations and are used as a basis for further investigation. Findings are developed only after evaluating them against the PDA results where appropriate, and dialogue with the state have occurred. Through this process, Initial Findings may be confirmed, modified, or determined not to be supported. Findings are presented in Section VI of this report.

The quantitative metrics developed from the file reviews are initial indicators of performance based on available information and are used by the reviewers to identify areas for further investigation. Because of the limited sample size, statistical comparisons among programs or across states cannot be made.

Name of State: Alaska

Review Period: FY-07

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
1	Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	84%	21 of the 25 files reviewed had MDRs accurately reflected in AFS. Of the 4 files that did not, one was not recorded as a HPV in AFS, one had its compliance evaluation entered as being offsite when the file showed it as being onsite, and two had the wrong FCE date.
	Metric 4a	Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan was completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? Yes or no? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning evaluation coverage are to be discussed pursuant to the metrics under Element 5. If a state/local agency had negotiated and received approval for conducting its compliance monitoring program pursuant to an alternative plan, details concerning the alternative plan and the S/L agency's implementation (including evaluation coverage) are to be discussed under this Metric.	42%	<p>The State has an alternative plan and has broken down their CMS major source universe into 2 categories: Oil &amp; Gas and Non Oil &amp; Gas. They have committed to conducting FCEs every 2 years at both source categories per EPA's CMS policy. However the frequency of onsite FCEs is increased to every 2 years for Oil &amp; Gas facilities. This is more frequent than EPA's CMS policy of every 5 years. For their Non Oil &amp; Gas facilities, the onsite FCE frequency is 6 years instead of 5 per the CMS policy: an increase of one year.</p> <p>In FY2007, the state conducted 65 FCEs at major sources. There were 33 Onsite Oil &amp; Gas FCEs; 14 Onsite Non Oil &amp; Gas FCEs, and 18 Offsite Non Oil &amp; Gas FCEs.</p> <p>The state committed to conducting 38 FCEs at Oil &amp; Gas facilities in FY2007 - 30 onsite and 8 offsite. They conducted 33 onsite FCEs and exceeded their Onsite goal by 3. Alaska is on track to meet its commitment of conducting onsite FCEs every 2 years at Oil &amp; Gas facilities (33 vs. 68) and conducting onsite FCEs every 6 years at Non Oil &amp; Gas facilities. They conducted 14 onsite FCEs and the average over the 6 years period also equals 14 (87/6).</p> <p>The total universe of CMS majors is 155. Oil &amp; Gas facilities account for 68 of the universe and Non Oil &amp; Gas facilities account for 87. ADEC conducted at total of 65 FCEs or less than ½ of the universe in FY 07 (65 vs. 78 which is equal to 42%).</p> <p>The file review indicated that ADEC is following Section V of EPA's April 2001 Stationary Source Compliance Monitoring Strategy.</p> <p>ADEC's monitoring frequency for SM80s is the traditional Onsite FCE every 5 years. The total universe of flagged SM80s is 113. In FY2007 they committed to conducting 3 however they conducted 20 instead. This is close to the annual average required over a 5 year period to conduct an onsite FCE at all 113 sources (113/5=23).</p>

	<b>Metric 4b</b>	Delineate the air compliance and enforcement commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The compliance and enforcement commitments should be delineated.	NA	ADEC will conduct compliance monitoring activity in accord with the EPA-approved biannual Compliance Monitoring Plan.  ADEC will follow the October 20, 2006 version of the Compliance Assurance Agreement (CAA) between EPA and ADEC.  ADEC and EPA will participate in a bi-monthly conference call to discuss high priority violations, as well as policy and strategy issues.
4	<b>Metric 6a</b>	# of files reviewed with FCEs.	13	
5	<b>Metric 6b</b>	% of FCEs that meet the definition of an FCE per the CMS policy.	100%	All of the files met the definition of an FCE per the CMS policy. Checklists for onsite and offsite FCEs have been implemented.
6	<b>Metric 6c</b>	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	100%	All of the CMRs were fully documented.
7	<b>Metric 7a</b>	% of CMRs or facility files reviewed that led to accurate compliance determinations.	100%	All of the CMRs reviewed lead to an accurate compliance determination.
8	<b>Metric 7b</b>	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	50%	Four of the 8 files reviewed containing Non-HPV violations had their compliance determination timely reported in AFS.
9	<b>Metric 8f</b>	% of violations in files reviewed that were accurately determined to be HPV.	100%	Eight of 8 files reviewed accurately reflected Non-HPV violations. One file contained a HPV violation that was not entered into AFS. (AFS has since been corrected). [NOTE: One additional file reviewed contained an unreported HPV but it occurred outside of the SRF review period of FY2007]
10	<b>Metric 9a</b>	# of formal enforcement responses reviewed.	2	Both violations were HPVs and were previously discussed with Region 10 during the bi-monthly HPV calls.

11	<b>Metric 9b</b>	% of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame.	100%	2 files contained a formal enforcement action
12	<b>Metric 10b</b>	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	100%	2 HPVs were addressed in a timely manner
13	<b>Metric 10c</b>	% of enforcement responses for HPVs appropriately addressed.	100%	The 2 enforcement responses were appropriate
14	<b>Metric 11a</b>	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	2 Penalty actions were taken. Both were self-disclosures. Economic benefit was assessed but gravity was waived in both cases.
15	<b>Metric 12c</b>	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	Both Penalty actions contained complete, accurate documentation.
16	<b>Metric 12d</b>	% of files that document collection of penalty.	100%	Both Files documented collection of penalties.

## VII. FINDINGS

<b>Element 1. Data Completeness. Degree to which Minimum Data Requirements are complete.</b> <b>Element 2. Data Accuracy. Degree to which Minimum Data Requirements are accurate (example, correct codes, correct codes used, dates are correct, etc.)</b>	
<span style="color: red;">1-1</span>	
<b>Finding</b>	Incomplete and inaccurate data.
Is this finding a(n):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendation Required
Explanation. (If Area for State Attention, describe why action not required, if Area or Improvement, provide recommended action.)	<p>AIRTOOLS is ADEC's database used to track permitting and compliance and enforcement activities. All documentation pertaining to stationary air sources is entered into AIRTOOLS. MDRs are required fields in AIRTOOLS which are then uploaded into AFS using the Universal Interface (UI) software. AFS is updated every two months using the UI software.</p> <p>The completeness and accuracy of data in AFS has greatly improved since round one of the SRF (2005). The majority of MDRs is being met and is complete.</p> <p>However, the data and file review did uncover several data errors. For example the HPV status for Facility F6 in AFS was incorrect and an incorrect FCE date for Facility F12 was entered into AFS.</p> <p>There were only 2 informal enforcement actions (NOVs) entered into AFS during FY 2007. These were associated with a formal action and the compliance status was correctly updated in AFS. The file review did not detect any additional NOVs being issued during FY07.</p> <p><u>File Review:</u> There were 8 files reviewed which contained an informal enforcement action (either a warning letter or compliance letter but not a NOV). Of these 8, 4 had their compliance status review results recorded in AFS and 4 did not.</p> <p>The region does not believe a significant issue exists. There were some data entry errors but the overall MDR data entry accuracy was 84%. Even though the results of metric 2A and 7b indicate improvement is needed in updating the Compliance Monitoring History in AFS for informal enforcement actions, it does not rise to the level of a formal recommendation for improvement.</p>
Metric(s) and Quantitative Value	<p>Data quality metric 1f1: Informal enforcement actions: number issued (1 FY)</p> <p>Data quality metric 1f2: Informal enforcement actions: number of sources (1 FY)</p> <p>Data quality metric 2A: Number of HPVs/Number of NC sources (1 FY); National Goal &lt;=50%, national average 71%, ADEC 180%.</p> <p>File Review metric 2c: % of files reviewed where MDR data are accurately reflected in AFS - 84%.</p> <p>File Review metric 7b: % of non-HPVs reviewed where the compliance determination was timely reported to AFS. – 50%</p>

	State's Response	ADEC did not provide a response.
	Action(s) (include any uncompleted actions from Round 1 that address this issue)	No further action required.

**Element 3: Timeliness of Data Entry. Degree to which Minimum Data Requirements are timely.**

3-1	<b>Finding</b>	HPVs are not timely entered into AFS.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Explanation. (If Area for State Attention, describe why action not required. If Area for improvement, provide recommended action.)	<p><u>HPV Data Entry</u></p> <p>ADEC HPV information is not timely entered into AFS. Their Percentage of HPVs entered &lt;=60 days after designation, (timely entry 1 FY) is 14.3%. The national average is 24,6% and the nation goal is 100%,</p> <p>The 60 day MDR for flagging HPVs in AFS is exceeded, in part, due to the process for entering the HPV flags. Potential HPVs are first discussed with EPA during the bi-monthly (every 60 day) HPV calls. Once agreement is reached, and a day zero has been established, EPA Region 10 will then Flag the source in AFS. Due to the above communication frequency it is extremely difficult for this 60 MDR to be met. Based on FY07 data, only 1 HPV flag out of 7 was timely entered in AFS.</p> <p>One possible solution is for ADEC to provide the region with an HPV update for each 'off' month (the month in which a call is not scheduled). EPA would then review the information and update the HPV flags as appropriate.</p> <p>A second possible solution is for monthly HPV calls to be held. However, this solution would require ADEC to increase their AFS upload frequency in order for this solution to be effective. Currently, ADEC uploads to AFS every 60 days. If the upload frequency is not changed, the potential for not meeting the 60 day MDR would remain high.</p> <p>A third possible solution is for ADEC to start entering their own HPV flags into AFS. This approach would also require ADEC to increase their AFS upload frequency to 30 day in order for this solution to be effective.</p> <p><u>Compliance Monitoring and Enforcement related MDR Actions</u></p> <p>In addition, the Percent Compliance Monitoring related MDR actions reported &lt;= 60 Days After Designation and the Percent Enforcement related MDR actions reported &lt;=60 Days After Designation, are both below the national goal and national average. They are 49.0% and 50.0 % respectively. The national average for Percent Compliance Monitoring related MDR actions reported and the national average for Percent Enforcement related MDR actions reported are 52.6% and 57.3% respectively.</p> <p>Understaffing (3 vacancies during FY07), and ADEC's 60 day AFS upload cycle are the main contributors to this problem.</p> <p>A possible solution is an increase in staff and decreasing ADEC's upload cycle from 60 days to 30 days.</p> <p>See below for recommended action.</p>

	Metric(s) and Quantitative Value	<p>Data quality metric 3A: Percent HPVs entered &lt;=60 days after designation, timely entry (1 FY); National goal 100%, national average 24.6%, ADEC 14.3%.</p> <p>Data quality metric 3B1: Percent Compliance Monitoring related MDR actions reported &lt;= 60 Days After Designation (1 FY); National Goal 100%, national average 52.6%, ADEC 49.0%</p> <p>Data quality metric 3B2: Percent Enforcement related MDR actions reported &lt;=60 Days After Designation (1FY): National Goal 100%, national average 57.3%, ADEC 50.0%.</p>
	State's Response	<p>During the months for which a HPV call is not held, the state is agreeable to submitting to EPA a summary of HPV MDRs for each existing case that has a change in an MDR element. They will also submit a summary of each new HPV case(s). EPA will then enter this information into AFS.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue)	<p><u>Recommended Action:</u> The three options were discussed during the ADEC EPA annual planning meeting in August 2009. Via letter dated August 31, 2009, ADEC has agreed to submit to EPA a summary of HPV MDRs for each existing case that has a change in an MDR element and a summary of each new HPV case, during the months for which a HPV call is not held. ADEC implemented this practice September 14, 2009. Issue is closed.</p>

**Element 4: Completion of Commitments. Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS Plans, authorization agreements, etc.) are met and any products or projects as completed.**

4-1	<b>Finding</b>	Alternative CMS plan should be well documented
	Is this finding a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Explanation. (If Area for State Attention, describe why action not required. If Area for Improvement, provide recommended, action.)	<p>The State is currently operating under an alternative CMS plan. This alternative plan breaks down their CMS major source universe into 2 categories: Oil &amp; Gas and Non Oil &amp; Gas. They have committed to conducting FCEs every 2 years at both source categories per EPA's CMS policy. However the frequency of onsite FCEs is increased to every 2 years for Oil &amp; Gas facilities. This is more frequent than EPA's CMS policy of onsite FCEs at least every 5 years. For their non-Oil &amp; Gas facilities, the onsite FCE frequency under the alternative is once every 6 years instead of once every 5 years as specified in the CMS policy:. The onsite inspection frequencies the state is following for the two categories allows the State to focus more resources on the Oil &amp; Gas sources which are typically more complex and have historically had more compliance problems.</p> <p>The alternative CMS plan was originally approved in 2004. That approval took into consideration among other things, resource constraints, facility location (remote sites with no road access and cost and difficulty in traveling to some locations), and categorization (e.g. Oil &amp; Gas and Non Oil &amp; Gas).</p> <p>The total universe of CMS majors is 155. Oil &amp; Gas facilities account for 68 of the universe and Non Oil &amp; Gas facilities account for 87. In FY2007, the state conducted 65 FCEs at major sources. There were 33 Onsite Oil &amp; Gas FCEs; 14 Onsite Non Oil &amp; Gas FCEs, and 18 Offsite Non Oil &amp; Gas FCEs.</p> <p>The state committed to conducting 38 FCEs at Oil &amp; Gas facilities in FY2007 - 30 onsite and 8 offsite. They conducted 33 onsite FCEs and exceeded their Onsite goal by 3. Alaska is on track to meet its commitment of conducting onsite FCEs every 2 years at Oil &amp; Gas facilities (33 vs. 68) and conducting onsite FCEs every 6 years at Non Oil &amp; Gas facilities. They conducted 14 onsite FCEs and the average over the 6 years period also equals 14 (87/6).</p> <p><u>Adequacy of Offsite FCEs</u>            Four files containing offsite FCEs conducted at Non Oil &amp; Gas facilities were reviewed as part of the SRF. The emission unit(s) at all four sources were combustion units (diesel engines and generators) with the majority being used for electric generation. None of the facilities had air pollution control equipment. As appropriate, the FCE the Region reviewed for adequacy, consisted of a full record review (fuel usage records, annual compliance certifications, annual facility operating reports, maintenance logs, fuel purchase receipts, and any applicable source testing).</p> <p>The file review indicated that ADEC is following Section V of EPA's April 2001 Stationary Source Compliance Monitoring Strategy.</p> <p><u>SM80 Frequency</u>            ADEC's monitoring frequency for SM80s is consistent with the requirements of the CMS policy with Onsite FCEs occurring at once every 5 years. The total universe of flagged SM80s is 113. In FY2007 they committed to conducting 3 however they conducted 20 instead. This is close to the annual average required over a 5 year period to conduct an onsite FCE at all 113 sources (113/5=23).</p>

	<p>As stated above, the SRF review did not uncover any issues with the adequacy of ADEC's Onsite or Offsite FCEs. The review did however uncover issues with reviewing (tracking) the progress of the plan in AFS. That problem has been solved by entering a code into AFS for all the CMS major facilities to indicate whether they are an Oil &amp; Gas facility or not.</p> <p>The state met its Air compliance and enforcement commitments for FY2007.</p> <p>See below for recommended action.</p>
Metric(s) and Quantitative Value	<p>File Review Metric 4a: Planned evaluations (FCEs, PCEs, investigations) completed for the year of the review pursuant to a negotiated CMS</p> <p>File Review Metric 4b: Planned commitments completed.</p>
State's Response	<p>To support Alaska's request for an Alternative CMS plan, Alaska agrees to submit by September 30, 2009, a plan for FY2010 addressing the factors contained in Section VII of EPA's CMS policy. The plan shall include a rationale describing why it is not necessary to conduct on-site compliance evaluations of those specific facilities or source categories subject to an alternative plan, less frequent than the minimum identified in the CMS policy.</p>
Action(s) (include any uncompleted actions from Round 1 that address this issue)	<p><u>Recommended Action</u> This Finding was discussed during the ADEC EPA annual planning meeting in August 2009. See the discussion in the 'State's Response' section above for further details. ADEC has committed to submit their Alternative CMS plan for FY2010 by September 30, 2009. This matter has been addressed.</p>

Element 5: Inspection Coverage		
5-1	<b>Finding</b>	Low T-V certification review rate
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Explanation. (If Area for State Attention, describe why action not required. If Area for Improvement, provide recommended action.)	<p>See discussion above regarding Alternative CMS plan.</p> <p>In FY2007, ADEC was not reviewing T-V certifications in a timely manner. They were only reviewing certifications when an FCE was conducted: not as they were received.</p> <p>Even though ADEC's T-V review completion rate (73.5%) is lower than the national average (91.0%), it is not significantly lower and as mentioned below, ADEC was made aware of the problem in FY2008 and they have changed their prior review practice.</p>
	Metric(s) and Quantitative Value	Data Quality Metric 5G: Review of Self-Certifications Completed (1 FT). National Goal 100%, National average 91.0%, ADEC 73.5%.
	State's Response	ADEC did not provide a response.
	Action(s) (include any uncompleted actions from Round 1 that address this issue)	No further action required at this time. The state was notified of the problem prior to the review (in FY2008) and has started reviewing them in a timely manner.

**Element 6: Quality of Inspection or Compliance Monitoring Reports. Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.**

6-1	Finding	
	Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Explanation. (If Area for State Attention, describe why action not required. If Area for Improvement, provide recommended action.)	<p>Thirteen files reviewed contained FCEs – some onsite and some offsite. All of the CMRs were fully documented and addressed (as appropriate), the criteria delineated in Section IX of EPA’s 2001 CMS Strategy.</p> <p><u>Adequacy of Offsite FCEs:</u>            Four files containing offsite FCEs conducted at Non Oil &amp; Gas facilities were reviewed as part of the SRF. The emission unit(s) at all four sources were combustion units (diesel generators or engines) with the majority being used for electric generation. None of the facilities had air pollution control equipment. As appropriate, the FCE the Region reviewed for adequacy, consisted of a full record review (fuel usage records, annual compliance certifications, annual facility operating reports, maintenance logs, fuel purchase receipts, and any applicable source testing).</p> <p>ADEC has developed Onsite and Offsite FCE checklists to be used by all enforcement staff for consistency purposes. In addition, ADEC conducts periodic training in their use.</p> <p>ADEC also has developed templates for all enforcement related correspondence such as FCE information requests (sent to facilities prior to initiating FCEs), FCE noncompliance corrections, and FCE in compliance letters. Additional Inspection tools consist of CEM review checklists and source test pre-test meeting guidance.</p>
	Metric(s) and Quantitative Value	File Review Metric 6a: # of files reviewed with FCEs – 13. File Review Metric 6b: % of FCEs that meet the definition of an FCE per the CMS policy 100%. File Review Metric 6c: % of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility 100%.
	State’s Response	ADEC did not provide a response.
	Action(s) (include any uncompleted actions from Round 1 that address this issue)	No Action Required

**Element 7: Identification of Alleged Violations. Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g. facility-reported information).**

<b>7-1</b>	<b>Finding</b>	Compliance determinations are accurately made
	Is this finding a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Explanation. (If Area for State Attention, describe why action not required. If Area for Improvement, provide recommended action.)	All of the CMRs reviewed lead to an accurate compliance determination and all met the requirements delineated in Section IX of EPA’s 2001 CMS Strategy. All CMRs contained general FCE information, facility information, applicable permit requirements, and updated inventory (as requested), compliance history, and findings and recommendations.
	Metric(s) and Quantitative Value	File Review Metric 7a: % of CMRs or facility files that lead to accurate compliance determinations 100%
	State’s Response	ADEC did not provide a response.
	Action(s) (include any uncompleted actions from Round 1 that address this issue)	No further action required.

**Element 8: Identification of SNC and HPV. Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.**

8-1	<b>Finding</b>	HPVs are accurately identified but not timely entered into AFS.
	Is this finding a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Explanation. (If Area for State Attention, describe why action not required. If Area for Improvement, provide recommended action.)	<p>The 60 day MDR for flagging HPVs in AFS is exceeded, in part, due to the process for entering the HPV flags. Potential HPVs are first discussed with EPA during the bi-monthly (every 60 day) HPV calls. Once agreement is reached, and a day zero has been established, EPA Region 10 will then Flag the source in AFS. Due to the above communication frequency it is extremely difficult for this 60 MDR to be met. Based on FY07 data, only 1 HPV flag out of 7 was timely entered in AFS</p> <p>One possible solution is for ADEC to provide the region with an HPV update for each 'off' month (the month in which a call is not scheduled). EPA would then review the information and update the HPV flags as appropriate.</p> <p>A second possible solution is for monthly HPV calls to be held. However, this solution would require ADEC to increase their AFS upload frequency in order for this solution to be effective. Currently, ADEC uploads to AFS every 60 days. If the upload frequency is not changed, the potential for not meeting the 60 day MDR would remain high.</p> <p>A third possible solution is for ADEC to start entering their own HPV flags into AFS. This approach would also require ADEC to increase their AFS upload frequency to 30 day in order for this solution to be effective</p>
	Metric(s) and Quantitative Value	File Review Metric 8f: Verify the Accuracy of HPV Determinations 100% Data Metric 8a: High Priority violation discovery rate (per source universe-major): National Goal >1/2 National Average, National Average 9.2% (1/2=4.6%), ADEC 4.5% Data Metric 3a: National Goal 100%, National Average 24.6 %, ADEC 14.2%
	State's Response	ADEC will continue to upload AFS reportable MDR elements into AFS once every two months. To address HPV MDR timeliness, during months for which no HPV call is held, ADEC shall submit to EPA a summary of HPV MDRs for each case that has a change in an MDR element. A summary of any new HPV case(s) will also be sent. EPA will then enter this information into AFS.
	Action(s) (include any uncompleted actions from Round 1 that address this issue)	<u>Recommended Action: The three options were discussed during the ADEC EPA annual planning meeting in August 2009. Via letter dated August 31, 2009, ADEC has agreed to submit to EPA a summary of HPV MDRs for each existing case that has a change in an MDR element and a summary of each new HPV case, during the months for which a HPV call is not held. ADEC implemented this practice September 14, 2009. Issue is closed</u>

**Element 9: Enforcement Actions Promote Return to Compliance. Degree to which state enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return the facilities to compliance in a specified time frame.**

9-1	<b>Finding</b>	ADEC requires corrective action to return facilities to compliance in a specified time frame.
	Is this finding a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement - Recommendations Required
	Explanation. (If Area for State Attention, describe why action not required. If Area for Improvement,, provide recommended action.)	Two formal enforcement actions issued during FY07 were reviewed. Both actions included penalties and required corrective action that returned the facility to compliance during FY07. Both actions followed the principals laid out in the October 2006 CAA Compliance Assurance Agreement between EPA Region 10 and ADEC.
	Metric(s) and Quantitative Value	File Review Metric 9a: Number of formal enforcement responses reviewed – 2. File Review Metric 9b: Formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame – 2.
	State's Response	ADEC did not provide a response.
	Action(s) (include any uncompleted actions from Round 1 that address this issue)	No Further Action Required.

**Element 10: Timely and Appropriate Action. Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.**

10-1	<b>Finding</b>	ADEC is above the national average in addressing HPVs within 270 days of day zero
	Is this finding a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvements - Recommendations required
	Explanation. (If Area for State Attention, describe why action not required. If Area for Improvement,, provide recommended action.)	<p>The files for the 2 HPVs in FY 2007 reviewed indicated that a timely and appropriate enforcement action was taken. These two actions were the result of 2 self disclosures.</p> <p>However, based on a 2 year fiscal period, ADEC was above the national average in the timeliness of addressing HPV within 270 days. The percent of HPVs that went unaddressed for &gt;270 days was 69.2%. The national average was 40.8%. ADEC was significantly above the national average (69.2% vs. 40.8%). EPA's HPV Policy anticipates that all HPVs are addressed within 270 days from the date of HPV designation.</p> <p>Based on discussion with ADEC and knowledge of their programs, there are multiple reasons why the state may be unable to consistently address HPVs with the 270 days of day zero. These include, resource constraints (staff in ADEC are typically assigned to permitting and enforcement work), the need to issue a Title I permit to address a matter, a pending applicability determination from Region 10 or OAQPS, and ADEC's lack of a streamlined administrative enforcement process. ADEC's main mechanism to return a source to compliance is a Compliance Order by Consent (COBC). The COBC is an enforceable agreement to resolve violations of environmental laws. It is used when the violator agrees to perform certain tasks to return the source to compliance. It can include penalties, stipulated penalties and a compliance schedule. The COBC negotiation process (HPV addressing action) can be a lengthy process and the amount of time to conclude a matter is sometimes exacerbated by an uncooperative source.</p> <p>It should be noted that in FY2008 and FY2009 ADEC's performance greatly improved. At the end of FY2009, ADEC had only two unaddressed HPVs. These HPVs (enforcement actions) are very complex and have not been addressed pending guidance from EPA.</p>
	Metric(s) and Quantitative Value	<p>This Metric is a review indicator. Data Metric 10a: Percent of HPV cases which do not meet timely or appropriate goals of the HPV policy (2 FY). National Average 40.8%, ADEC 69.2%.</p> <p>File Review Metric 10b: % of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days) – 100%</p> <p>File Review Metric 10c: % of enforcement responses for HPVs appropriately addressed - 100%</p>
	State's Response	<p>ADEC believes they have made progress in taking timely enforcement actions. However, they are not satisfied with the timeliness of addressing HPVs and propose the following:</p> <ol style="list-style-type: none"> <li>1. Conduct a root cause analysis from a sample of recent untimely HPV settlements including review of process and procedures.</li> <li>2. Write-up and provide a copy of the analysis report within 180 days after the SRF report is final.</li> <li>3. EPA Region 10 and ADEC shall review the report and discuss possible improvements within 45 days of EPA's receipt of the report.</li> <li>4. For agreed upon improvements requiring no additional resources beyond those currently budgeted, ADEC shall implement those improvements within 90 days after conclusion of discussions.</li> <li>5. For agreed upon improvements requiring additional resources beyond those currently budgeted, ADEC will seek those additional resources in the next state budget cycle and implement the improvements within 90 days after receiving the necessary resources.</li> </ol>

	Action(s) (include any uncompleted actions from Round 1 that address this issue)	<u>Recommended Action:</u> See discussion in 'State's Response' section above for agreed upon actions.
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**Element 11: Penalty Calculation Method. Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using BEN model or other method that produces results consistent with national policy.**

11-1	<b>Finding</b>	Enforcement files contain the proper documentation for penalty calculations.
	Is this finding a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvements – Recommendations Required
	Explanation. (If Area for State Attention, describe why action not required. If Area for Improvement provide recommended action.)	The region reviewed two files containing penalty documentation. Both of the violations were self disclosures. The files contained the initial gravity and economic benefit amounts and the final amounts. In both cases the gravity amount was waived but economic benefit was assessed. ADEC utilizes EPA's BEN model for economic benefit but may make adjustments as they deem appropriate. In all settlement matters, ADEC's Division of Air Quality Director approves the final negotiated settlement.
	Metric(s) and Quantitative Value	File Review Metric 11a: % of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit – 100%
	State's Response	ADEC did not provide a response.
	Action(s) (include any uncompleted actions from Round 1 that address this issue)	No Further Action Required

**Element 12: Final Penalty Assessment and Collections. Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.**

12-1	<b>Finding</b>	ADEC appropriately documents the difference between initial and final penalties and their collection.
	Is this finding a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Explanation. (If Area for State Attention, describe why action not required. If Area for Improvement, provide recommended action.)	Two files containing penalty assessments were reviewed. Both files reviewed contained adequate documentation to determine the initial and final penalty amounts.. They also contained the rationale for the difference. Both files also contained documentation that the penalties had been collected. ADEC staff went through both files with the EPA reviewer answering questions when asked.
	Metric(s) and Quantitative Value	File Review Metric 12c: % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty – 100% File Review Metric 12b: % of files that document collection of penalty.
	State’s Response	ADEC did not provide a response.
	Action(s) (include any uncompleted actions from Round 1 that address this issue)	No Further Action Required

**VIII. ELEMENT 13 SUBMISSION**

The state did not submit information under Element 13.

**APPENDIX A: CORRECTED DATA PULL**

**STATE OF ALASKA  
FFY 07 -Appendix A Preliminary Data Analysis**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings	EPA Discrepancy (Yes/No)	EPA Correction	EPA Data Source	EPA Discrepancy Explanation
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			155	NA	NA	NA	Appears Acceptable					
A01A1C	Title V Universe: AFS Operating Majors (Current)	Data Quality	Combined			155	NA	NA	NA						
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			148	NA	NA	NA	Appears Acceptable					
A01A2C	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	Combined			148	NA	NA	NA						
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			141	NA	NA	NA	Appears Acceptable					
A01B1C	Source Count: Synthetic Minors (Current)	Data Quality	Combined			141	NA	NA	NA						
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			6	NA	NA	NA	Appears Acceptable					
A01B2C	Source Count: NESHAP Minors (Current)	Data Quality	Combined			6	NA	NA	NA						
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			52	NA	NA	NA	Appears Acceptable					
A01B3C	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	Combined			52	NA	NA	NA						
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			117	NA	NA	NA	Appears Acceptable					

**STATE OF ALASKA  
FFY 07 -Appendix A**

**Preliminary Data Analysis**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings	EPA Discrepancy (Yes/No)	EPA Correction	EPA Data Source	EPA Discrepancy Explanation
A01C1C	CAA Subprogram Designations: NSPS (Current)	Data Quality	Combined			117	NA	NA	NA						
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			27	NA	NA	NA	Appears Acceptable					
A01C2C	CAA Subprogram Designations: NESHAP (Current)	Data Quality	Combined			27	NA	NA	NA						
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			16	NA	NA	NA	Appears Acceptable					
A01C3C	CAA Subprogram Designations: MACT (Current)	Data Quality	Combined			16	NA	NA	NA						
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	73.3%	99.0%	102	103	1	Appears Acceptable					
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	31.5%	92.9%	13	14	1	Appears Acceptable					
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	89.3%	100.0%	9	9	0	Appears Acceptable					
A01C6C	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	Combined	100%	86.4%	100.0%	9	9	0						
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			87	NA	NA	NA	Appears Acceptable	This number is >1/2 of 155				
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			89	NA	NA	NA	Appears Acceptable					

**STATE OF ALASKA  
FFY 07 -Appendix A**

**Preliminary Data Analysis**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings	EPA Discrepancy (Yes/No)	EPA Correction	EPA Data Source	EPA Discrepancy Explanation
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			510	NA	NA	NA						
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			5	NA	NA	NA	Appears Acceptable					
A01E0C	Historical Non-Compliance Counts (1 FY)	Data Quality	Combined			13	NA	NA	NA						
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			2	NA	NA	NA	Potential concern	Only 2 informal enforcement actions were issued. This number appears to be low and should be further addressed during the file review.				
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			2	NA	NA	NA	Potential concern	Same as above				
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			7	NA	NA	NA	Appears Acceptable	Good being found but long time on list	y	Pollutant MDR for HPV has been entered by EPA R10	AFS MDR	Omission of MDR Pollutant data entry was an error which has now been corrected.
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			7	NA	NA	NA	Appears Acceptable	Good being found but long time on list	y	Pollutant MDR for HPV has been entered by EPA R10	AFS MDR	Omission of MDR Pollutant data entry was an error which has now been corrected.

**STATE OF ALASKA  
FFY 07 -Appendix A**

**Preliminary Data Analysis**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings	EPA Discrepancy (Yes/No)	EPA Correction	EPA Data Source	EPA Discrepancy Explanation
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	45.3%	85.7%	6	7	1	Appears Acceptable	Below goal but above national average				
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	67.0%	100.0%	7	7	0	Appears Acceptable		y	Pollutant MDR for HPV has been entered by EPA R10	AFS MDR	Omission of MDR Pollutant data entry was an error which has now been corrected.
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	57.7%	100.0%	7	7	0	Appears Acceptable		y	Pollutant MDR for HPV has been entered by EPA R10	AFS MDR	Omission of MDR Pollutant data entry was an error which has now been corrected.

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Preliminary Data Analysis

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings	EPA Discrepancy (Yes/No)	EPA Correction	EPA Data Source	EPA Discrepancy Explanation
A0111S	Formal Action: Number Issued (1 FY)	Data Quality	State			2	NA	NA	NA	Potential concern	This appears to be low in relationship to the number of FCE & PCEs conducted. It should be further addressed during the file review and in consultation with the state. The state may not be entering all of their enforcement actions into AFS.				
A0112S	Formal Action: Number of Sources (1 FY)	Data Quality	State			2	NA	NA	NA	Potential concern	Same as above				
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$101,907	NA	NA	NA	Minor issue	Appears low				
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		1	NA	NA	NA			Y	CMS flags have been entered by EPA R10	AFS MDR	CMS flags have been entered

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Preliminary Data Analysis

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings	EPA Discrepancy (Yes/No)	EPA Correction	EPA Data Source	EPA Discrepancy Explanation
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	71.0%	366.7%	11	3	NA	Potential concern	This high percentage indicates that the state may not be entering all of their Non HPV enforcement actions.	y	count of unresolved HPVs was reduced by 2 because were determined not to be HPV; therefore overall percentage changed from 366.7% to 180% (9 div by 5 = 180)	HPV Policy	EPA R10 made corrections to AFS database
A02A0C	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	Combined	<= 50%	68.3%	216.7%	13	6	NA						
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	5.7%	0.0%	0	59	59	Appears Acceptable					
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			2	NA	NA	NA	Appears Acceptable					

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**Preliminary Data Analysis**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings	EPA Discrepancy (Yes/No)	EPA Correction	EPA Data Source	EPA Discrepancy Explanation
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	24.6%	14.3%	1	7	6	Potential concern	This low percentage indicates that HPV designations are not being entered in a timely manner.	y	Pollutant MDR for HPV has been entered by EPA R10	AFS MDR	Omission of MDR Pollutant data entry was an error which has now been corrected.
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	52.6%	49.0%	221	451	230	Minor Issue					
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	67.3%	50.0%	2	4	2	Minor Issue					
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	90.6%	99.3%	145	146	1	Minor Issue					
A05A1C	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	Combined	100%	91.0%	99.3%	145	146	1						
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	84.8%	92.4%	146	158	12	Minor Issue	Slightly below goal but above average				
A05A2C	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	Combined	100%	85.3%	92.4%	146	158	12	Minor Issue	Slightly below goal but above average				
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS	Review Indicator	State	20% - 100%	48.1%	100.0%	15	15	0	Appears Acceptable					

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Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings	EPA Discrepancy (Yes/No)	EPA Correction	EPA Data Source	EPA Discrepancy Explanation
	Cycle)														
A05B1C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	Combined	20% - 100%	48.4%	100.0%	15	15	0						
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	88.4%	69.4%	68	98	30	Minor Issue	State behind schedule				
A05B2C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	Combined		88.7%	69.4%	68	98	30						
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.6%	81.9%	127	155	28	Appears Acceptable	Above National Average				
A05C0C	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	Combined		79.9%	82.6%	128	155	27						
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		31.9%	52.9%	54	102	48	Appears Acceptable	Above National Average				
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			0	NA	NA	NA	Appears Acceptable					
A05E0C	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	Combined			0	NA	NA	NA						
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			1	NA	NA	NA		One initiated				

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Preliminary Data Analysis

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings	EPA Discrepancy (Yes/No)	EPA Correction	EPA Data Source	EPA Discrepancy Explanation
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	91.0%	73.5%	147	200	53	Potential Concern	The low percentage indicates T-V certifications are not being reviewed and entered into AFS.				
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	19.0%	4.0%	4	101	97	Minor issue	This low percentage indicates that the state may not be detecting violations.				
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	34.3%	0.0%	0	1	1	Minor issue					
A07C2E	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	EPA	> 1/2 National Avg	57.1%	0 / 0	0	0	0						
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	9.2%	4.5%	7	155	148	Appears Acceptable	Below national average				
A08A0E	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	EPA		0.5%	0.6%	1	155	154						
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	1.5%	0.0%	0	141	141	Minor issue	No new HPV SMs or SM80 were detected during FY07				

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Preliminary Data Analysis

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings	EPA Discrepancy (Yes/No)	EPA Correction	EPA Data Source	EPA Discrepancy Explanation
A08B0E	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0.0%	0.0%	0	141	141						
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	73.1%	50.0%	1	2	1	Appears Acceptable					
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	39.6%	50.0%	1	2	1	Minor issue	Above 1/2 national average. Potential informal enforcement actions that may become HPVs.				
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 National Avg	42.4%	50.0%	1	2	1	Appears Acceptable					
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		40.8%	69.2%	9	13	4	Potential Concern	Alaska is above the national average in addressing HPVs within 270 days of day zero.				
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			2	NA	NA	NA						
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	86.1%	100.0%	1	1	0	Appears Acceptable					

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Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings	EPA Discrepancy (Yes/No)	EPA Correction	EPA Data Source	EPA Discrepancy Explanation
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\* The State did not provide any comments or corrections to the 9/5/08 data pull.

Appendix A reflects corrections made by EPA Region 10.

APPENDIX B: PRELIMINARY DATA ANALYSIS

**STATE OF ALASKA FFY 07 -  
Appendix B**

**Preliminary Data Analysis**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			155	NA	NA	NA	Appears Acceptable	
A01A1C	Title V Universe: AFS Operating Majors (Current)	Data Quality	Combined			155	NA	NA	NA		
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			148	NA	NA	NA	Appears Acceptable	
A01A2C	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	Combined			148	NA	NA	NA		
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			141	NA	NA	NA	Appears Acceptable	
A01B1C	Source Count: Synthetic Minors (Current)	Data Quality	Combined			141	NA	NA	NA		
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			6	NA	NA	NA	Appears Acceptable	
A01B2C	Source Count: NESHAP Minors (Current)	Data Quality	Combined			6	NA	NA	NA		
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			52	NA	NA	NA	Appears Acceptable	
A01B3C	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	Combined			52	NA	NA	NA		
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			117	NA	NA	NA	Appears Acceptable	
A01C1C	CAA Subprogram Designations: NSPS (Current)	Data Quality	Combined			117	NA	NA	NA		
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			27	NA	NA	NA	Appears Acceptable	

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**Preliminary Data Analysis**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings
A01C2C	CAA Subprogram Designations: NESHAP (Current)	Data Quality	Combined			27	NA	NA	NA		
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			16	NA	NA	NA	Appears Acceptable	
A01C3C	CAA Subprogram Designations: MACT (Current)	Data Quality	Combined			16	NA	NA	NA		
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	73.3%	99.0%	102	103	1	Appears Acceptable	
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	31.5%	92.9%	13	14	1	Appears Acceptable	
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	89.3%	100.0%	9	9	0	Appears Acceptable	
A01C6C	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	Combined	100%	86.4%	100.0%	9	9	0		
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			87	NA	NA	NA	Appears Acceptable	This number is >1/2 of 155
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			89	NA	NA	NA	Appears Acceptable	
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			510	NA	NA	NA		
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			5	NA	NA	NA	Appears Acceptable	
A01E0C	Historical Non-Compliance Counts (1 FY)	Data Quality	Combined			13	NA	NA	NA		

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**Preliminary Data Analysis**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			2	NA	NA	NA	Potential concern	Only 2 informal enforcement actions were issued. This number appears to be low and should be further addressed during the file review.
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			2	NA	NA	NA	Potential concern	Same as above
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			7	NA	NA	NA	Appears Acceptable	Good being found but long time on list
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			7	NA	NA	NA	Appears Acceptable	Good being found but long time on list
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	45.3%	85.7%	6	7	1	Appears Acceptable	Below goal but above national average
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	67.0%	100.0%	7	7	0	Appears Acceptable	
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	57.7%	100.0%	7	7	0	Appears Acceptable	
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			2	NA	NA	NA	Potential concern	This appears to be low in relationship to the number of FCE & PCEs conducted. It should be further addressed during the file review and in consultation with the state. The state may not be entering all of their enforcement actions into AFS.
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			2	NA	NA	NA	Potential concern	Same as above

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**Preliminary Data Analysis**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$101,907	NA	NA	NA	Minor issue	Appears low
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		1	NA	NA	NA		
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	71.0%	366.7%	11	3	NA	Potential concern	This high percentage indicates that the state may not be entering all of their Non HPV enforcement actions.
A02A0C	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	Combined	<= 50%	68.3%	216.7%	13	6	NA		
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	5.7%	0.0%	0	59	59	Appears Acceptable	
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			2	NA	NA	NA	Appears Acceptable	
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	24.6%	14.3%	1	7	6	Potential concern	This low percentage indicates that HPV designations are not being entered in a timely manner.
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	52.6%	49.0%	221	451	230	Minor Issue	
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	67.3%	50.0%	2	4	2	Minor Issue	
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	90.6%	99.3%	145	146	1	Minor Issue	
A05A1C	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	Combined	100%	91.0%	99.3%	145	146	1		
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	84.8%	92.4%	146	158	12	Minor Issue	Slightly below goal but above average

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**Preliminary Data Analysis**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings
A05A2C	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	Combined	100%	85.3%	92.4%	146	158	12	Minor Issue	Slightly below goal but above average
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	48.1%	100.0%	15	15	0	Appears Acceptable	
A05B1C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	Combined	20% - 100%	48.4%	100.0%	15	15	0		
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	88.4%	69.4%	68	98	30	Minor Issue	State behind schedule
A05B2C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	Combined		88.7%	69.4%	68	98	30		
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.6%	81.9%	127	155	28	Appears Acceptable	Above National Average
A05C0C	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	Combined		79.9%	82.6%	128	155	27		
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		31.9%	52.9%	54	102	48	Appears Acceptable	Above National Average
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			0	NA	NA	NA	Appears Acceptable	
A05E0C	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	Combined			0	NA	NA	NA		
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			1	NA	NA	NA		One initiated
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	91.0%	73.5%	147	200	53	Potential Concern	The low percentage indicates T-V certifications are not being reviewed and entered into AFS.
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	19.0%	4.0%	4	101	97	Minor issue	This low percentage indicates that the state may not be detecting violations.
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	34.3%	0.0%	0	1	1	Minor issue	

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**Preliminary Data Analysis**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings
A07C2E	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	EPA	> 1/2 National Avg	57.1%	0 / 0	0	0	0		
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	9.2%	4.5%	7	155	148	Appears Acceptable	Below national average
A08A0E	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	EPA		0.5%	0.6%	1	155	154		
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	1.5%	0.0%	0	141	141	Minor issue	No new HPV SMs or SM80 were detected during FY07
A08B0E	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0.0%	0.0%	0	141	141		
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	73.1%	50.0%	1	2	1	Appears Acceptable	
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	39.6%	50.0%	1	2	1	Minor issue	Above 1/2 national average. Potential informal enforcement actions that may become HPVs.
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 National Avg	42.4%	50.0%	1	2	1	Appears Acceptable	
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		40.8%	69.2%	9	13	4	Potential Concern	Alaska is above the national average in addressing HPVs within 270 days of day zero.
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			2	NA	NA	NA		
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	86.1%	100.0%	1	1	0	Appears Acceptable	

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**Preliminary Data Analysis**

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Not Counted	Evaluation	Initial Findings
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\* The State did not provide any comments or corrections to the 9/5/08 data pull

APPENDIX C: STATE CORRESPONDENCE

STATE OF ALASKA

DEPT. OF ENVIRONMENTAL CONSERVATION  
DIVISION OF AIR QUALITY  
AIR PERMITS PROGRAM

SEAN PARNELL, GOVERNOR

410 Willoughby Ave., Ste 303  
PO Box 111800  
Juneau, AK 99811-1800  
PHONE: (907) 465-5100  
FAX: (907) 269-7408  
TDD/TTY: (907) 465-5040  
<http://www.doc.state.ak.us/>

CERTIFIED MAIL: 7003 1680 0004 2909 4249  
Return Receipt Requested

August 31, 2009

Jeff Kenknight, Manager  
Air/RCA Compliance Unit  
U. S. EPA Region 10  
1200 Sixth Avenue OCE-127  
Seattle, Washington 98101

Subject: July 31, 2009 Draft SRF Report of ADEC Air Quality Enforcement Program.

Dear Mr. Kenknight:

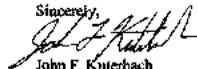
Thank you for the opportunity to review the draft State Review Framework Report (SRF). My staff reviewed the findings and prepared the enclosed comments and the milestones to reconcile significant findings identified in the draft report.

We appreciate EPA's efforts to instruct us regarding the SRF process and to minimize impacts on our staff and managers throughout this process.

Although we are disappointed with the report's finding that we need to resubmit the justification for our alternative full compliance evaluation frequency with every biennial plan, we will do so starting with the 2010 biennial Compliance Monitoring Strategy Plan due September 30.

If you have any further questions or concerns regarding our comments and plans, please call me or Jim Baumgartner (907) 465-5108.

Sincerely,



John F. Kuterbach  
Manager, Air Permits Program

Enclosure: Draft SRF comments

cc: Jim Baumgartner, ADEC/APP, Juneau  
John Pavitt, EPA AOO Anchorage

Clean Air

Double click on letter – will  
open letter in Acrobat.

**Final Report**

**State Review Framework**

**Review of Region 10**

**Direct Implementation**

**CWA NPDES and RCRA Subtitle C Programs**

**Alaska for FY 2007**

**December 10, 2009**

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## **I. EXECUTIVE SUMMARY**

This is a State Review Framework review of the Region 10 direct implementation of the CWA NPDES and RCRA Subtitle C programs in Alaska for fiscal year 2007.

The State Review Framework (SRF) is a program designed to ensure EPA conducts oversight of state and EPA direct implementation, compliance and enforcement programs in a nationally consistent and efficient manner. Reviews look at 12 program elements covering: data (completeness, timeliness, and quality); inspections (coverage and quality); identification of violations, enforcement actions (appropriateness and timeliness); and, penalties (calculation, assessment and collection). Reviews are conducted in three phases: analyzing information from the national data systems; reviewing a limited set of state files; and development of findings and recommendations. Considerable consultation is built into the process, to ensure EPA and the state understand the causes of issues, and to seek agreement on identifying the actions needed to address problems. The Reports generated by the reviews are designed to capture the information and agreements developed during the review process in order to facilitate program improvements. The reports are designed to provide factual information and do not make determinations of program adequacy. EPA also uses the information in the reports to draw a “national picture” of enforcement and compliance, and to identify any issues that require a national response. Reports are not used to compare or rank state programs.

### **A. MAJOR STATE PRIORITIES AND ACOMPLISHMENTS**

#### **Priorities**

##### **National Priorities**

CWA/NPDES National Priorities: Wet Weather (e.g., CAFO, CSO/SSO, CGP, MSGP);

RCRA: Financial Assurance, Mineral Processing

##### **Regional Priorities**

CWA/NPDES: Natural Resource Extraction (mining and O&G)

RCRA: Tribal

#### **Accomplishments**

Region 10 worked with Alaska DEC staff on their NPDES authorization package.

## **B. SUMMARY OF RESULTS**

### **Status of Recommendations from Round 1**

#### ***CWA Recommendations***

Region 10 implemented five of the nine CWA recommendations from the previous SRF report. Of the four recommendations that were not implemented: one was to seek CWA section 106 grant funds to provide additional resources to the Regions compliance and enforcement program, which is now moot since the Alaska DEC is approved for the NPDES program. The three other recommendations required Region 10 to begin reporting Single Event Violations into PCS/ICIS, improve timeliness and appropriateness of enforcement actions, and develop a plan for tracking the data entry of Single Event Violations. The current SRF review shows that these issues continue to be issues for the NPDES program.

## ***RCRA Recommendations***

Region 10 implemented seven of the nine RCRA recommendations from the previous SRF report. Of the two recommendations that were not implemented: one was to develop a process for making and documenting compliance determinations; the other was to improve the timeliness of preparing inspection reports. The current SRF review shows that these continue to be issues for the RCRA program.

## **Summary of Round 2 Results**

The findings represent OECA's conclusions regarding the issue identified. Findings are based on the Initial Findings identified during the data or file review, as well as from follow-up conversations or additional information collected to determine the severity and root causes of the issue.

### ***Results of the CWA NPDES Program***

The Region meets program requirements in the findings for two of the 12 elements. They are Elements 11 (documentation of gravity and economic benefit) and 12 (penalty collection).

The Region needs to pay attention to issues in the findings for four of the 12 elements. They are Elements 4 (meeting inspection commitments), 5 (meeting inspection coverage requirements), 6 (completeness of inspection reports), and 8 (SNC identification).

The Region needs improvement that requires a recommendation for five of the 12 elements reviewed. They are Elements 1 (data accuracy), 2 (data completeness), 7 (prompt reporting of data the national database), 9 (return to compliance), and 10 (timely and appropriate enforcement response).

### ***Significant Issues Identified in the CWA NPDES Program***

The most significant issue identified during the CWA review is the lack of timely and appropriate response to noncompliance. OECA is concerned about the Region 10's approach to addressing noncompliance, i.e., not using administrative compliance orders, especially for municipalities. Region 10 explained that they have a fundamental disagreement with OECA about the use of administrative compliance orders to achieve compliance. Region 10's approach is to issue NOV's and then a penalty order and not issuing formal enforcement (i.e., Administrative Orders) for SNC violations. However, the data from the file review indicate that NPDES facilities in Alaska are often out of compliance for long periods of time. This is an issue that needs to be resolved at the management level. This issue was raised in the Round 1 review.

Another significant issue is the non-reporting of critical data (Single Event Violations and enforcement action linking) to the national database. This was also an issue in the Round 1 review. As a result of this review, Region 10 has now agreed to begin to provide these data to OECA.

The CWA review identified several other issues that individually were not as significant, but together indicated a need for a structured approach to managing the flow of data and information within the Region 10 CWA NPDES compliance program. In order to ensure that this is achieved, OECA is recommending that Region 10 develop and implement a comprehensive Standard Operating Procedure (SOP). This SOP will also address these issues that are also identified in the report including, timelines of inspection reports, timely and appropriate response to noncompliance, ensuring return to compliance, timely entry of data into ICIS, and quality control of data entry.

The significant findings and recommendations are summarized in the tables below.

## Significant CWA/NPDES Summary of Findings

#	Finding	Recommendations
Finding 2.1	Data is not accurately entered into the national data system. Annual data review helps the region verify the completeness of the data. This is an area for regional improvement	<p>Region 10 will develop an SOP to address the implementation of the NPDES program that is encompassed in the CWA CMS and ICIS reporting guidelines. The SOP will be written procedures that describe the flow of paper and data from the time an inspection is conducted through the time a facility returns to compliance. This will include the cover the following topics:</p> <ol style="list-style-type: none"> <li>1. timeliness of preparing an inspection report</li> <li>2. entering inspection data into ICIS-NPDES (to include reporting SEVs &amp; linking violations to enforcement actions)</li> <li>3. making the appropriate compliance determination</li> <li>4. timeliness of making the compliance determination including SEVs</li> <li>5. appropriate of enforcement response</li> <li>6. timeliness of taking an enforcement action</li> <li>7. ensuring entry of return to compliance dates</li> <li>8. timeliness of reporting and entering data into ICIS</li> <li>9. QA/QC data entered into ICIS including an annual data review</li> <li>10. ensuring that data received from facilities enters the data flow</li> <li>11. ensuring that inspection reports and other relevant documents (formal and informal enforcement actions) are managed and filed</li> <li>12. performance standards in PARS agreements for managers, inspectors, data personnel, etc.</li> </ol> <p>This recommendation will cover the findings identified in Elements 2, 6, 7, 8, 9, &amp; 10.</p>
Finding 7.1	Region 10 NPDES program makes compliance determinations based on inspections, but does not enter the Single Event Violation information into ICIS-NPDES.	<p>The data metrics show that Region 10 does not enter SEVs into ICIS-NPDES. The file reviews show that as a result of NPDES inspections, violations were found and addressed. The Element 2 findings noted that not entering SEVs is also a data accuracy issue. OECA raised this issue to the Region in the Round 1 review and made recommendations for the Region to enter these data. Region 10 stated in their response to the PDA that they do not code SEV data into ICIS. As noted in finding 2.1, entering SEVs is a data requirement in the "Permit Compliance System (PCS) Policy Statement of 1985 and amended in 2000," and the 2007 memo "ICIS Addendum to the Appendix of the PCS Policy Statement."</p>
Finding 10.1	Region 10 NPDES program enforcement responses for SNC and non-SNC violations are neither timely nor appropriate.	<p>The data metric indicates that in Alaska major facilities without timely actions was 3.8%, which is about twice the 2% standard, but lower than the national average of 11.7%. The Region indicates that they are working on settlements with the two facilities that relate to metric 10a, that they are taking a long time to settle. However, the facilities remain in noncompliance. The file review metrics show that the Region's enforcement responses are not timely or appropriate. None of the responses reviewed for SNC violations were timely. The six SNC responses reviewed ranged from 5 months to 4 years to address. 44% of the non-SNC violations were timely, with the response time taking from 4 to 9 months. This was an issue identified by OECA in the Round 1 report and a recommendation for improvement was made at that time. This continues to be an issue for the Region 10 CWA NPDES program in Alaska.</p>

### Results of the RCRA Subtitle C Program

The Region meets program requirements in the findings for two of the 12 elements. They are Elements 1 (data completeness) and 12 (Penalty collection).

The Region needs to pay attention to issues in the findings for two of the 12 elements. They are Elements 9 (Prompt return to compliance) and 11 (Penalty calculations).

The Region needs improvement that require a recommendation are found in seven of the 12 elements reviewed. They are Elements 2 (data completeness), 4 (meeting inspection commitments), 5 (meeting inspection coverage requirements), 6 (completeness of inspection reports), 7 (prompt reporting of data the national database), 8 (SNC identification), and 10 (timely and appropriate enforcement response).

### Significant Issues Identified in the RCRA Subtitle C Program

The most important issues identified during the review are the incomplete inspection reports, the lack of timely response to noncompliance, and the reporting of inaccurate data. Incomplete inspection reports was an issue identified in the previous SRF report. As a result of this review, Region 10 has now agreed to use a uniform inspection report template to ensure that complete CEI inspections are conducted and documented. In order to ensure that this is achieved, OECA is recommending that Region 10 develop and implement a comprehensive Standard Operating Procedure (SOP). This SOP will also address other issues identified in the report including, timelines of inspection reports, timely and appropriate response to noncompliance, ensuring return to compliance, timely entry of data into RCRAInfo, and quality control of data entry.

The significant findings and recommendations are summarized in the tables below.

## Significant RCRA Subtitle C Summary of Findings

#	Finding	Recommendations
Finding 2.1	Data in the files is not accurately entered into the national data system.	<p>Region 10 RCRA compliance program needs to develop an SOP to address the implementation of the RCRA ERP and RCRAInfo reporting guidelines. The SOP will be written procedures that describe the flow of paper and data from the time an inspection is conducted through the time a facility returns to compliance. This will include the cover the following topics:</p> <ol style="list-style-type: none"> <li>1. timeliness of preparing an inspection report</li> <li>2. entering inspection report data into RCRAInfo</li> <li>3. making the appropriate compliance determination</li> <li>4. timeliness of making the compliance determination</li> <li>5. appropriate enforcement response</li> <li>6. timeliness of taking an enforcement action</li> <li>7. ensuring entry of return to compliance dates</li> <li>8. timeliness of reporting and entering data into ICIS</li> <li>9. QA/QC data entered into RCRAInfo including an annual data review</li> <li>10. ensuring that data received from facilities enters the data flow</li> <li>11. ensuring that inspection reports and other relevant documents (formal and informal enforcement actions) are managed and filed.</li> <li>12. performance standards in PARS agreements for managers, inspectors, data personnel, etc.</li> </ol> <p>This recommendation will cover the findings identified in Elements 2, 6, 7, 8, 9, &amp; 10.</p>
Finding 4.1	Region 10 did not meet its inspection commitments for CEI inspections at TSDs.	This is an area for regional improvement that is addressed with three recommendations under finding 4.1 to 1) RCRA state grant funds for managing the direct implementation program in Alaska, 2) break out Region 10 RCRA inspection commitments in ACS, and 3) remove the CEI inspection designation from two TSD inspections in Alaska.
Finding 6.1	Region 10 RCRA inspection reports for facilities in Alaska generally contain enough information to make a compliance determination, but are not always complete.	Region 10 needs to ensure the completeness of RCRA inspection reports. The Region 10 RCRA program for Alaska must begin to use a specific inspection reporting template or checklist, in agreement with OECA, that ensures that inspectors document that they have evaluated all components of a CEI inspection (eg, facility description, photo, etc.). The model for this template can be found in the RCRA Inspection Manual.
Finding 10.1	The Region's enforcement response to RCRA violations in Alaska is not timely, although the enforcement response tends to be appropriate.	This is an area for regional improvement that is addressed in recommendation 2.1 to develop an SOP for the RCRA Subtitle C program.

## C. SIGNIFICANT CROSS-MEDIA FINDINGS AND RECOMMENDATIONS

The significant cross-media findings for the CWA NPDES and the RCRA Subtitle C programs are, as noted in Section B, relate to complete and accurate data, timeliness of inspection reports, timeliness and documentation of compliance determinations, and timely and appropriate response to noncompliance. For both programs, the primary recommendation is to develop a Standard Operating Procedure (SOP) that tracks the applicable enforcement management system or enforcement response policy to manage the enforcement and compliance process.

## II. BACKGROUND INFORMATION ON STATE PROGRAM AND REVIEW PROCESS

### A. GENERAL PROGRAM OVERVIEW

#### Agency Structure

The Office of Enforcement and Compliance Assurance (OECA) is responsible for monitoring compliance with environmental statutes administered by EPA and takes enforcement actions when investigations document non-compliance. The OECA at Headquarters is the National Program Manager for compliance and enforcement policies implemented by the ten EPA regional offices. Region 10, located in Seattle, Washington, has program oversight for EPA authorized and delegated programs in Washington, Oregon, Idaho, and Alaska in addition to tribal lands, and the direct implementation of the Resource Conservation and Recovery Act (RCRA) and Clean Water Act (CWA)/National Pollutant Discharge Elimination System (NDPES) programs in Alaska and the CWA/NPDES program in Idaho.

#### Compliance/Enforcement Program Structure in Region 10

The Region 10, RCRA and NPDES compliance and enforcement programs are the responsibility of the *Office of Compliance and Enforcement (OCE)* which is divided into four media based units and one

multidisciplinary unit that provides services to all of OCE as well as enforcement programs in other Region 10 offices.

The RCRA compliance monitoring and enforcement activities are undertaken by the *Air and RCRA Compliance Unit*. The NPDES compliance monitoring and enforcement program activities are undertaken by the *NPDES Compliance Unit*. Please note that on October 31, 2008, the Region 10 Regional Administrator approved the State of Alaska's application to operate the NPDES program, (the approval notice appeared in the November 7, 2008 Federal Register). These Units coordinate their enforcement actions with the legal staff in the *Multi-media Unit* within the *Office of Regional Counsel*.

## **Roles and Responsibilities in Region 10**

The compliance and enforcement roles and responsibilities are focused in the *Office of Compliance and Enforcement* that serves as the focal point for compliance and enforcement planning, guidance, and resources allocation activities. This office is responsible for coordinating strategic compliance assurance efforts, measuring progress, coordinating with EPA Headquarters, and assisting in special enforcement or compliance assistance efforts.

### **RCRA Program Roles and Responsibilities**

The *Air and RCRA Compliance Unit* has direct implementation responsibilities for RCRA Subtitle C compliance and enforcement work in Alaska. Their central role is to conduct compliance inspections and address non-compliance. They input compliance and enforcement data into RCRAInfo and maintain inspection and enforcement files.

On the program side, the Region 10 *Office of Air Waste and Toxics*, created in 2004, divides environmental programs into the *Air Quality Program* and the *Waste and Toxics Program*. The Waste and Toxics Program has multiple responsibilities such as asbestos, lead paint, mercury and PCBs, pesticides, as well as pro-active programs such as Pollution Prevention (P2) and Recycling. The Waste and Toxics Program also has solid and municipal waste - RCRA Subtitle D, and hazardous waste - RCRA, Subtitle C responsibilities.

This Office undertakes RCRA activities such as issuing permits to treatment, storage, and disposal facilities and responding to waste handlers' applications for hazardous waste RCRA identification (ID) numbers in Alaska and on Tribal lands, registering their activities and reporting their volumes biennially.

The *Waste and Toxics Program* captures relevant information about waste handlers, large and small quantity generators, and TSD facilities doing business in Region 10 states in the 'Hazardous Waste Reports for Handlers in Alaska, Idaho, Oregon and Washington' (in PDF format files using the Adobe Acrobat Reader software). The *Resources Management & State Programs Unit* provides IT support for this program activity.

### **CWA/NPDES Program Roles and Responsibilities**

The *NPDES Compliance Unit* regulates industrial and municipal discharges of pollutants to surface waters in the Pacific Northwest and Alaska. The NPDES Compliance Unit also monitors compliance with EPA-issued permits and enforces its provisions and the enforcement of the CWA where no permit exists.

The water program is conducted by the *Office of Water and Watersheds*, which has five operating units. The *NPDES Permits Unit* is responsible for issuing wastewater discharge permits.

Region 10 has initiated a four year phase in plan to authorize the NPDES program to Alaska. In October 2008, Alaska assumed the NPDES enforcement and compliance program as part of the authorization plan, beginning with the enforcement and compliance program, to include responsibility for the municipal permit holders.

## Other Programs' Support Roles and Responsibilities

The Air and RCRA Compliance Unit and the NPDES Compliance Unit coordinate enforcement actions and case preparation activities with the legal staff in two of the *Multi-media Units* within the *Office of Regional Counsel (ORC)*. *ORC* provides a support function to the RCRA and NPDES programs since responsibility for initiating actions resides with the media office.

The *Inspection and Enforcement Management Unit* within the Office of Compliance and Enforcement provides IT and inspector support in addition to inspector training.

The *Investigation and Engineering Unit (IEU)* within the *Office of Environmental Assessment* is a multi-disciplinary group providing technical support and assistance to all of the EPA Region 10 media programs. This unit provides monitoring and sampling support, and responds to some citizen complaints.

Region 10 has a field office in Anchorage that supports compliance monitoring activities for NPDES and RCRA as well as NPDES permitting.

## Local Agencies included/excluded from review

There are no local agencies in Alaska that are responsible for the RCRA or NPDES programs.

## Resources

R10 FY07 Resources for CWA/NPDES Program	Number of FTE's
Monitoring and Inspections	9 FTEs for NPDES in Region 10  2 FTEs dedicated to the Alaska program.
Legal Counsel	1.9
IT support	3
Contractors	0.75

R10 FY7 Resources for RCRA Subtitle C Program	Number of FTE's
Monitoring and Inspections	5.5 FTEs for RCRA in Region 10  1 FTE dedicated to the Alaska program.
Legal Counsel	1
IT support	0.5
Contractors	0

## Staffing/Training

### RCRA

The Region 10 RCRA compliance program has 5.5 monitoring and inspection FTEs to cover all four states in the Region including the direct implementation program in Alaska. Region 10 uses 1 FTE for

compliance monitoring and inspections in Alaska. They receive no additional FTEs to conduct this direct implementation work.

During the review period (FY 2007), the Air and RCRA Compliance Unit was not fully staffed. This had an impact on completing inspection reports and making compliance determinations on time. Region 10 reports that currently the RCRA compliance team is fully staffed, but that it will take some time to train new employees emphasizing on the job training. Recently, Region 10 had a change to its contractor services for maintenance of the files which has had some impact on records management.

#### CWA

The Region 10 CWA compliance program has 9 monitoring and inspection FTEs to cover all four states in the Region including the direct implementation program in Alaska. Region 10 uses 2 FTEs for compliance monitoring and inspections in Alaska. They receive no additional FTEs to conduct this direct implementation work.

During the review period (FY 2007), the Region 10 NPDES Compliance Unit (NCU) program was fully staffed and trained. When Alaska assumes responsibility for the NPDES program, Region 10 will be responsible for training the Alaska DEQ compliance and enforcement staff. Subsequently, in FY 2009, the NCU was not fully staffed. NCU has a set of priority sectors that include oil and gas, seafood processors, municipalities, mining, and construction storm water. Other sectors such as log transfer facilities and placer mining have not received the same priority. Region 10 could use one more FTE for their "core program" work and another FTE for data entry. The NCU would like to fill these positions, but the budget situation makes it uncertain.

Alaska state inspectors and compliance officers will need to be trained over the next two years through field visits with experienced EPA staff and trainings. The four new inspectors in the IEM Unit are being supported with trainings and field visits with experienced staff.

#### **Data Reporting Systems/Architecture**

Region 10 reports annual commitments and accomplishments in the Annual Commitments System, the EPA accountability system.

Region 10 codes all RCRA compliance and enforcement activities in RCRAInfo, which is the Agency source database for capturing RCRA facility information, and compliance and enforcement activities.

All NPDES compliance and enforcement activities are coded into ICIS-NPDES. Additional databases that the NCU uses are: the Storm Water NOI database (HQ), the Storm Water eNOI database (HQ), the Seafood Processor database (R10 in house), and the Placer Miner database (R10 in house)

### **B. MAJOR PROGRAM PRIORITIES AND ACCOMPLISHMENTS**

#### **Priorities:**

National Priorities

CWA/NPDES National Priorities: Wet Weather (e.g., CAFO, CSO/SSO, CGP, MSGP);

RCRA: Financial Assurance, Mineral Processing

Regional Priorities

CWA/NPDES: Natural Resource Extraction (mining, O&G, and seafood processors)

RCRA: Tribal

**Accomplishments:**

Region 10 worked with Alaska DEC staff on their NPDES authorization package.

**Best Practices:**

IEMU began building capacity at around this time and hired and trained a number of new staff.

**Element 13:** No submission

**C. PROCESS FOR SRF REVIEW**

**Review Period:** FY 2007

**Key Dates and Communications with Region**

Initial state notification: OECA sent the Kick-Off Letter to the Region on September 19, 2008.

Data: OECA generated the data for the PDA on September 9, 2008.

Preliminary Call: The OECA review team conducted a preliminary meeting, by teleconference, with the Region 10 CWA and RCRA programs on November 3, 2007

On-Site Review: The OECA review team conducted the On-Site Review in the Region 10 offices in Seattle, Washington on November 11 to 14, 2008.

Exit Meeting: The OECA review team conducted the exit meeting for the On-Site Review, by teleconference, with Region 10 management on January 12, 2009.

**OECA and Regional Lead Contacts for Review****EPA Evaluators**

Arthur Horowitz	Program Analyst, NPMAS, OC, OECAC	202-564-2612
Jim Pendergast	Deputy Director, NPMAS, OC, OECA	202-566-0398
John Mason	Environmental Protection Specialist, CASPD	202-564-7037
Virginia Lathrop	Environmental Scientist, CAMPD	202-564-7057

**Regional Contacts**

Lauris Davies	Associate Director, Office of Compliance and Enforcement, EPA Region 10	206-553-2857
Mary Kay Voytilla	Enforcement Coordinator, OCE, EPA Region 10	206-553-2712
Jeff Kenknight	Program Manager, Air & RCRA Compliance Unit, OCE, EPA Region 10	206-553-6641
Cheryl Williams	RCRA Team Lead, Air & RCRA Compliance Unit, OCE, EPA Region 10	206-553-2137
Kim Ogle	Program Manager, NPDES Compliance Unit, OCE, EPA Region 10	206-553-0955
Eva DeMaria	Compliance Officer, NPDES Compliance Unit, OCE, Region 10	206-553-1790

### III. STATUS OF OUTSTANDING RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of Region 10's compliance and enforcement programs, OECA identified a number of actions to be taken to address issues found during the review. The table below shows the actions that have not been completed at the time of the current SRF review. (Appendix A contains a comprehensive list of completed and outstanding actions for reference).

Round 1 Outstanding CWA/NPDES Recommendation	Status	Comments
Explore the possibility of using CWA 106 grant funds to assist Region to manage the compliance program.	Long Term Resolution	NPDES compliance program was not able to implement this recommendation. It has become moot with the authorization of the NPDES program to Alaska.
The Region needs to have a process for identifying and reporting single event violations into PCS. All violations need to be entered into PCS even if they are not SNC.	Working	This recommendation was not implemented and continued to be an issue during the current review. The Region now plans to implement this recommendation.
The Region needs to improve the timeliness of taking appropriate enforcement actions.	Working	The current review found that this is still an issue for the Region, which they still need to address.
The Region needs to have a plan for entering and tracking single event violations in PCS.	Working	This recommendation was not implemented and continued to be an issue during the current review. The Region now plans to implement this recommendation.
Round 1 Outstanding RCRA/Subtitle C Recommendation	Status	Comments
The Region should continue to formulate procedures for making and documenting SNC and SV determinations based on violations identified during inspections. This should be a management system based on the time frame in the Enforcement Response Policy. Each Region should have a SNC identification process that fits their specific organizational structure, and the review team recommends that the Region consult with the RCRA compliance programs in other Regional Offices to see if there are processes and procedures (i.e., best practices) that can be adapted to fit Region 10.	Working	The need for an SOP is identified as an issue in the round 2 findings.
The Region should improve its ability to complete inspection reports and identify violations in a timely way. The Region should try to understand why this is not consistently achieved and take steps to correct the problem.	Working	Timeliness of reporting violations is identified as an issue in the round 2 findings.

## IV. FINDINGS

Each finding below is assessed against four criteria. The definitions for those four criteria are listed in the table below.

### CWA/NPDES Findings

Finding	Description
<b>Good Practices</b>	Initial Finding: Potentially Exemplary Performance Indicated. To include as Finding, determine: This describes activities, processes, or policies that the SRF data metrics and/or the file reviews show are being implemented exceptionally well and which the State is expected to maintain at a high level of performance. Additionally, the report may single out specific innovative and noteworthy activities, process, or policies that have the potential to be replicated by other States and that can be highlighted as a practice for other states to emulate. No further action is required by either EPA or the State.
<b>Meets SRF Program Requirements</b>	Initial Finding: Appears Acceptable. To include as Finding, determine: This indicates that no issues were identified under this Element.
<b>Areas for State* Attention</b>	Initial Finding: Minor Issue. To include as Finding, determine: This describes activities, processes, or policies that the SRF data metrics and/or the file reviews show are being implemented with minor deficiencies that the State needs to pay attention to strengthen its performance, but are not significant enough to require the region to identify and track state actions to correct. This can describe a situation where a State is implementing either EPA or State policy in a manner that requires self-correction to resolve concerns identified during the review. These are single or infrequent instances that do not constitute a pattern of deficiencies or a significant problem. These are minor issues that the State should self-correct without additional EPA oversight. However, the State is expected to improve and maintain a high level of performance.
<b>*Or, EPA Region's attention where program is directly implemented.</b>	
<b>Areas for State * Improvement – Recommendations Required</b>	Initial Finding: Inconclusive or Potential Concern. To include as Finding, determine: This describes activities, processes, or policies that the metrics and/or the file reviews show are being implemented by the state that have significant problems that need to be addressed and that require follow-up EPA oversight. This can describe a situation where a state is implementing either EPA or State policy in a manner requiring EPA attention. For example, these would be areas where the metrics indicate that the State is not meeting its commitments, there is a pattern of incorrect implementation in updating compliance data in the data systems, there are incomplete or incorrect inspection reports, and/or there is ineffective enforcement response. These would be significant issues and not merely random occurrences. Recommendations are required for these problems that will have well defined timelines and milestones for completion. Recommendations will be monitored in the SRF Tracker.
<b>*Or, EPA Region's attention where program is directly implemented.</b>	

<b>[CWA] Element 1 – Data Completeness</b>		
<b>Degree to which the Minimum Data Requirements are complete.</b>		
Element + finding number here	<b>Finding 1.1</b>	Data in the national data system is not always complete because information is not properly coded.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>In reviewing the PDA, Region 10 observed that the data metrics for the number of major facilities and major were not correct. Region 10 explained that the number of NPDES majors was inaccurate because a number of the permits had expired and were given administrative extensions that were not coded into ICIS/NPDES. It now appears that the data has been corrected in ICIS/NPDES to reflect the correct number of major NPDES facilities, and this is currently reflected in OTIS. It is important to have an accurate count of the NPDES major facilities, which receive permit extensions, and to know that they have been properly entered into ICIS/NPDES.</p> <p>Region 10 states that they will continue to update and correct data problems as they become known and work with Alaska to ensure accurate data is coded into ICIS/NPDES as Alaska assumes the direct responsibilities over the next four years.</p> <p>Area for Regional Improvement (Recommendation Required):</p> <p>To ensure data accuracy, the Region needs to institute an annual data review in order to continue to monitor the permitting and coding of facilities and ensure that the data system contains an accurate NPDES major facility universe. Data quality should be part of the Region's SOP for managing inspection reports and data entry. This will become part of the overarching recommendation for the SOP outlined in Element 2.</p>
	Metric(s) and Quantitative Value	1A1 Active facility universe: NPDES major individual permits (33 corrected to 43) 1A2 Active facility universe: NPDES major general permits (16 corrected to 26)
	Action	
Element + finding number here	<b>Finding 1.2</b>	Data for some metrics are incorrect because certain types of facilities (i.e., construction storm water) are incorrectly flagged or permit information is not updated.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>The data metric for major individual permit limits correctly coded for FY 2007 was 30%, which is below the national goal of 95%. The updated data for FY 2008 show that this metric is at 92.7%, which is a marked improvement. However, Region 10 needs to achieve the 95% goal. This issue was a recommendation from the Round 1 review and while it is not quite 95%, the region is working to maintain the standard. The data metric for major individual permits with permit limits and DMR data on a permit basis was 75.8% in FY 2007, which is below the national goal. Region 10 needs to pay closer attention to this metric. The metric for non-major individual permit limits is low at 16%. The Region stated in their comments to the PDA that this is not correct since 35 facilities are construction storm water sites and should not have been given this flag. The Region stated that in 2008 they asked OECA to change the incorrect coding of CGP facilities as individual permits since such a change can only be made by OECA or its contractors. The problem is that construction storm water facilities do not have permit limits nor are they required to submit DMRs. The initial error was apparently caused by incorrect coding during the transfer of data from PCS to ICIS. The review team looked into the Region's request and these changes have now been made in ICIS.</p> <p>The Region stated that the metric for non-major DMR non receipt is also not correct. Region 10 explains that it is typical that these facilities may be missing 1 or 2 DMRs within a 3 year period and that they will look into this. The Region has stated that they will continue to code permits and pursue enforcement actions as staff time and priorities allow. With Alaska assuming authorization for the NPDES program, Region 10 will have more time to ensure the accuracy and completeness of data that it is responsibility for.</p> <p>Area for Regional Attention:</p> <p>OECA believes that it is important that data in the national data system is complete for several reasons: 1) these data are made public through ECHO and the public, as well as the affected facilities, should be able to see accurate data; 2) OECA needs it to be able to assess the national picture; and 3) the Region needs to be able to rely upon these data in future oversight of the Alaska state program. Moreover, as Alaska assumes the authorization for the NPDES program, they should have the benefit of correct data. Therefore, the Region needs to ensure that data in ICIS-NPDES is correct and that storm water sources for DMR non-receipt and incorrect permit limits and DMR data are coded correctly. This does not warrant a recommendation, but it does require the Region's attention to ensure that DMR entry meets the national standard and to issue an appropriate enforcement action for recurring violations.</p> <p>OECA believes that finding 1.2 regarding non major municipalities that fail to submit 1 or 2 DMRs over a 3 year period probably is not a major issue. However, the Region's response does not indicate whether the Region's "attempts to contact delinquent facilities" have resulted in obtaining the DMRs. Region 10 should be reminded that the NPDES EMS enforcement response guide recommends a phone call or notice of violation for "isolated or infrequent" failure to report DMRs. If this becomes a recurring violation, it may warrant escalating their response to AO, APO, civil judicial, judicial, or even criminal action.</p>
	Metric(s) and Quantitative Value	1B1 Major individual permits: correctly coded limits (Current). (92.7%) 1B3 Major individual permits: percent with permit limits and DMR data (permit/permit). (75.8%) 1C3 Non-major individual permits: percent with permit limits and DMR data. (16%) 1D2 Violations at non-majors: DMR non receipt. (11)
	Action(s)	

[CWA] Element 2 – Data Accuracy		
Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).		
Element + finding number here	<b>Finding 2.1</b>	Data is not accurately entered into the national data system.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>The OTIS report shows that no violations are linked in ICIS-NPDES to the enforcement actions at major sources during the review period. The Region states in their response to the PDA that their policy is not to make this link in ICIS-NPDES and Single Event Violations (SEVs) are not being entered into ICIS. However, it is a national minimum data requirement in the "Permit Compliance System (PCS) Policy Statement of 1985 and amended in 2000," and the 2007 memo "ICIS Addendum to the Appendix of the PCS Policy Statement." This was identified as an issue in the Round 1 report and a recommendation was made to begin to enter these data, which up till now has not been implemented.</p> <p>The file review indicates that nearly one-third of the files contained information that was not accurately reflected in the OTIS Detailed Facility Reports. The types of data missing from OTIS include: SEVs, permit data, record of NOI, results codes, and compliance status, and, in one instance, the facility address was not in the data system. The regional enforcement staff has told the review team that the Region chooses not to enter SEVs into the data system. Other data appear to be missing because staff received reports that are not coded into ICIS/NPDES. Not updating the data can cause several problems including: incorrect public display of compliance status on ECHO, which could result in an information quality challenge through OMB and difficulty overseeing state implementation after the program, has been authorized.</p> <p>Region 10 has informed OECA that they are currently forming a workgroup to develop SOPs for inspectors, compliance officers, and ICIS-NPDES data staff to use as guidance in linking violations to enforcement actions and recording SEVs from inspections and files into ICIS-NPDES. It is expected that the SOP will be developed and a beta run initiated for FY10. Alaska has been informed of its responsibilities to enter SEV data into ICIS-NPDES so future state enforcement actions will be linked to the appropriate violations.</p> <p>Area for Regional Improvement (Recommendation Required):</p> <ol style="list-style-type: none"> <li>1. Region 10 will begin to link violations to enforcement actions in ICIS-NPDES.</li> <li>2. Region 10 will ensure that data from inspection reports and the files, including SEVs, are accurately recorded to ICIS-NPDES. A process for accomplishing this should be established.</li> <li>3. The SOP that Region 10 proposes to develop needs to be comprehensive and address a number of issues that are identified in these findings. OECA proposes one overarching recommendation to address them.</li> </ol> <p>The SOP will follow and implement the NPDES program that is encompassed in the CWA EMS and ICIS reporting guidelines. The SOP will be a set of written procedures that describe the flow of paper and data from the time an inspection is conducted through the time a facility returns to compliance. This will include the cover the following topics:</p> <ol style="list-style-type: none"> <li>1. timeliness of preparing an inspection report</li> <li>2. entering inspection data into ICIS-NPDES (to include reporting SEVs &amp; linking violations to enforcement actions)</li> <li>3. making the appropriate compliance determination</li> <li>4. timeliness of making the compliance determination including SEVs</li> <li>5. appropriate of enforcement response</li> <li>6. timeliness of taking an enforcement action</li> <li>7. ensuring entry of return to compliance dates</li> <li>8. timeliness of reporting and entering data into ICIS</li> <li>9. QA/QC data entered into ICIS including an annual data review</li> <li>10. ensuring that data received from facilities enters the data flow</li> <li>11. ensuring that inspection reports and other relevant documents (formal and informal enforcement actions) are managed and filed.</li> <li>12. performance standards in PARS agreements for managers, inspectors, data personnel, etc.</li> </ol> <p>This recommendation will cover the findings identified in Elements 2, 6, 7, 8, 9, &amp; 10.</p>
	Metric(s) and Quantitative Value	Data Metric 2a Actions linked to violations: major facilities (0) File Review Metric 2b Percentage of files reviewed where data is accurately reflected in the national data system. (32%)
	Action(s)	<p>Region 10 agrees to develop an SOP. Region 10 has identified the element of the SOP that relate to the administrative units in the Office of Compliance and Enforcement which have responsibility for the NPDES work. These units conduct inspections some which do data entry, etc. Some elements of the SOP are already in under development (i.e., the inspection report process described in Element 7 and PARS standards) and will be incorporated into the overall set of procedures. The Region should prepare a diagram or flow chart to show how the different components fit together.</p> <p>Region 10 will share draft of the SOP for OECA's review and comment. The draft will be shared with OECA by January 30, 2010. The final SOP will be ready for implementation by March 30, 2010.</p>

<b>[CWA] Element 3 - Timeliness of Data Entry</b>	
<b>Degree to which the Minimum Data Requirements are timely.</b>	
<b>Finding 3.1</b>	This element is not being evaluated at this time.

<b>[CWA] Element 4 - Completion of Commitments.</b>											
<b>Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.</b>											
Element + finding number here	<table border="1"> <tr> <td><b>Finding 4.1</b></td> <td>Region 10 meets its commitment for inspection in Alaska. However, this is not clear because the inspection commitments were not broken out by state.</td> </tr> <tr> <td>Is this finding a(n) (select one):</td> <td> <input type="checkbox"/> Good Practice  <input checked="" type="checkbox"/> Meets SRF Program Requirements  <input type="checkbox"/> Area for Regional Attention  <input type="checkbox"/> Area for Regional Improvement (Recommendation Required) </td> </tr> <tr> <td>Explanation</td> <td> <p>Region 10 and the Alaska DEC conducted combined inspections of about 43% of majors during FY 2007, which are 21 inspections. They also conducted 107 inspections at non-major and general permittees. This level of coverage is allowed under CWA guidance, though a rational is appropriate and should be included in the commitments. What cannot be ascertained from ACS is what the exact commitments for Alaska were for the review period. Region 10 committed to conduct inspections at 2 major sources and 24 non-majors including 10 wet weather facilities.</p> <p>OECA has revised the inspection numbers for this element based on Region 10's comments. We asked for the specific commitments, which are included in the ACS commitments, but we would also like to know the state's commitments so that we can represent the total set of commitments and what was accomplished. It appears that between the Region and state there is a sufficient amount of inspection coverage.</p> </td> </tr> <tr> <td>Metric(s) and Quantitative Value</td> <td> <p>File Review Metric 4a Percentage of planned inspections completed.</p> <p>Data Metric 5a Inspection coverage: NPDES majors (21)</p> <p>Data Metric 5b2c Inspection coverage: NPDES non-major general permits (48)</p> </td> </tr> <tr> <td>Action(s)</td> <td> <p>Meets SRF Program Requirements.</p> <p>No further action required.</p> </td> </tr> </table>	<b>Finding 4.1</b>	Region 10 meets its commitment for inspection in Alaska. However, this is not clear because the inspection commitments were not broken out by state.	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)	Explanation	<p>Region 10 and the Alaska DEC conducted combined inspections of about 43% of majors during FY 2007, which are 21 inspections. They also conducted 107 inspections at non-major and general permittees. This level of coverage is allowed under CWA guidance, though a rational is appropriate and should be included in the commitments. What cannot be ascertained from ACS is what the exact commitments for Alaska were for the review period. Region 10 committed to conduct inspections at 2 major sources and 24 non-majors including 10 wet weather facilities.</p> <p>OECA has revised the inspection numbers for this element based on Region 10's comments. We asked for the specific commitments, which are included in the ACS commitments, but we would also like to know the state's commitments so that we can represent the total set of commitments and what was accomplished. It appears that between the Region and state there is a sufficient amount of inspection coverage.</p>	Metric(s) and Quantitative Value	<p>File Review Metric 4a Percentage of planned inspections completed.</p> <p>Data Metric 5a Inspection coverage: NPDES majors (21)</p> <p>Data Metric 5b2c Inspection coverage: NPDES non-major general permits (48)</p>	Action(s)	<p>Meets SRF Program Requirements.</p> <p>No further action required.</p>
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Action(s)	<p>Meets SRF Program Requirements.</p> <p>No further action required.</p>										

<b>[CWA] Element 5 – Inspection Coverage</b>											
<b>Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).</b>											
Element + finding number here	<table border="1"> <tr> <td><b>Finding 5.1</b></td> <td>Region 10 does not inspect 100% of NPDES majors, but does meet the 2:1 non-major facilities for major facilities inspection regime.</td> </tr> <tr> <td>Is this finding a(n) (select one):</td> <td> <input type="checkbox"/> Good Practice  <input checked="" type="checkbox"/> Meets SRF Program Requirements  <input type="checkbox"/> Area for Regional Attention  <input type="checkbox"/> Area for Regional Improvement (Recommendation Required) </td> </tr> <tr> <td>Explanation</td> <td> <p>Region 10, along with Alaska, conducted inspections at about 30% of the major facilities, or 21 inspections. They conducted a total of 48 inspections at non-majors. This is more than the 2 to 1 trade off of minors to majors consistent with OECA guidance. The region indicates to OECA that they believe there are more problems at minors than majors. While this is allowed, it is of concern to OECA that a majority of majors are not being inspected. While this is allowed under the CWA guidance, it is of concern that the majority of majors may not be inspected over an extended period of time.</p> <p>Region 10 states that they have prioritized small municipalities recently covered under the general permit for inspections and enforcement as these have shown to be the most problematic and that it is difficult to inspect a majority of majors every year because of the costs of flying to remote locations that are only accessible by small planes or helicopters. From October 2008 onward, Region 10 will meet the CMS commitments to inspect major facilities once every two years and non-major facilities once every five years (excluding the placer mines). This responsibility will be shared and lessened as Alaska assumes their program responsibilities in the next two years. Region 10 state that they are committed to working with ADEC to ensure sufficient inspection coverage. They should also work with Alaska DEQ to ensure that their inspection plan is consistent with the CMS.</p> </td> </tr> <tr> <td>Metric(s) and Quantitative Value</td> <td> <p>Data Metric 5a Inspection coverage: NPDES majors (21)</p> <p>Data Metric 5b2c Inspection coverage: NPDES non-major general permits (48)</p> </td> </tr> <tr> <td>Action(s)</td> <td> <p>Meets SRF Program Requirements.</p> <p>No further action required.</p> </td> </tr> </table>	<b>Finding 5.1</b>	Region 10 does not inspect 100% of NPDES majors, but does meet the 2:1 non-major facilities for major facilities inspection regime.	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)	Explanation	<p>Region 10, along with Alaska, conducted inspections at about 30% of the major facilities, or 21 inspections. They conducted a total of 48 inspections at non-majors. This is more than the 2 to 1 trade off of minors to majors consistent with OECA guidance. The region indicates to OECA that they believe there are more problems at minors than majors. While this is allowed, it is of concern to OECA that a majority of majors are not being inspected. While this is allowed under the CWA guidance, it is of concern that the majority of majors may not be inspected over an extended period of time.</p> <p>Region 10 states that they have prioritized small municipalities recently covered under the general permit for inspections and enforcement as these have shown to be the most problematic and that it is difficult to inspect a majority of majors every year because of the costs of flying to remote locations that are only accessible by small planes or helicopters. From October 2008 onward, Region 10 will meet the CMS commitments to inspect major facilities once every two years and non-major facilities once every five years (excluding the placer mines). This responsibility will be shared and lessened as Alaska assumes their program responsibilities in the next two years. Region 10 state that they are committed to working with ADEC to ensure sufficient inspection coverage. They should also work with Alaska DEQ to ensure that their inspection plan is consistent with the CMS.</p>	Metric(s) and Quantitative Value	<p>Data Metric 5a Inspection coverage: NPDES majors (21)</p> <p>Data Metric 5b2c Inspection coverage: NPDES non-major general permits (48)</p>	Action(s)	<p>Meets SRF Program Requirements.</p> <p>No further action required.</p>
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Action(s)	<p>Meets SRF Program Requirements.</p> <p>No further action required.</p>										

<b>[CWA] Element 6 – Quality of Inspection or Compliance Evaluation Reports</b>		
<b>Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.</b>		
Element + finding number here	<b>Finding 6.1</b>	Region 10 NPDES inspection reports contain sufficient information to make an accurate compliance determination, but are not always complete.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>Region 10 NPDES inspection reports provide enough information to make accurate compliance determinations. Two inspection reports of the 33 inspection reports reviewed were incomplete because they did not include a narrative to support the details of the inspection. In one case the inspection report was missing from the file. Overall, 30% of the files were not complete, missing items such as signed 3650 forms, narratives, reference to pollutant types, or inspection checklist. It is not clear that there is a systemic problem, but there is a need to improve consistency and quality control.</p> <p>Area for Regional Attention:</p> <p>OECA believes that the Region needs to institute procedures to ensure that the reports are complete in every instance. OECA believes that Region 10 should continue to improve the quality of the reports, but that at this time does not require additional oversight of this issue from OECA. However, quality of inspection reports should be part of the Region's SOP described in Element 2 and should be addressed as part of that recommendation.</p> <p>Region 10 states that they have developed a draft NPDES inspection report SOP. Region 10 conducted an Inspector Workshop in February 2009, which was a one-day training on how to write quality inspection reports. Compliance managers are also reviewing reports for quality, timeliness, and completeness. OECA believes that this process should be built into the overarching SOP.</p>
	Metric(s) and Quantitative Value	File Review Metric 6b Percentage of inspections reports reviewed that are complete (70%) File Review Metric 6c Percentage of inspection reports reviewed that lead to an accurate compliance determination. (91%)
	Action(s)	
	<b>Finding 6.2</b>	Region 10 NPDES inspection reports are not timely.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>Over 50% of the Region 10 NPDES inspection reports were completed within 30 days of the inspection. While the range of time to complete a report runs from 1 day to 380 days, the average report is completed in 47 days and the median is 27 days. Of the reports that are late, the average is nearly 86 days and the median is about 48 days. The outliers are of concern and Region 10 should ensure that inspection reports do not go uncompleted for long periods of time.</p> <p>Area for Regional Attention:</p> <p>Region 10 should continue to improve the timeliness of the reports, but that at this time this finding does not require additional oversight from OECA. Region 10 states that they are instituting measures to improve timeliness of inspection reports. To ensure the follow up for this issue, inspection reports should be part of the Region's SOP described in Element 2 and should be addressed as part of that recommendation.</p>
	Metric(s) and Quantitative Value	File Review Metric 6d Percentage of inspections reports reviewed that are timely. (55%)
	Action(s)	

<b>[CWA] Element 7 - Identification of Alleged Violations.</b>		
<b>Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g., facility-reported information).</b>		
Element + finding number here	<b>Finding 7.1</b>	Region 10 NPDES program makes compliance determinations based on inspections, but does not enter the Single Event Violation information into ICIS-NPDES.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>The data metrics show that Region 10 does not enter SEVs into ICIS-NPDES. The file reviews show that as a result of NPDES inspections, violations were found and addressed. The Element 2 findings noted that not entering SEVs is also a data accuracy issue. OECA raised this issue to the Region in the Round 1 review and made recommendations for the Region to enter these data. Region 10 stated in their response to the PDA that they do not code SEV data into ICIS. As noted in finding 2.1, entering SEVs is a data requirement in the "Permit Compliance System (PCS) Policy Statement of 1985 and amended in 2000," and the 2007 memo "ICIS Addendum to the Appendix of the PCS Policy Statement."</p> <p>Area for Regional Improvement (Recommendation Required):</p> <p>Region 10 states that they are currently forming a workgroup to develop the SOPs for inspectors, compliance officers, and ICIS-NPDES data staff to use as guidance in linking violations to enforcement actions and recording SEVs from inspections and files into ICIS-NPDES. It is expected that the SOP will be developed and beta run initiated for FY 2010. Alaska has been informed that it needs to enter SEV data into ICIS-NPDES. OECA believes that this is a step in the right direction. However, the Region 10 NPDES compliance program needs to begin entering SEV data into ICIS-NPDES as soon as possible. This issue is addressed under the recommendation for Element 2. Also, in developing the SOP, the Region needs to be sure to follow the guidelines in the EMS and relevant policy statements regarding SEVs.</p>
	Metric(s) and Quantitative Value	Data Metric 7a1 Single-event violations at majors (0) Data metric 7a2 Single-event violations at non-majors (0) File Review Metric 7e Percent of inspection reports reviewed that led to accurate compliance determinations. (82%) File Review Metric 2b Percentage of files reviewed where data is accurately reflected in the national data system. (32%)
	Action(s)	This recommendation will be implemented and tracked through the recommendation for Finding 2.1.
	<b>Finding 7.2</b>	There are no permit schedule violations and no facilities that are on compliance schedules in the national database.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>The OTIS data indicates that there are no permit schedule violations and no facilities with violations that are on compliance schedules. Yet, OTIS data indicates that there are facilities with noncompliance. The Region stated in their comments on the PDA that they do not typically include compliance orders in their enforcement actions; that the facilities usually have returned to compliance after the assessment of a penalty. If there is further noncompliance, Region 10 follows up with an additional penalty.</p> <p>The data metrics show that there are a number of DMR violations. Nearly 56% of the major facilities have DMR violations, which is based on the FY 2007 data downloaded in July 2009. This number is a reduction from 83% when the FY 2007 data were first downloaded and reviewed in October 2008. The OTIS data for FY 2008 show that this metric is at 36.6%. Region 10 states that the enforcement officers review the Watch List, but do not enforce against facilities with only a few violations. The indication is that there has been steady improvement for this metric. Some of this improvement may be due to the recent data correction described in the Element 1 findings.</p> <p>Notwithstanding the data issues, based on the data found in the enforcement actions reviewed as part of the file review, OECA is concerned that Region 10 has not made adequate use of compliance orders to address significant noncompliance. This is discussed further under Element 10.</p> <p>Area for Regional Attention</p> <p>Region 10 should continue to reduce the number of facilities with DMR violations.</p>
	Metric(s) and Quantitative Value	Data Metric 7b Facilities with unresolved compliance schedule violations. (0) Data Metric 7d Percentage of major facilities with DMR violations. (52.9%)
	Action(s)	

<b>[CWA] Element 8 - Identification of SNC and HPV</b>		
<b>Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.</b>		
Element + finding number here	<b>Finding 8.1</b>	A number of major facilities remain in SNC.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>The data metrics show that there were 20 major facilities in SNC in FY 2007, the review period, which is nearly 38% of the majors. The national average for majors in SNC is about 23%, thus 38% in SNC would be considered high. The Region believes that some of these facilities should not be in SNC. The file review shows that the Region accurately identifies SEV violations as either SNC or non-SNC, but that the SNCs are not reported into the data. The implication is that since SNC for SEVs is being identified as a result of inspections, but not entered into ICIS-NPDES, the overall SNC count is understated. A review of the FY 2008 OTIS data shows that six major facilities were in SNC, which is a considerable improvement. Most of this improvement can be attributed to the data updating described in the Element 2 findings. However, this may still be artificially low because SEVs are not being entered into ICIS.</p> <p>In addition, Region 10 states that they routinely provide explanations whenever a facility shows up on the Watchlist, although Watchlist data does not always appear to be accurate. To address this, Region 10 states that they are currently forming a workgroup to develop SOPs for inspectors, compliance officers, and ICIS-NPDES data staff to use as guidance in linking violations to enforcement actions and recording SEVs from inspections and files into ICIS-NPDES. It is expected that the SOP will be developed and beta run initiated for FY 2010. Alaska has been informed that it needs to enter SEV data into ICIS-NPDES.</p> <p>Area for Regional Attention:</p> <p>Region 10 needs to enter SEV that are SNC into ICIS- NPDES and to routinely assess SNC data quality. This recommendation for identification of SNC and the reporting of SEVs to the national database are covered under the recommendation for Element 2. This SNC identification and data issue should become part of the overall SOP. No separate recommendation is required.</p>
	Metric(s) and Quantitative Value	Data Metric 8a1 Major facilities in SNC (20) Data Metric 8a2 SNC rate: percentage majors in SNC (37.7%) File Review Metric 8b Percentage of single event violations that are accurately identified as SNC. (96%) File Review Metric 8c Percentage of single event violations identified as SNC that are reported timely. (17%)
	Action(s)	

<b>[CWA] Element 9 - Enforcement Actions Promote Return to Compliance</b>		
<b>Degree to which state enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.</b>		
Element + finding number here	<b>Finding 9.1</b>	Region 10 NPDES enforcement files contain documentation of return to compliance for facilities in SNC, but this is not the case for facilities with non-SNC violations.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>89% (8 of 9) of the enforcement responses for SNC in Alaska that were reviewed have documentation that those facilities have or will return to compliance. However, because Region 10 does not issue Administrative Compliance Orders, there are no orders with compliance schedules.</p> <p>As noted in the Element 7 findings, Region 10 explained to the review team that they typically do not issue compliance orders as part of their enforcement response. The Region issues penalty orders and by the time of the settlement, the facility is back in compliance and therefore no compliance order is needed. This does not conform to national timely and appropriate guidance, and, given the length of some noncompliance (see timeliness issues discussed below) does not appear to be effective.</p> <p>While compliance for the majors may be achieved, it often takes a long time to return facilities to compliance without a compliance schedule, as discussed below in the Element 10 findings. The Region should consider other strategies (e.g., compliance schedules) for ensuring that non-SNC facilities return to compliance and that these actions are verified as well as for improving the timeliness of the return to compliance.</p> <p>Area for Regional Improvement (Recommendation Required):</p> <p>The recommendations for Elements 7 and 10 will apply to this finding particularly as they apply to non-major sources.</p>
	Metric(s) and Quantitative Value	File Review Metric 9b Percentage of enforcement responses that have returned or will return a source in SNC to Compliance. (89%) File Review Metric 9c Percentage of enforcement responses that have returned or will return sources with non-SNC violations to compliance (45%)
	Action(s)	

**[CWA] Element 10 – Timely and Appropriate Action**

**Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.**

Element + finding number here	<b>Finding 10.1</b>	Region 10 NPDES program enforcement responses for SNC and non-SNC violations are neither timely nor appropriate.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>The data metric indicates that in Alaska major facilities without timely actions was 3.8%, which is about twice the 2% standard, but lower than the national average of 11.7%. The Region indicates that they are working on settlements with the two facilities that relate to metric 10a, that they are taking a long time to settle. However, the facilities remain in noncompliance. The file review metrics show that the Region's enforcement responses are not timely or appropriate. None of the responses reviewed for SNC violations were timely. The six SNC responses reviewed ranged from 5 months to 4 years to address. 44% of the non-SNC violations were timely, with the response time taking from 4 to 9 months. This was an issue identified by OECA in the Round 1 report and a recommendation for improvement was made at that time. This continues to be an issue for the Region 10 CWA NPDES program in Alaska.</p> <p>Most of the enforcement actions issued in Alaska by Region 10 are informal (i.e., NOVs). The one formal response for a non-SNC violation was a penalty order that took a year to settle. Region 10 explained to the review team that they typically do not issue compliance orders as part of their enforcement response. The Region issues penalty orders and once that is settled, the facility is back in compliance and therefore no compliance order is needed. This strategy, however, is not consistent with national timely and appropriate guidance.</p> <p>The CWA EMS states that the appropriate response to SNC is a formal enforcement response, which is defined as an action (administrative or judicial) that returns the facility to compliance. While the Region 10 NPDES facilities may have returned to compliance at or around the time of the penalty order, these facilities remain out of compliance for long periods of time. A formal response should be a compliance order.</p> <p>Region 10 explained that resources have been an issue in conducting the compliance program in Alaska, with only two FTEs dedicated to the direct implementation of the NPDES program there. The NPDES compliance unit manager explained that with these limited resources Region 10 prioritizes its work in Alaska and issues administrative compliance orders only for the most serious violators. In many cases, Region 10's approach is to issue NOVs and then seek a penalty. Region 10 further explained that based on their experience, facilities typically return to compliance after the assessment of a penalty and that if there is further noncompliance, Region 10 may follow up with the assessment of additional administrative penalties or a judicial referral. The data show that in FY 2007 no administrative compliance orders were issued to facilities in Alaska. Region 10 explained that they have stepped up their efforts to issue ACOs within the region, including ones to a municipality and a mine in Alaska in FY 2009. The review team also learned that OECA has provided enforcement resources to Region 10 in order to support the region's efforts to develop enforcement actions in other states in the Region to supplement the region's limited NPDES compliance resources. While these are steps in the right direction, OECA is proposing recommendations to strengthen the region's NPDES enforcement program. Region 10 agrees to develop Standard Operating Procedures for implementing timely and appropriate enforcement responses for SNC and non-SNC violations and data management (per the recommendation for Finding 2.1)</p> <p>Region 10 explained to the review team that they have begun the process of authorizing the NPDES program to Alaska that will be phased in over a period of four years. During the first phase, beginning in October 2008, the Alaska DEC has assumed the compliance and enforcement program, including responsibility for the municipalities. During the period that the CWA program responsibility is being phased-in in Alaska, Region 10 agrees to adhere to the CWA EMS including taking formal enforcement when appropriate. For municipalities and other aspects of the program which have been assumed by Alaska, the region indicated that it will provide guidance and technical assistance to ADEC on enforcement and compliance policies, expectations, and good practices. Region 10 will also continue to conduct routine monitoring and oversight of ADEC program implementation including monitoring the timeliness and appropriateness of SNC enforcement, and will conduct a full SRF review of the ADEC program in FY 2013.</p> <p>Region 10 should assess their enforcement response to SNC in Alaska at NPDES facilities based on the CWA EMS, and use all appropriate enforcement tools available to them and improve on the timeliness of returning facilities in SNC to compliance. To address the resource issue, OECA recommends that Region 10 direct resources to the enforcement program in order to support the direct implementation program in Alaska. Those resources should remain with the NPDES compliance unit after Alaska is fully implementing the authorized program in order to provide effective oversight and technical support to the state. OECA (OC &amp; OCE) will continue to make available inspection and case support resources to support the development of enforcement actions.</p>
	Metric(s) and Quantitative Value	Data Metric 10a Major facilities without timely action. (3.8%) File review metric 10b Percentage of enforcement responses reviewed that address SNC that are taken in a timely manner. (0%) File review metric 10c Percentage of enforcement responses reviewed that address SNC that are appropriate to the violation. (43%) File review metric 10d Percentage of enforcement responses reviewed that appropriately address non-SNC violations. (74%) File review metric 10e Percentage of enforcement responses for non-SNC violations that are taken in a timely manner. (44%)
	Action(s)	1. <u>Region 10 SOP</u> . By March 31, 2010 OECA and Region 10 will develop and agree to an action plan for implementing timely and appropriate enforcement responses for SNC and non-SNC violations. 2. <u>Region 10 technical assistance to ADEC</u> . Region 10 will meet with ADEC on quarterly basis to provide guidance, and technical assistance on program implementation and will provide the Region 10's Timely and Appropriate and data entry SOP as an example for the state to consider adopting. This action will be considered complete when the schedule for technical assistance is provided to OECA and the SOP is provided to ADEC. 3. <u>Monitoring ADEC</u> . By June of 2010, Region 10 will review the instances of SNC among Alaska municipal NPDES permittees to assess timeliness and appropriateness of enforcement by ADEC, and will discuss results with ADEC by September 20, 2010.

<b>[CWA] Element 11 - Penalty Calculation Method</b>		
<b>Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.</b>		
Element + finding number here	<b>Finding 11.1</b>	Region 10 considers gravity and economic benefit in all of its penalty orders.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	Eight penalty orders were reviewed and they all properly document in the files that gravity and economic benefit were considered as part of the penalty.
	Action(s)	No further action is required.
	Metric(s) and Quantitative Value	File review metric 11a Percentage of penalty calculations that consider and include where appropriate gravity and economic benefit. (100%)

<b>[CWA] Element 12 - Final Penalty Assessment and Collection</b>		
<b>Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.</b>		
Element + finding number here	<b>Finding 12.1</b>	Region 10 documents the difference between the initial and the final assessed penalty and penalty collection.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	Region 10 documents the difference between the penalty calculations final penalty. And there is documentation that the penalties are collected.
	Action(s)	No further action is required.
	Metric(s) and Quantitative Value	File review metric 12a Percentage of penalties reviewed that document the difference between the initial and assessed penalties. (100%) File review metric 12b Percentage of penalties reviewed that document collection of penalty. (86%)

## RCRA Subtitle C Program Findings

<b>[RCRA] Element 1 – Data Completeness</b>		
<b>Degree to which the Minimum Data Requirements are complete.</b>		
Element + finding number here	<b>Finding 1.1</b>	The data in the national database is complete.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>Element 1 assesses the completeness of the data in the national data system (RCRAInfo) relating to the source universe, number of inspections, number of enforcement actions, etc. In developing the PDA, Region 10 indicated to the review team that the OTIS data was complete. Based on the on-site review, this appears to be correct. The region maintains an accurate record of the number of sources and enforcement actions.</p> <p>The only exception was the number of formal enforcement actions and penalties assessed. The Region indicated during the development of the PDA that there were 2 not 1 enforcement actions. This was verified during the file review and both enforcement cases were reviewed. This has already been corrected in RCRAInfo.</p> <p>Meets SRF Program Requirements: No further action is required.</p>
	Metric(s) and Quantitative Value	All data metrics are correct and complete
	Action(s)	<p>Meets SRF Program Requirements.</p> <p>No further action required.</p>

<b>[RCRA] Element 2 – Data Accuracy</b>		
<b>Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).</b>		
Element + finding number here	<b>Finding 2.1</b>	Data in the files is not accurately entered into the national data system.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>While Element 1 assesses the completeness of data in the RCRAInfo relating to source universe, number of inspections, number of enforcement actions, etc., Element 2 assesses the link between data in the files and data in the OTIS Detailed Facility Reports such as source identification information, dates of inspections and enforcement actions, SNC designations, compliance status, etc.</p> <p>Data metric 2b shows that 8 facilities with violations were unaddressed greater than 240 days. The review team selected some of these files to ascertain if this might be the case. The file reviews confirms that this is the case and that it is common for violations to be unaddressed longer than 240 days.</p> <p>The file review indicates that the information in 59% of the files reviewed (17 of 29 files) was accurately reflected in RCRAInfo, based on the OTIS Detailed Facility Reports. Therefore, 41% of the files reviewed contained information that was missing or incorrect in RCRAInfo, based on the OTIS Detailed Facility Reports.</p> <p>The types of missing or incorrect data include: no handler type, no inspection date, no inspection type, and no return to compliance date. Without these data there are several consequences: 1) without identifying the inspection type, there is no validation that the inspection was a CEI; 2) without an inspection date, "day zero" cannot be established which impacts trigger dates for elevating the level of non-compliance from SV to SNC and a formal enforcement response; and 3) without a return to compliance date, the source may be in continuous violation, in which case the source would be carried as not in compliance when it may be in compliance.</p> <p>The review team determined that two inspections at TSDs were in fact not CEI inspections. This issue is addressed under Element 4.</p> <p>The main consequences of inaccurate data are the inability of EPA, as direct implementers, to effectively manage the program in the state and to provide accurate information to the public.</p> <p>Region 10 states that they will reevaluate the process they have put in place to ensure and verify that data in inspection reports and files are accurately reflected in the database. The objective is to assure the accuracy of the data. The response of the Region to make this improvement is encouraging. This is part of an overarching recommendation for the Region 10 RCRA program to develop and implement a comprehensive Standard Operating Procedure, or SOP that is similar to the SOP proposed for the Region 10 CWA, program to ensure that inspection reports and files are well managed, that the ERP is implemented, and that data is accurately entered into the national database.</p> <p>Area for Regional Improvement (Recommendation Required):</p> <p>Region 10 RCRA compliance program needs to develop an SOP to address the implementation of the RCRA ERP and RCRAInfo reporting guidelines. The SOP will be written procedures that describe the flow of paper and data from the time an inspection is conducted through the time a facility returns to compliance. This will include the cover the following topics:</p> <ol style="list-style-type: none"> <li>1 timeliness of preparing an inspection report</li> <li>2 entering inspection report data into RCRAInfo</li> <li>3 making the appropriate compliance determination</li> <li>4 timeliness of making the compliance determination</li> <li>5 appropriate enforcement response</li> <li>6 timeliness of taking an enforcement action</li> <li>7 ensuring entry of return to compliance dates</li> <li>8 timeliness of reporting and entering data into ICIS</li> <li>9 QA/QC data entered into RCRAInfo including an annual data review</li> <li>10 ensuring that data received from facilities enters the data flow</li> <li>11 Ensuring that inspection reports and other relevant documents (formal and informal enforcement actions) are managed and filed.</li> <li>12 Performance standards in PARS agreements for managers, inspectors, data personnel, etc.</li> </ol> <p>This recommendation will cover the findings identified in Elements 2, 6, 7, 8, 9, &amp; 10.</p>
	Metric(s) and Quantitative Value	Data Metric 2b Number of sites in violation for greater than 24 days. (8) File Review Metric 2c – Percent of enforcement files reviewed where data is accurately reflected in the national data base. (59%)
	Action(s)	<p>By October 31, 2009, the Region 10 Compliance program will provide to OECA (for review and comment) the following SOP-like documents that have been developed since FY2007 and are now used to implement the inspection and compliance work the RCRA Team performs.</p> <ol style="list-style-type: none"> <li>1. The inspection report template and associated instructions</li> <li>2. Inspection report summary page that is used to determine SV status and next steps (and associated instructions)</li> <li>3. The NRR summary page used to document violation determinations, SNC determinations, enforcement determinations (and associated instructions)</li> <li>4. The strategy to ensure all AK LQGs are inspected within 5 years, as allowed by travel resources.</li> <li>5. Examples of inspection reports written in 2009.</li> </ol>

<b>[RCRA] Element 4 - Completion of Commitments.</b>		
<b>Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grants, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.</b>		
Element + finding number here	<b>Finding 4.1</b>	Region 10 did not meet its inspection commitments CEI inspections at TSDs.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>Region 10 had an overall ACS commitment to conduct inspections at 15 LQG s and 5 TSDs in FY 2007.</p> <p>The ACS record shows that Region 10 completed 23 federal inspections at LQGs, within the Region, including 5 in Alaska, and 9 federal TSD inspections, including 3 TSDs in Alaska.</p> <p>Two of the TSD inspection files reviewed contained no inspection reports. The RCRA staff explained inspectors were sent to those facilities to conduct UIC inspections and to look at the TSD part of the facility. They reported back to the Region, which listed the inspections as CEIs in RCRAInfo, when in fact, those inspections were not CEIs. Since those CEI inspections did not occur, it is the conclusion of the review team that this commitment was not met. Region 10 states that they agree with the findings of the review team and will correct the database to remove the CEI designation.</p> <p>It is difficult to fully assess this element since Region 10's ACS commitments were not specified on a state-by-state basis even though the results were broken out that way. The FY 08 Region 10 ACS commitments do break out the inspection commitments by state.</p> <p>Region 10 suggests that the actions recommended by the review team have already been corrected. OECA believes that the findings should be assessed in the following year to see how the region has performed in identifying and completing their inspection priorities.</p>
	Metric(s) and Quantitative Value	File Review Metric 4a Planned inspections completed. (0 TSDs, 5 LQGs.)
	Action(s)	<p>Area for Regional Attention:</p> <p>Region 10 has already taken the initiative to address these issues and they will be in place on or before the beginning of FY 2010. Region 10 needs to continue to implement the targeting strategy that all TSDs have completed CEI inspections, and that RCRAInfo is up-to-date with the correct inspection information. Region 10 also needs:</p> <ol style="list-style-type: none"> <li>break out its compliance monitoring commitments for Alaska in the ACS system so that the compliance monitoring activities can be more easily tracked. This should break out the CEI inspections for TSDs (including federal facilities), LQGs, and SQGs. The exact numbers may be worked out with the OECA RCRA program staff, but should be as consistent as possible with program guidance for inspection guidance. This needs to be implemented beginning with the development of the FY 2010 ACS commitments. The Region will provide OECA with verification of the planned inspections in the ACS by September 2009. If this cannot be done in the ACS, the FY 2010 commitments should be prepared and submitted separately to the Office of Compliance by September 2009.</li> <li>ensure that CEI inspections are conducted at TSDs. The Region also needs to accurately reflect inspection information in the database, i.e., only a complete and thorough inspection with an accompanying inspection report can be identified in RCRAInfo as a CEI inspection.</li> <li>remove the CEI code from the two TSDs that were not fully inspected in 2007. The Region will provide OECA with verification of these changes to RCRAInfo by the September 30, 2009.</li> </ol>

[RCRA] Element 5 – Inspection Coverage		
Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).		
Element + finding number here	<b>Finding 5.1</b>	Region 10 appears to not meet inspection coverage goals for TSDs and LQGs.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>The data in OTIS show that the TSD universe is 3 facilities. The requirement is to inspect all TSDs over two years. The RCRA statute requires that TSDs with inspections were military bases, which, as federal facilities, must have a thorough (i.e., CEI) inspected annually.</p> <p>In FY 2007, Region 10 inspected 5 LQGs in Alaska, which is about 21% of the universe. Over 5 years, however, the Region conducted inspections at 79% of the LQGs, which is above the national average, but under the 100% goal. The reason for this is that some of the LQGs are very remote and cannot be accessed easily. Also, the Region off sets LQG inspections with inspections at SQGs and CESQGs, which is allowed under national policy.</p> <p>Region 10 states that in 2008, as a result of its own analysis, they have addressed this finding. In 2008 and 2009 Region obtained contractor support paid by FFEO to conduct the federal facility inspections. The Region in FY2009 has placed a dedicated inspector in the Alaska Operations Office that will devote a significant portion of his time to RCRA inspections in Alaska.</p> <p>Where inspections are conducted, the review team is concerned that the inspections do not meet the requirements of a full CEI. The inspection reports show, as noted below, that most of the violations found are in fact not SNC since they are mainly "used oil" and "universal waste" violations. This leads the review team to ask whether the Region is conducting Focused Compliance Inspections (FCIs) in lieu of full CEI inspections that look more broadly at all waste streams at each facility. These issues will be discussed below in the relevant findings under Elements 6, 7 and 8.</p> <p>Given these findings, the Region needs to set inspection targets at TSDs and LQGs to ensure sufficient inspection coverage. The Region need to review the completeness of CEI inspections in order to ensure that the most important problems are addressed. The Region indicates that they have hired an intern to work on targeting, which could begin to address this concern about targeting, but not the issue of the completeness of CEIs.</p> <p>Region 10 states that they agree that it has not inspected all LQGs during the past 5 years. This is due to changes initiated by internal reviews, and Region 10 has already begun the process of planning complete LQG inspection coverage in Alaska and is writing a compliance strategy that includes an analysis of all industry sectors that potentially generate hazardous waste. Once the region has completed confirmation of the generator status of all LQGs they will evaluate their ability to inspect all regulated LQGs within the expectations of the ACS commitment system while considering the constraints of the Region's travel funds.</p> <p>Region 10 states that they agree that inspection reports that were reviewed from the 2007 year were not always complete inspection reports, but disagrees with the discussion of CEI and FCI inspections under this element. OECA believes that the discussion of CEI and FCI inspection types is relevant to both Element 5 and Element 6. It is relevant to Element 5 because it appears that the Region is not conducting complete CEI inspections and may be conducting FCI inspections instead. If that is the case, then the CEI commitments are not being met.</p> <p>Area for Regional Attention:</p> <p>Because Region 10 has taken the initiative to address these issues and they will be in place on or before the beginning of FY 2010, these recommendations have been changes to an Area for Region Attention. It is left to the region to continue to implement the targeting strategy, ensure that all TSDs have completed CEI inspections, and that RCRAInfo is up-to-date with the correct inspection information.</p> <ol style="list-style-type: none"> <li>1. Region 10 needs to provide OECA with its new inspection targeting strategy, particularly at LQGs, to ensure that inspections are conducted at the most important sites, as soon as possible.</li> <li>2. Region 10 needs to ensure that it is making commitments for inspecting TSDs that are consistent with the statutory requirements.</li> <li>3. Region 10 needs to ensure that CEI inspections follow the process and procedures outlined in EPA RCRA Inspector manual. This recommendation will be subsumed under recommendations for Elements 6 and 7.</li> </ol>
	Metric(s) and Quantitative Value	Data Metric 5a Inspection coverage for operating TSDFs., 2 yrs. (3) Data Metric 5b Inspection coverage for LQGs, 1 yr. (5) Data Metric 5c Inspection coverage for LQGs, 5 yrs (19) Data Metric 5d Inspection coverage for SQGs, 5 yrs. (54) Data Metric 5db Inspection coverage for CESQGs, 5 yrs. (118)
	Action(s)	<ol style="list-style-type: none"> <li>1. Region 10 is preparing a region-wide LQG targeting strategy that will include facilities in Alaska. An Alaska inspection plan is in place and the commitments for 2010 are in the EPA Annual Commitment System.</li> <li>2. Region 10 is improving the CEI inspection template to ensure that all of the components of CEI inspections are included in the Region 10 RCRA TSD inspection reports. This recommendation is also subsumed under the recommendation for finding .2.1.</li> <li>3. Region 10 is in the process of changing CEI designation for the two TSDFs in Alaska. This recommendation will be closed as soon as it is verified in either OTIS or RCRAInfo.</li> </ol> <p>No further action is required.</p>

<b>[RCRA] Element 6 – Quality of Inspection or Compliance Evaluation Reports</b>		
<b>Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.</b>		
Element + finding number here	<b>Finding 6.1</b>	Region 10 RCRA inspection reports for facilities in Alaska generally contain enough information to make a compliance determination, but are not always complete.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>Eighteen of the 21 inspection reports reviewed had sufficient information to make a compliance determination, but 12 of the 18 reports (67%) were not complete. The types of information missing from the reports are: incomplete documentation including no photos or facility descriptions, no summary of the potential problems, no management signature, and no management control sheet.</p> <p>The Region is able to determine compliance based on the narrative reports, which provide enough information to determine compliance for what is inspected. Since all of the reports only describe "universal waste" and "used oil," it is not clear that they are complete CEI inspections. Since none of the reports included an inspection checklist, it is not possible to determine if these inspections were complete CEIs. The EPA Inspection Manual requires that checklists be used for each inspection. Checklists are a good practice to ensure the consistency and completeness of each inspection. Without a checklist or template to account for the processes and waste streams, it is difficult to determine whether the Region is conducting complete CEIs of the LQG and SQG facilities in Alaska that are inspected.</p> <p>While 21 inspection reports are included for this metric, the review team requested 32 inspection reports. Thus, there were no reports for 11 files: 5 because those files were not available; and the remaining 6 reports were not in the files. The Region explained that 2 of the inspections were not really CEIs and so no reports were written. These were the TSD inspections described in the Element 2 findings. Other missing reports were attributed to the Anchorage based inspector, who left the Agency during the middle of FY 2007 and apparently left work unfinished.</p> <p>The Round 1 review of the Region 10/Alaska RCRA program identified completeness of inspection reports and files as an issue and this continues to be an issue that the region needs to address.</p> <p>Region 10 states that they agree with the review teams' finding that not all the inspection reports were complete at the time of the review. The Region has evaluated these inspection reports (and others) and found that the documentation of processes/waste streams and amount of waste generated is not consistently in our inspection reports and they are taking steps to correct this. The Region states that they do not plan to use an inspection checklist but will ensure by peer review that all CEI reports are complete and are consistent with the Regional and national guidance. The region further states that all inspection reports are now being peer-reviewed to ensure all necessary elements are included in all inspection reports, including, processes/waste streams and amount of waste generated.</p> <p>Area for Regional Improvement (Recommendation Required):</p> <p>Region 10 needs to ensure the completeness of RCRA inspection reports. The Region 10 RCRA program for Alaska must begin to use a specific inspection reporting template or checklist, in agreement with OECA, that ensures that inspectors document that they have evaluated all components of a CEI inspection (eg, facility description, photo, etc.). The model for this template can be found in the RCRA Inspection Manual. The review team strongly suggests that Region 10 consult with other EPA Regional Offices (in particular, Regions 4, 5, &amp; 7) to see what they include in CEI inspection reports. The Region needs to set up a timeframe for preparing this template as soon as possible. The template needs to be approved by the OECA RCRA program manager.</p>
	Metric(s) and Quantitative Value	File Review Metric 6b Percentage of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance. (87%)
	Action(s)	The completeness of the inspection reports is addressed under the recommendation for Finding 2.1
	<b>Finding 6.2</b>	Region 10 RCRA inspection reports for facilities in Alaska are not prepared in a timely manner.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>Five of the 20 inspection reports reviewed were timely. There is no specific EPA policy requirement for timeliness of inspection reports; however EPA's expectation is that inspection reports will be completed in 30-45 days. The range of time to complete these reports reviewed was from 1 day to 430 days, although the reports that were 1 day and 430 days appear to be outliers. Of the 20 reports reviewed, the average time to complete the reports was 157 days and the median time was also 157 days. Of the 6 timely reports, the average time was 9 days and the median time was 10 days. Of the 12 late reports, the average time was 217 days and the median time was 213 days. In some cases, reports were not completed at all.</p> <p>The Region's lack of timeliness in preparing inspection reports causes other timeliness related issues. For instance, the Enforcement Response Policy states that SNC determinations should be made by day 150. Since so many of the inspection reports are late, the Region is not meeting this policy requirement.</p> <p>The Region agrees that inspection reports were not timely and will take steps to ensure that for most facilities that are inspected a SNC determination (yes or no) is made by day 150 but does not believe that it is appropriate to institute a separate management tracking system at this time. OECA commends Region 10 for taking steps to ensure that compliance determinations are entered into RCRAInfo within 150 days.</p> <p>Area for Regional Improvement (Recommendation Required)</p> <p>Region 10 needs to improve the timeliness of preparing inspection reports by instituting a manage system where the progress of the inspection reports are tracked, monitored, and progress documented by a supervisor. This recommendation for the timeliness of reporting SNC/SV data is covered under recommendation for Element 2. This timeliness requirement should become part of the overall SOP. No separate recommendation is required.</p>
	Metric(s) and Quantitative Value	File Review Metric 6c Percentage of inspection reports completed within a determined time frame. (25%)

	Action(s)	
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<b>[RCRA] Element 7 - Identification of Alleged Violations.</b>		
<b>Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information (e.g., facility-reported information).</b>		
Element + finding number here	<b>Finding 7.1</b>	Region 10 RCRA inspections in Alaska lead to accurate compliance determinations for the areas of the facilities that were reported in the inspection reports. However, by not inspecting the all parts of those facilities the Region may not be capturing violations that might be SNC.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>Data Metric 7c indicates that Region 10 is identifying RCRA violations. The file review confirms this. 82% of the files reviewed (18 of the 22 files) led to a determination of a violation. The majority of these violations are Secondary Violations (SVs) for "used oil" and "universal waste."</p> <p>It is not clear that any of the violations reviewed should have been SNC, but as noted above in the findings under Element 5, it is not clear that the inspections were complete enough to find more significant problems.</p> <p>As noted in the Element 6 findings, the review team is concerned that the inspection reports do not contain checklists or sufficient narratives describing the entire facility to show that a complete CEI was conducted and that more than "universal waste" and "used oil" were reviewed during the inspection. This leads the review team to ask whether the Region is conducting Focused Compliance Inspections, which only allows the Region to make limited compliance determinations rather than complete CEI inspections, which would provide a much more complete picture of each facility.</p> <p>The Round 1 review of the Region 10/Alaska RCRA program identified identification and documentation of SNC/SV as an issue and this continues to be an issue that the region needs to address.</p> <p>Region 10 does not agree with this finding, but understands that their inspection reports need additional documentation. The region has agreed to improve this situation based on the Element 6 findings and to address the complete CEI concern by ensuring all inspection reports are complete including a description of all waste streams and amounts of waste generated. Additionally, all inspection reports will be peer reviewed to ensure they are complete.</p> <p>Area for Regional Improvement (Recommendation Required):</p> <p>Region 10 needs to ensure that it is conducting complete CEI inspections. This would include using the CEI template that originated in Region 10, and applicable inspection checklists to show the extent of the inspection. This recommendation for accurately determining compliance (SNC or SV) is covered under the recommendation for Element 2. This timeliness requirement should become part of the overall SOP. No separate recommendation is required. See Elements 2 and 6.</p>
	Metric(s) and Quantitative Value	File Review Metric 7a Percentage of accurate compliance determinations based on inspection reports. (82%) Data Metric 7c Violation identification rate at sites with inspections. (16) File Review Metric 7a Percentage of accurate compliance determinations based on inspections. (95%)
	Action	The completeness of the inspection reports is addressed under the recommendation for Finding 2.1
	<b>Finding 7.2</b>	Region 10 is not entering Alaska RCRA violations into RCRAInfo in a timely manner.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation. (If Area of Concern, describe why action not required, if Recommendation, provide recommended action.)	<p>27% (4 of the 15) of the files reviewed were reported timely (within 150 day) to the national database. The data from the files indicates: 1) when the inspection occurs, 2) when the inspection report is complete, and 3) when an enforcement response is filed. What is not clear from the files is when the actual compliance determination is made by the Region. It appears that SNC or SVs are not entered into RCRAInfo at the time the determination is made. The Region explained to the review team that the determination is entered only at the time the enforcement response is entered. The RCRA ERP states that determinations (either SNC or SV) should be entered into RCRAInfo by day 150. Therefore, the Region should not wait for an enforcement action to be finalized before entering the violation into RCRAInfo. The problem is exacerbated when the inspection reports are not timely and at times completed well after 150 days. The previous SRF report for the Region 10 RCRA program in Alaska recommended that the Region find ways to reduce the time to address SNC. It is not clear that this recommendation was addressed. Given the number of SVs that go unaddressed past 150 days, the recommendation should be extended to improve the time to address those violations as well.</p> <p>Region 10 states that they have changed their procedures for reporting both SNCs and SV to better ensure that they will be reported in RCRAInfo by day 150 and agrees that they will not wait until an enforcement action is issued to make a SNC determination. Region 10 states that this change was instituted at the end of 2008. Nonetheless, based on conversations with the RCRA compliance program staff, it is clear to the review team that the previous reporting regime was still in place at the time of the review. OECA will need to review the process that the Region develops for this activity.</p> <p>Area for Regional Improvement (Recommendation Required):</p> <p>Region 10 needs to improve the timeliness of addressing and reporting violations (SNC or SV) to RCRAInfo. This recommendation for the timeliness of determining compliance (SNC or SV) is covered under the recommendation for Element 2. This timeliness requirement should become part of the overall SOP. No separate recommendation is required. See Elements 2 and 6.</p>

	Metric(s) and Quantitative Value	File Review Metric 7b Percentage of violation determinations in the files reviewed that are reported timely to the national database (within 150 days).
	Action(s)	The timeliness of reporting violations to RCRAInfo is addressed under the recommendation for Finding 2.1

**[RCRA] Element 8 - Identification of SNC and HPV**

**Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.**

Element + finding	<b>Finding 8.1</b>	The Region may not be accurately identifying SNC.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>Based on the violations identified in the 13 inspection reports reviewed, the region made accurate compliance determinations. But as noted in the Elements 6 and 7 findings, the violations were mainly for "used oil" and "universal waste." And because, as noted in the findings for Elements 5 and 6, the inspection reports may not all be complete because they lack checklists, templates, or facility plans to show for ensuring that a complete CEI was conducted. If complete CEIs are not being conducted, then it may be that other violations, including SNC, are possibly not being identified. As noted above, it may be that the Region is actually conducting Focused Compliance Inspections (FCI) that does not cover the breadth of a RCRA facility. If this is the case, then this may be the reason that more SNCs were not identified.</p> <p>Region 10 states that they do not agree with this finding. The region also states that they must improve some elements of their inspection reports to more completely show that CEIs were conducted and all waste streams were addressed, but the Review team should not use a lack of information to conclude that we are not finding SNCs. The region further notes that they have only partially implemented a process change that addressed how to determine when a violation is SNC or SV. Further refinement of the Region's SNC determination process occurred in 2008 and was not visible during this review timeframe.</p> <p>Area for Regional Improvement (Recommendation Required):</p> <p>The previous SRF report for the Region 10 RCRA program in Alaska recommended additional training for Region 10 inspectors to be able to make better SNC/SV determinations. The Region stated that this was completed, but it appears that this type of training is still required or should be extended to cover the full extent of CEI inspections. This recommendation for the accuracy of compliance determinations (SNC or SV) is covered under the recommendation for Element 2. This process for making accurate compliance (SNC or SV) determinations should become part of the overall SOP. The region also states that they have partially implemented a process for making these determinations. OECA will need to see and review the entire SOP. See Elements 2 and 6.</p>
	Metric(s) and Quantitative Value	Data Metric 8a SNC identification rate at sites with evaluations (1 FY) (3.7%) Data Metric 8c Percent of formal actions taken that received a prior SNC listing (1 FY) (0) File Review Metric 8h Percentage of violations in files reviewed that were accurately determined to be SNC. (100%)
	Action(s)	The accuracy of compliance determinations is addressed under the recommendation for Finding 2.1

**[RCRA] Element 9 - Enforcement Actions Promote Return to Compliance**

**Degree to which state enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return facilities to compliance in a specific time frame.**

Element + finding number here	<b>Finding 9.1</b>	There is no documentation of return to compliance in the files for SNC violations, including compliance schedules or timeframes in the compliance orders for formal enforcement response.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>None of the two SNC files reviewed contained documentation to indicate that the sources have or will return to compliance. Both were formal responses. The data indicates that one of them is in non-compliance for 5 of the last 12 quarters. The final order is not in the file and there is no other documentation (eg, letter from the facility or follow-up inspection) to indicate return to compliance. The data for the other facility indicates that it is in non-compliance 9 of the last 12 quarters. The documentation in the file discusses compliance, but there is no injunctive relief, no compliance schedule. And there is no other documentation in the file (eg, letter from facility or follow-up inspection) to indicate return to compliance. There is more documentation for facilities with secondary violations: 67% (8 of 12 files reviewed) have documentation of return to compliance. The Region needs to improve in the area of documenting the return to compliance of facilities that are issued enforcement responses for SNC or SV violations.</p> <p>Region 10 states that at the time of the review the case officer was tracking the return to compliance on the two formal actions and at the time of the Review neither facility had returned to compliance, that one of the CAFOS reviewed had specific language requiring injunctive relief and associated timeframes, and that the second CAFO included specific actions as part of the injunctive relief but deadlines were not as clear. The review team found no evidence of injunctive relief of return to compliance in the files reviewed. Nonetheless, the region agrees to take action to reinforce the expectation that all facilities will be tracked for compliance and documentation will be placed in the facility files and entered into RCRAInfo once compliance is achieved.</p> <p>Area for Regional Attention:</p> <p>Region needs to improve the documentation in the files for return to compliance for SNC and SV violations. In particular, SNC violations need to have compliance schedules and appropriate follow-up to ensure compliance with the schedule. Region 10 needs to improve its documentation of injunctive relief and return to compliance of both SNC and non-SNC violations. The Region needs to pay attention to this and ensure that the files are properly documented. Region 10 should make this a part of the SOP and demonstrate in the SOP how the files will be managed. See Element 2.</p>

	Metric(s) and Quantitative Value	File Review Metric 9b Percent of enforcement responses that have returned or will return a source in SNC to compliance. (0%) File Review Metric 9c Percent of enforcement responses that have returned or will return Secondary Violators (SVs) to compliance. (67%)
	Action(s)	The improvement of documentation of compliance determinations (SNC or SV) is addressed under the recommendation for Finding 2.1

**[RCRA] Element 10 – Timely and Appropriate Action**

**Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.**

Element + finding number here	<b>Finding 10.1</b>	The Region's enforcement response to RCRA violations in Alaska is not timely, although the enforcement response tends to be appropriate.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>The data metrics indicate that Region 10 is not taking timely formal and informal enforcement for facilities in SNC. The data and the file review confirm this. The data metrics show that no formal enforcement was timely. However there were two formal actions during FY 2007, which were reviewed on-site. (Apparently this was not fixed in RCRAInfo.) One took 719 days and the other took over 300 days. Three of the 14 enforcement responses reviewed were timely, within the 150 days of day zero to issue a warning letter, day 240 for return to compliance, and day 360 for entering into a formal enforcement response. The average response time was 269 days and the median response time was 283 days. For the timely responses the average was 68 days and the median was 97 days. For the majority of responses that were not timely, the average was 298 days and the median was 319 days. The range of timeliness for the responses to SNC was 300 to 719 days. The range of timeliness for non-SNC responses was 10 to 360 days. These timeliness issues needs to be addressed.</p> <p>Ten of the 12 enforcement responses were appropriate. One of the two that is considered not to be appropriate, which is for a non-SNC violation, is problematic because the file is not complete: the NOV is not in the file. The reason that the action may not be appropriate is that there was an earlier violation and NOV for which the facility appears to still be out of compliance. With that problem still outstanding, it might have been appropriate to escalate the action for this facility.</p> <p>The Round 1 review of the Region 10/Alaska RCRA program identified timeliness of enforcement actions as an issue and this continues to be an issue that the region needs to address.</p> <p>Region 10 states that they agree that they need to improved timeliness of both formal and informal enforcement response actions .</p> <p>Area for Regional Improvement (Recommendation Required):</p> <p>Region 10 needs to improve its timeliness of enforcement response for both informal and formal enforcement actions. The Region also needs to escalate enforcement response where appropriate. This recommendation for the timeliness of enforcement response is covered under the recommendation for Element 2. This process for improving the timeliness of enforcement response should become part of the overall SOP. See Elements 2 and 6.</p>
	Metric(s) and Quantitative Value	Data Metric 10a Percent of SNC with formal action/referral taken within 360 days. (0%) File Review Metric 10c Percent of enforcement rezones reviewed that are taken in a timely manner. (23%) File Review Metric 10d Percent of enforcement responses reviewed that are appropriate to the violations. (83%)
	Action(s)	The timeliness of enforcement response is addressed under the recommendation for Finding 2.1

**[RCRA] Element 11 - Penalty Calculation Method**

**Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.**

Element + finding number here	<b>Finding 11.1</b>	Region 10 documents that gravity and economic benefit are considered its penalty orders.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	<p>Eight penalty orders were reviewed and they all properly document in the files that gravity and economic benefit were considered as part of the penalty.</p> <p>Meets SRF Program Requirements:</p> <p>No further action is required.</p>
	Metric(s) an Quantitative Value	File review metric 11a Percentage of penalty calculations that consider and include where appropriate gravity and economic benefit. (100%)
	Action(s)	No action required.

**[RCRA] Element 12 - Final Penalty Assessment and Collection**

**Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.**

Element + finding number here	<b>Finding 12.1</b>	Region 10 documents the difference between the initial and the final assessed penalty and penalty collection.
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement (Recommendation Required)
	Explanation	Region 10 documents the difference between the penalty calculations final penalty. And there is documentation that the penalties are collected.  Meets SRF Program Requirements:  No further action required.
	Metric(s) and Quantitative Value	File review metric 12a Percentage of penalties reviewed that document the difference between the initial and assessed penalties. (100%) File review metric 12b Percentage of penalties reviewed that document collection of penalty. (100%)
	Action(s)	No action required.

## APPENDIX A

### STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of [State]'s compliance and enforcement programs, [Region and State] identified a number of actions to be taken to address issues found during the review. The table below shows the status of progress toward completing those actions.

#	CWA/NPDES Recommendation	Status	Comments
1	Explore the possibility of using CWA 106 grant funds to assist Region to manage the compliance program.	Long Term Resolution	NPDES compliance program was not able to implement this recommendation. It has become moot with the authorization of the NPDES program to Alaska.
2	Improve its file management system to ensure that inspection files maintain adequate documentation to demonstrate that violations are identified in a timely manner.	Completed	Verified through recent file reviews.
3	Improve filing system	Completed	NPDES files are much improved.
4	The Region needs to have a process for identifying and reporting single event violations into PCS. All violations need to be entered into PCS even if they are not SNC.	Working	This recommendation was not implemented and continued to be an issue during the current review. The Region now plans to implement this recommendation.
5	The Region needs to improve the timeliness of taking appropriate enforcement actions.	Working	The current review found that this is still an issue for the Region, which they still need to address.
6	Have a management plan for ensuring that DMR data are entered in a timely manner into PCS so that all reports are handled appropriately.	Completed	DMR data appears to be entered timely.
7	Improve its data entry for permit limits for facilities in Alaska. Since permit limit data entry is a Region-wide issue, the problems relating to Alaska should be considered within the context of a Region-wide approach to the issue.	Completed	The region has used a contractor to assist in getting permit limits coded into ICIS-NPDES
8	The Region needs to have a plan for entering and tracking single event violations in PCS.	Working	This recommendation was not implemented and continued to be an issue during the current review. The Region now plans to implement this recommendation.
9	Related to the recommendation in Elements 10, the Region needs to finalize a plan for ensuring that permit limit data are entered into PCS.	Completed	The region has hired a contractor to assist in entering this data,
#	RCRA/Subtitle C Recommendation	Status	Comments
1	While the revised LQG universe and recalculated inspection rate for 2003 is about 17 to 18%, which is within the normal range for a given year, it may be that a higher percentage of sources needs to be inspected in subsequent years in order to meet the RCRA programs five-year 100% standard.	Completed	This recommendation appeared to be completed, but the round 2 review indicates that the LQG universe coverage continues to be an issue.
2	It is not clear to the review team that the LQG universe in Alaska has been adequately identified. For example, currently, only one oil refinery, only one university campus, and no major hospitals show up on the LQG facility lists. This situation needs to be further assessed to see what LQGs still need to be identified.	Completed	Inspectors use BR & data base info to cross check during inspection to confirm universe.
3	The Region should continue to formulate procedures for making and documenting SNC and SV determinations based on violations identified during inspections. This should be a management system based on the time frame in the Enforcement Response Policy. Each Region should have a SNC identification process that fits their specific organizational structure, and the review team recommends that the Region consult with the RCRA compliance programs in other Regional Offices to see if there are processes and procedures (i.e., best practices) that can be adapted to fit Region 10.	Working	This recommendation appeared to be completed, but the round 2 review indicates that an SOP still needs to be developed.

4	One file in thirteen reviewed did not contain an inspection report. This indicates that the Region generally keeps good inspection records. It is important to document each inspection or investigation so that each file is as complete as possible. The Region should ensure that inspection reports are present in each file.	Completed	This recommendation appeared to be completed, but the round 2 review indicates that missing inspection reports in the files continues to be a problem.
5	The Region should improve its ability to complete inspection reports and identify violations in a timely way. The Region should try to understand why this is not consistently achieved and take steps to correct the problem.	Working	Timeliness of reporting violations is identified as an issue in the round 2 findings.
6	Regional staff would benefit from additional training, especially in how to identify SNCs based on the guidelines in the new RCRA ERP. This would be a catalyst for the Region to eliminate uncertainty in determining the difference between SNC and SV. Both the Region and OECA need to ensure that the Region has adequate tools and training to properly identify SNCs. The review team recommends that OECA provide or help coordinate training to the Region inspectors to help them make better compliance determinations and to reflect those determinations properly in RCRAInfo.	Completed	
7	Based on the national RCRA policies, the Region should ensure that all cases in the pipeline are against facilities with their violations and/or SNC listings present in the database. The process proposed by the Region for making compliance determinations should help to fulfill this recommendation.	Completed	<ol style="list-style-type: none"> <li>1. ERP distributed</li> <li>2. Unit meetings to discuss</li> <li>3. Revised inspection summary report</li> </ol>
8	Timeliness for taking formal enforcement actions needs improvement.	Completed	This recommendation appears to have been completed, but the round 2 review indicates that timeliness of formal enforcement continues to be an issue.

**APPENDIX B**  
**OFFICIAL DATA PULL**

**OTIS State Review Framework Results**

**CWA Data for Alaska (Review Period Ending: FY07)**

	Measure Type	Metric Type	National Goal	Natl Ave	Alaska	Count	Universe	Not Counted	
<b>1. Data completeness. Degree to which the minimum data requirements are complete.</b>									
A	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			<a href="#">33</a>	NA	NA	
	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			<a href="#">16</a>	NA	NA	
	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			<a href="#">75</a>	NA	NA	
	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			<a href="#">575</a>	NA	NA	
B	<a href="#">Major individual permits: correctly coded limits (Current) 1</a>	Goal	Combined	≥ 95%	67.40%	30.30%	<a href="#">10</a>	33	
	<a href="#">Major individual permits: DMR entry rate based on DMRs expected (1 Qtr) 2</a>	Goal	Combined	≥ 95%	89.60%	94.90%	<a href="#">205</a>	216	
	<a href="#">Major individual permits: percent with permit limits and DMR data (1 FY) 3</a>	Goal	Combined	≥ 95%	85.90%	75.80%	<a href="#">25</a>	33	
	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			5.00%	<a href="#">1</a>	20	
C	<a href="#">Non-major individual permits: correctly coded limits (Current) 4</a>	Informational Only	Combined			12.00%	<a href="#">9</a>	75	
	<a href="#">Non-major individual permits: DMR entry rate based on DMRs expected (1 Qtr) 5</a>	Informational Only	Combined			82.70%	<a href="#">67</a>	81	
	<a href="#">Non-major individual permits: percent with permit limits and DMR data (1 FY) 6</a>	Informational Only	Combined			16.00%	<a href="#">12</a>	75	
D	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			29.30%	<a href="#">22</a>	<a href="#">75</a>	
	<a href="#">Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 FY) 7</a>	Informational Only	Combined			83.30%	15	18	
	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			<a href="#">11</a>	NA	NA	
E	Informal actions: number of major facilities (1 FY)	State				0	NA	NA	
		EPA				<a href="#">11</a>	NA	NA	
	Informal actions: number of actions at major facilities (1 FY)	State					0	NA	NA
		EPA					<a href="#">12</a>	NA	NA
	Informal actions: number of non-major facilities (1 FY)	State					0	NA	NA
		EPA					<a href="#">98</a>	NA	NA

	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
			EPA			<a href="#">104</a>	NA	NA	NA
F	Formal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
			EPA			<a href="#">4</a>	NA	NA	NA
	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
			EPA			<a href="#">3</a>	NA	NA	NA
	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
			EPA			<a href="#">11</a>	NA	NA	NA
Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	
		EPA			<a href="#">11</a>	NA	NA	NA	
G	Penalties: total number of penalties (1 FY)	Data Quality	State			0	NA	NA	NA
			EPA			<a href="#">14</a>	NA	NA	NA
	Penalties: total penalties (1 FY)	Data Quality	State			<a href="#">\$0</a>	NA	NA	NA
			EPA			<a href="#">\$1,130,452</a>	NA	NA	NA
	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			<a href="#">\$0</a>	NA	NA	NA
			EPA			<a href="#">\$1,713,000</a>	NA	NA	NA
	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			<a href="#">\$0</a>	NA	NA	NA
			EPA			<a href="#">\$1,306,855</a>	NA	NA	NA
	No activity indicator - total number of penalties (1 FY)	Data Quality	State			0	NA	NA	NA
			EPA			<a href="#">1,130,452</a>	NA	NA	NA

**2. Data accuracy. Degree to which the minimum data requirements are accurate.**

A	<a href="#">Actions linked to violations: major facilities (1 FY) 8</a>	Data Quality	State			0 / 0	0	0	0
			EPA			0.00%	0	4	<a href="#">4</a>

**3. Timeliness of data entry. Degree to which the minimum data requirements are complete.**

A	Comparison of Frozen Data Set	Available after December 2008							
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**5. Inspection coverage. Degree to which state completed the universe of planned inspections/compliance evaluations.**

A	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	63.80%	4.10%	<a href="#">2</a>	49	<a href="#">47</a>
			EPA	100%	6.40%	26.50%	<a href="#">13</a>	49	<a href="#">36</a>
			Combined	100%	66.90%	30.60%	<a href="#">15</a>	49	<a href="#">34</a>
B	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			0.00%	0	69	<a href="#">69</a>
			EPA			7.20%	<a href="#">5</a>	69	<a href="#">64</a>
			Combined			7.20%	<a href="#">5</a>	69	<a href="#">64</a>
B	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			4.30%	<a href="#">25</a>	575	<a href="#">550</a>
			EPA			3.50%	<a href="#">20</a>	575	<a href="#">555</a>
			Combined			7.70%	<a href="#">44</a>	575	<a href="#">531</a>
C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.00%	0	6	<a href="#">6</a>
			EPA			0.00%	0	6	<a href="#">6</a>
			Combined			0.00%	0	6	<a href="#">6</a>

**7. Identification of alleged violations. Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information.**

A	Single-event violations at majors (1 FY)	Review Indicator	Combined			0	NA	NA	NA
	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	NA	NA	NA
B	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined			0 / 0	0	0	0
C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined			70.90%	<a href="#">304</a>	<a href="#">429</a>	125
D	Major facilities with DMR violations (1 FY)	Data Quality	Combined			<a href="#">18</a>	NA	NA	NA
<b>8. Identification of SNC and HPV. Degree to which the state accurately identifies significant noncompliance &amp; high priority violations and enters information into the national system in a timely manner.</b>									
A	Major facilities in SNC (1 FY)	Review Indicator	Combined			<a href="#">20</a>	NA	NA	NA
	SNC rate: percent majors in SNC (1 FY)	Goal	Combined		22.40%	40.80%	<a href="#">20</a>	49	<a href="#">29</a>
B	Wet weather SNC	Metric(s) likely to be developed in the future.							
<b>10. Timely and appropriate action. Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.</b>									
A	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	11.70%	4.10%	<a href="#">2</a>	49	<a href="#">47</a>

Report Generated on 9/8/2008

**Note:** EPA Regions must archive the state official data set (first results screen) used for a state review, as these data cannot be reproduced at a later date. SRF data metrics results may change as data are updated in AFS, ICIS, PCS, and RCRAInfo.

<sup>0</sup> State Metric column is generally computed from the value in the Count column (x) divided by the value in the Universe column (y).

<sup>1</sup> ICP Metric 1B1 data was pulled manually and is available only for FY2007. The programming for PCS metric 1B1 is complete, and is available for all FYs. because of the mix of manual and programmed data, the percentage shown in national average column ref

<sup>2</sup> Metric 1B2 data was pulled manually and is available only for FY2007

<sup>3</sup> Metric 1B3 data was pulled manually and is available only for FY2007

<sup>4</sup> ICP Metric 1C1 data was pulled manually and is available only for FY2007. The programming for PCS metric 1C1 is complete, and is available for all FYs. Because of the mix of manual and programmed data, data for ICP states will not show-up in a regional

<sup>5</sup> Metric 1C2 data was pulled manually and is available only for FY2007

<sup>6</sup> Metric 1C3 data was pulled manually and is available only for FY2007

<sup>7</sup> Metric 1D2 data was pulled manually and is available only for FY2007. No drilldown is provided for metric 1D2.

<sup>8</sup> ICP Metric 2A0 data was pulled manually and is available only for FY2007. The programming for PCS metric 2A0 is complete, and is available for all FYs. Because of the mix of manual and programmed data, data for ICP states will not show-up in a regional

## APPENDIX C

### PDA WORKSHEET (with Regional and EPA Comments)

<b>Preliminary Data Analysis with Region 10 Comments</b>													
<b>OTIS State Review Framework Results</b>													
<b><u>CWA Data for Alaska</u> (Review Period Ending: FY07)</b>													
	Measure Type	Metric Type	National Goal	Natl Ave	Alaska	Count	Universe	Not Counted	Regional Discrepancy (Yes/No)	Regional Correction	Regional Data Source	Initial Findings <i>R10 comments</i>	R10 comments (Discrepancy Explained)
<b>1. Data completeness. Degree to which the minimum data requirements are complete.</b>													
A	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined		<a href="#">33</a>	NA	NA	NA	Y	43	R10 files	The region indicates that there were 43 and not 33 NPDES major facilities. The explanation for this is that a number of permits have expired and were not coded proper as ADC in ICIS. This is a data issue that the region will need to address.	<i>We're working on it.</i>
	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined		<a href="#">16</a>	NA	NA	NA	Y	26	R10 files	The region indicates that there were 16 and not 26 NPDES major facilities. The explanation for this is that a number of permits have expired and were not coded proper as ADC in ICIS. This is a data issue that the region will need to address.	<i>We're working on it.</i>
	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined		<a href="#">75</a>	NA	NA	NA	N				
	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined		<a href="#">575</a>	NA	NA	NA	N				

B	<a href="#">Major individual permits: correctly coded limits (Current) 1</a>	Goal	Combined	≥ 95%	67.40%	30.30%	<a href="#">10</a>	33	<a href="#">23</a>	<b>N</b>			Metric is 30.3%, which is < the 95% goal and well below the nat'l average. We will need to discuss with the region why this is so low and how best to address this issue.	Not being evaluated.
	<a href="#">Major individual permits: DMR entry rate based on DMRs expected (1 Qtr) 2</a>	Goal	Combined	≥ 95%	89.60%	94.90%	<a href="#">205</a>	216	<a href="#">11</a>	<b>N</b>			Metric is nearly 95%, which is above the national average and it nearly meets the goal.	
	<a href="#">Major individual permits: percent with permit limits and DMR data (1 FY) 3</a>	Goal	Combined	≥ 95%	85.90%	75.80%	<a href="#">25</a>	33	<a href="#">8</a>	<b>N</b>			Metric nearly 76%, which is < the 95% goal and the nat'l average for having both the permit limits and DMR data. We need to discuss with the region how best to address this issue.	The 8 facilities not counted have permits that have not been coded into ICIS. Unclear whether DMRs have been received or not.
	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			5.00%	<a href="#">1</a>	20	<a href="#">19</a>	<b>N</b>				
C	<a href="#">Non-major individual permits: correctly coded limits (Current) 4</a>	Informational Only	Combined			12.00%	<a href="#">9</a>	75	<a href="#">66</a>	<b>N</b>			12% appears to be very low. If the region does not input the permit limits for these sources, we need to ask how they track the permit limits at non-major sources.	Not being evaluated.
	<a href="#">Non-major individual permits: DMR entry rate based on DMRs expected (1 Qtr) 5</a>	Informational Only	Combined			82.70%	<a href="#">67</a>	81	<a href="#">14</a>	<b>N</b>				
	<a href="#">Non-major individual permits: percent with permit limits and DMR data (1 FY) 6</a>	Informational Only	Combined			16.00%	<a href="#">12</a>	75	<a href="#">63</a>	<b>N</b>			16% appears to be a low percentage of non-majors with DMRs and permit limits.	35 of the facilities not counted are coded incorrectly. Those permit numbers starting with AKR10 indicate that they are construction storm water sites and therefore should not be flagged.

D	Violations at non-majors: non-compliance rate (1 FY)	Informational Only	Combined			29.30%	<a href="#">22</a>	<a href="#">75</a>	53	<b>N</b>			29.3% non compliance rate appears to be okay, but we need to discuss with the region how they are determining compliance with permit limits. Also, if the rate is so high, what is happening to bring these sources back to compliance?	Each sector lead usually follows up on facilities in SNC or on the Watchlist. One or a few low effluent limit violations do not usually merit our attention.
	<a href="#">Violations at non-majors: non-compliance rate in the annual non-compliance report (ANCR)(1 FY) 7</a>	Informational Only	Combined			83.30%	15	18	3	<b>N</b>			83.3% non compliance appears to be high. We need to discuss with the region what is happening to bring these sources back to compliance.	
	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			<a href="#">11</a>	NA	NA	NA	<b>N</b>			11 non-majors w/DMR non-receipt for 3 years appears high. What is happening at these facilities? Are they active or not? If they are inactive, this should be reflected in the database. If they are active, are the DMRs being sent to the Region?	It is possible that non-majors may be missing one or two DMRs within a 3 year period. We're looking into this.
E	Informal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	<b>N</b>				
			EPA			<a href="#">11</a>	NA	NA	NA	<b>N</b>				
	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	<b>N</b>				
			EPA			<a href="#">12</a>	NA	NA	NA	<b>N</b>				
	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	<b>N</b>				
EPA					<a href="#">98</a>	NA	NA	NA	Y	96	R10 files	The numbers are off because several of the NOV's were withdrawn. If that is the case, the database should be updated to reflect this.	We're working on it.	
Informal actions:	Data Quality	State			0	NA	NA	NA	<b>N</b>					

	number of actions at non-major facilities (1 FY)		EPA			<a href="#">104</a>	NA	NA	NA	Y	97	R10 files	The numbers are off because several of the NOV's were withdrawn. If that is the case, the database should be updated to reflect this.	<a href="#">We're working on it.</a>	
F	Formal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	N					
			EPA			<a href="#">4</a>	NA	NA	NA	N					
	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	N					
			EPA			<a href="#">3</a>	NA	NA	NA	Y	4		One enforcement action (Coeur Alaska) does not show up in OTIS. Apparently this is due to a coding problem. Region will need to address this problem.	<a href="#">Not sure how this happened since it appeared in the previous data metric. Problem with ICIS??</a>	
	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	N					
			EPA			<a href="#">11</a>	NA	NA	NA	N					
Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	N						
		EPA			<a href="#">11</a>	NA	NA	NA	N						
G	Penalties: total number of penalties (1 FY)	Data Quality	State			0	NA	NA	NA	N					
			EPA			<a href="#">14</a>	NA	NA	NA	N					
	Penalties: total penalties (1 FY)	Data Quality	State			<a href="#">\$0</a>	NA	NA	NA	N					
			EPA			<a href="#">\$1,130,452</a>	NA	NA	NA	N					
	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			<a href="#">\$0</a>	NA	NA	NA						
			EPA			<a href="#">\$1,713,000</a>	NA	NA	NA						
	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			<a href="#">\$0</a>	NA	NA	NA						
			EPA			<a href="#">\$1,306,855</a>	NA	NA	NA						
No activity indicator - total number of penalties (1 FY)	Data Quality	State			0	NA	NA	NA							
		EPA			<a href="#">1,130,452</a>	NA	NA	NA							
<b>2. Data accuracy. Degree to which the minimum data requirements are accurate.</b>															
A	<a href="#">Actions linked to violations: major facilities</a>	Data Quality	State			0 / 0	0	0	0						



			Combined			7.70%	<a href="#">44</a>	575	<a href="#">531</a>	Y	56	The number of inspections appears to be acceptable, but the question is why the additional 12 inspections did not make it into the data base.	Most inspections occur during the summer and some inspectors may not be able to submit their inspection reports on time.
C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.00%	0	6	<a href="#">6</a>	Y	24	The number of inspections appears to be acceptable, but the question is why the additional 12 inspections did not make it into the data base. These facilities may be storm water facilities that are not permitted.	Most inspections occur during the summer and some inspectors may not be able to submit their inspection reports on time.
			EPA			0.00%	0	6	<a href="#">6</a>	Y	21	The number of inspections appears to be acceptable, but the question is why the additional 12 inspections did not make it into the data base. These facilities may be storm water facilities that are not permitted.	Most inspections occur during the summer and some inspectors may not be able to submit their inspection reports on time.
			Combined			0.00%	0	6	<a href="#">6</a>	Y	45	The number of inspections appears to be acceptable, but the question is why the additional 12 inspections did not make it into the data base. These facilities may be storm water facilities that are not permitted.	Most inspections occur during the summer and some inspectors may not be able to submit their inspection reports on time.

**7. Identification of alleged violations. Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information.**

A	Single-event violations at majors (1 FY)	Review Indicator	Combined			0	NA	NA	NA			It appears that the region is not entering SEVs into ICIS. The region has been advised of this issue during	R10 doesn't code in SEVs
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													previous reviews. It continues to be an issue.	
	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	NA	NA	NA				It appears that the region is not entering SEVs into ICIS. The region has been advised of this issue during previous reviews. It continues to be an issue.	R10 doesn't code in SEVs
B	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined			0 / 0	0	0	0				This metric concerns compliance schedules found in enforcement actions. The indication is that all have been resolved and are on schedule. The problem is that there is a zero (0) in the denominator, which should be the number of compliance schedules issued	R10 typically does not include compliance orders in its enforcement actions. Oftentimes, when a penalty action is settled, the facility is back in compliance and therefore no compliance order is needed. In addition, a compliance order is not needed when
C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined			70.90%	<a href="#">304</a>	<a href="#">429</a>	125				71% appears to be a high rate of unresolved permit schedule violations. We will need to discuss with the region how best to address this issue. <a href="#">291 of these facilities are placer mines. Each mine is required to submit an</a>	<a href="#">291 of these facilities are placer mines. Each mine is required to submit annual reports. These have been tracked in a separate database because of the dynamic nature of placer miners.</a>
D	Major facilities with DMR violations (1 FY)	Data Quality	Combined			83.30%	15	18	3				83% appears to be high. However, the rate of entering permit limits (metric 1b1) is 30%. With so few permit limits in the data system, this number could be artificially high or low. We should look at some of these files to see if violations have been	Each sector lead usually follows up on facilities in SNC or on the Watchlist. One or a few low effluent limit violations do not usually merit our attention.

**8. Identification of SNC and HPV. Degree to which the state accurately identifies significant noncompliance & high priority violations and enters information into the national system in a timely manner.**

A	Major facilities in SNC (1 FY)	Review Indicator	Combined			<a href="#">20</a>	NA	NA	NA				20 facilities in SNC appear to be high. The major mines (3) shouldn't be in SNC (for various reasons). I need to discuss the other facilities with the sector leads.	The major mines (3) shouldn't be in SNC (for various reasons). I need to discuss the other facilities with the sector leads.
	SNC rate: percent majors in SNC (1 FY)	Goal	Combined		22.40%	40.80%	<a href="#">20</a>	49	<a href="#">29</a>				The metric is 41%, which is nearly double the nat'l average. This will require reviewing files to see what actions are being taken to follow up on the SNC, and discuss with the region.	
B	Wet weather SNC	Metric(s) likely to be developed in the future.												

**10. Timely and appropriate action. Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.**

A	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	11.70%	4.10%	<a href="#">2</a>	49	<a href="#">47</a>				4% is > than the 2% goal, but below the nat'l average. We need to discuss with the region the reason for the timeliness issue. Unalaska is currently	Unalaska is currently negotiating with R10 on a settlement. Trident may be part of an upcoming enforcement action.
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<sup>0</sup> State Metric column is generally computed from the value in the Count column (x) divided by the value in the Universe column (y).

<sup>1</sup> ICP Metric 1B1 data was pulled manually and is available only for FY2007. The programming for PCS metric 1B1 is complete, and is available for all FYs. Because of the mix of manual and programmed data, the percentage shown in national average column ref

<sup>2</sup> Metric 1B2 data was pulled manually and is available only for FY2007

<sup>3</sup> Metric 1B3 data was pulled manually and is available only for FY2007

<sup>4</sup> ICP Metric 1C1 data was pulled manually and is available only for FY2007. The programming for PCS metric 1C1 is complete, and is available for all FYs. Because of the mix of manual and programmed data, data for ICP states will not show-up in a regional

<sup>5</sup> Metric 1C2 data was pulled manually and is available only for FY2007

<sup>6</sup> Metric 1C3 data was pulled manually and is available only for FY2007

<sup>7</sup> Metric 1D2 data was pulled manually and is available only for FY2007. No drilldown is provided for metric 1D2.

<sup>8</sup> ICP Metric 2A0 data was pulled manually and is available only for FY2007. The programming for PCS metric 2A0 is complete, and is available for all FYs. Because of the mix of manual and programmed data, data for ICP states will not show-up in a regional

## APPENDIX D

### PRELIMINARY DATA ANALYSIS CHART

This section provides the results of the Preliminary Data Analysis (PDA). The Preliminary Data Analysis forms the initial structure for the SRF report, and helps ensure that the data metrics are adequately analyzed prior to the on-site review. This is a critical component of the SRF process, because it allows the reviewers to be prepared and knowledgeable about potential problem areas before initiating the on-site portion of the review. In addition, it gives the region focus during the file reviews and/or basis for requesting supplemental files based on potential concerns raised by the data metrics results. The full PDA is available in Appendix C of this report.

The PDA reviews each data metric and evaluates state performance against the national goal or average, if appropriate. The PDA Chart in this section of the SRF report only includes metrics where potential concerns are identified or potential areas of exemplary performance. The full PDA contains every metric: positive, neutral or negative. Initial Findings indicate the observed results. Initial Findings are preliminary observations and are used as a basis for further investigation. Findings are developed only after evaluating them against the file review results where appropriate, and dialogue with the state have occurred. Through this process, Initial Findings may be confirmed

Data Pulled from Online Tracking Information System (OTIS) with Regional input and PDA analysis									EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Alaska Metric	Count	Universe	Initial Findings
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			34	NA	NA	The region indicates that there were 43 and not 33 NPDES major source inspections. The explanation for this is that a number of permits have expired and were not coded proper as ADC in ICIS. This is a data issue that the region will need to address.
P01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			19	NA	NA	The region indicates that there were 16 and not 26 NPDES major source inspections. The explanation for this is that a number of permits have expired and were not coded proper as ADC in ICIS. This is a data issue that the region will need to address.
C01B2C	Major individual permits: DMR entry rate based on expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=, 95%	89.6%	94.9%	205	216	Metric is nearly 95%, which is above the nat'l average and it nearly meets the goal.
C01B3C	Major individual permits: DMR entry rate based on expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=, 95%	85.9%	75.8%	25	33	Metric nearly 76%, which is > the 95% goal and the nat'l average for having both the permit limits and DMR data. We need to discuss with the region how best to address this issue.
C01C3C	Non-major individual permits: DMR entry rate based on expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			16.0%	12	75	16% appears to be a low percentage of non-majors with DMRs and permit limits.
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			29.3%	22	75	29.3% non compliance rate appears to be okay, but we need to discuss with the region how they are determining compliance with permit limits. Also, if the rate is so high, what is happening to bring these sources back to compliance?
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			83.3%	15	18	83.3% non compliance appears to be high. We need to discuss with the region what is happening to bring these sources back to compliance.
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			11	NA	NA	11 non-majors w/DMR non-receipt for 3 years appears high. What is happening at these facilities? Are they active or not? If they are inactive, this should be reflected in the database. If they are active, are the DMRs being sent, but the region is not

P01E3E	Informal actions: number of mom-major facilities (1 FY)	Data Quality	EPA			101	NA	NA	The numbers are off because several of the NOVs were withdrawn. If that is the case, the database should be updated to reflect this. We will need an explanation for why these NOVs were withdrawn.
P01E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			107	NA	NA	The numbers are off because several of the NOVs were withdrawn. If that is the case, the database should be updated to reflect this.
P01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			3	NA	NA	The numbers are off because several of the NOVs were withdrawn. If that is the case, the database should be updated to reflect this.
P02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	>=; 80%		0.0%	0	4	It is a requirement that at least 95% for formal enforcement actions are linked in the database to the violation. The data show that none of the 4 enforcement actions are linked. This is of concern and needs to be discussed with the region and evaluated
P05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	67.7%	30.2%	16	53	Region states that 21 sources were inspected. With this, the inspection coverage would be 43%, which is still below the nat'l goal and the nat'l average. We need to discuss with the region its inspection commitments and its plan for inspecting the NPDES
P05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA			4.0%	24	602	The number of inspections appears to be acceptable, but the question is why the additional 12 inspections did not make it into the data base.
P05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			8.0%	48	602	The number of inspections appears to be acceptable, but the question is why the additional 12 inspections did not make it into the data base.
P07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			0	NA	NA	It appears that the region is not entering SEVs into ICIS. The region has been advised of this issue during previous reviews. It continues to be an issue.
P07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	NA	NA	It appears that the region is not entering SEVs into ICIS. The region has been advised of this issue during previous reviews. It continues to be an issue.
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		32.0%	0 / 0	0	0	This metric concerns compliance schedules found in enforcement actions. The indication is that all have been resolved and are on schedule. The problem is that there is a zero (0) in the denominator, which should be the number of compliance schedules issue.
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		31.9%	66.2%	305	461	71% appears to be a high rate of unresolved permit schedule violations. We will need to discuss with the region how best to address this issue.
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		56.8%	52.9%	18	34	It appears that this has dropped from 83% to 52.9% from the original pull. At the time 83% appeared to be high. However, the rate of entering permit limits (metric 1b1) is 30%. With so few permit limits in the data system, this number could be artificially low.
P08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			20	NA	NA	20 facilities in SNC for FY 2007 is from the original data pull from last October. The current OTIS report shows 25 facilities for that year. The FY 2008 data in OTIS, which should be up to date, show 6 facilities in SNC.
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		22.8%	37.7%	20	53	The metric is 41%, which is nearly double the nat'l average. This will require reviewing files to see what actions are being taken to follow up on the SNC, and discuss with the region.
P10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	10.7%	3.8%	2	53	4% is > than the 2% goal, but below the nat'l average. We need to discuss with the region the reason for the timeliness issue.

## APPENDIX E

### FILE SELECTION

The files were selected randomly from using the OTIS File Selection Tool. The total number of files in the selection universe was under 300, so the review team needed to select between 15 and 25 files. Files were selected to have a representative sample of majors, minors, municipalities, mines, and facilities with inspections, enforcement actions, SNC violations, minor violations, and Single Event Violations. Several files were selected as supplemental files in order to review specific issues from the PDA. This brought the total number of files requested to 34.

#### Region 10/Alaska Files Selected for Review

revi se	f_name	Program ID	f_city	f_sta te	Permit Compon ent	Inspecti on	Violati on	Single Event Violati on	SNC	Infor mal Actio n	Form al Actio n	Penal ty	Univer se	Select
1	COEUR ALASKA INC	AK00505 71	JUNEAU	AK		1	11	0	0	1	1	0	Major	accepted_representative
2	COPPER RIVER SEAFOODS LLC	AKG520 524	CORDOVA	AK		0	0	0	0	1	1	0	Minor	accepted_representative
3	HECLA GREENS CREEK MINING COMPANY	AK00432 06	JUNEAU	AK		1	27	0	1	1	0	0	Major	accepted_representative
4	HOMER, CITY OF	AK00212 45	HOMER	AK	POT	1	3	0	0	0	0	0	Major	accepted_supplemental
5	ICICLE SEAFOODS INC	AK00528 68	DUTCH HARBOR	AK		1	4	0	4	0	1	0	Major	accepted_representative
6	KAKE FOODS INC	AKG520 073	KAKE	AK		0	6	0	0	1	1	0	Minor	accepted_representative
7	KENAI, CITY OF	AK00213 77	KENAI	AK	POT BIO	0	4	0	4	0	0	0	Major	accepted_supplemental
8	KODIAK, CITY OF	AK00215 55	KODIAK	AK	POT	1	5	0	0	0	0	0	Major	accepted_representative
9	KUPARUK WATERFLOO D PROJECT	AK00433 54	PRUDHOE BAY	AK		0	4	0	4	0	0	0	Major	accepted_supplemental
10	MCGEE INDUSTRIES INC	AKR10B A91	ANCHORA GE	AK		0	0	0	0	0	1	0	Minor	accepted_representative
11	NORQUEST SEAFOODS INC	AKG520 103	CHIGNIK	AK		1	2	0	0	0	0	0	Minor	accepted_representative
12	NORTH PACIFIC SEAFOODS INC	AKG520 055	TOGIAC	AK		1	0	0	0	0	0	0	Minor	accepted_representative
13	NYAC BEAR CREEK MINE SITE	AKG370 095	TULUKSAK	AK		0	4	0	3	0	0	0	Minor	accepted_representative
14	PACIFIC LONGLINE COMPANY LLC	AKG520 387	UNKNOWN	AK		0	0	0	0	2	0	0	Minor	accepted_representative
15	PALMER, CITY OF	AK00224 97	PALMER	AK	BIO POT	1	11	0	3	0	0	0	Minor	accepted_representative
16	PELICAN, CITY OF	AK00435 32	PELICAN	AK	POT	1	0	0	0	0	0	0	Minor	accepted_representative
17	PETER PAN SEAFOODS INC	AKG520 244	VALDEZ	AK		0	0	0	0	2	0	0	Major	accepted_representative
18	PETERSBUR G, CITY OF - WWTP - 301(H) FACILITY	AK00214 58	PETERSB URG	AK	POT BIO	0	5	0	4	0	0	0	Major	accepted_supplemental
19	SCHLUMBER GER TECHNOLOG Y COMPANY	AKG570 051	PRUDHOE BAY	AK		1	25	0	0	0	0	0	Minor	accepted_representative

20	SEAFOOD PRODUCERS COOPERATIVE	AKG520101	SITKA	AK		1	2	0	0	1	0	0	Major	accepted_representative
21	SHRINE OF ST. THERESE WWTF	AKG571035	JUNEAU	AK		1	12	0	0	0	0	0	Minor	accepted_representative
22	SNUG HARBOR SEAFOODS INC	AKG520483	KENAI	AK		0	0	0	0	0	1	0	Minor	accepted_representative
23	SOLDOTNA, CITY OF	AK0020036	SOLDOTNA	AK	POT	1	7	0	1	0	0	0	Major	accepted_representative
24	TECK COMINCO ALASKA INC	AK0038652	KOTZEBUE	AK		0	11	0	1	0	0	0	Major	accepted_supplemental
25	TECK-POGO INC	AK0053341	DELTA JUNCTION	AK		1	11	0	4	1	0	0	Major	accepted_representative
26	TRIDENT SEAFOODS CORPORATION	AKG520053	CHIGNIK	AK		1	0	0	0	0	0	0	Minor	accepted_representative
27	TRIDENT SEAFOODS CORPORATION	AK0052787	SAND POINT	AK		1	3	0	3	0	0	0	Major	accepted_supplemental
28	U.S. COAST GUARD	AK0020648	KODIAK	AK		1	28	0	4	1	0	0	Minor	accepted_representative
29	UNALASKA, CITY OF	AK0043451	UNALASKA	AK	POT	1	56	0	4	0	0	0	Major	accepted_supplemental
30	UNISEA INC	AK0028657	DUTCH HARBOR	AK		1	4	0	4	0	0	0	Major	accepted_supplemental
31	VALDEZ, CITY OF	AK0021431	VALDEZ	AK	POT	1	17	0	4	0	0	0	Major	accepted_supplemental
32	WHITTIER, CITY OF	AK0025402	WHITTIER	AK	POT	1	4	0	0	0	0	0	Minor	accepted_representative
33	SKAGWAY, MUNICIPALITY OF	AK0020010	SKAGWAY	AK		1			1	0	1		Major	accepted_representative
34	KETCHIKAN, CITY OF	AK0021440	KETCHIKAN	AK		1			1	0	1		Major	accepted_representative

## APPENDIX F

### FILE REVIEW METRICS ANALYSIS FORM

This section presents the initial observations of the Region regarding program performance against file metrics. Initial Findings are developed by the region at the conclusion of the File Review process. The Initial Finding is a statement of fact about the observed performance, and should indicate whether the performance indicates a practice to be highlighted or a potential issue, along with some explanation about the nature of good practice or the potential issue. The File Review Metrics Analysis Form in the report only includes metrics where potential concerns are identified, or potential areas of exemplary performance.

Initial Findings indicate the observed results. Initial Findings are preliminary observations and are used as a basis for further investigation. Findings are developed only after evaluating them against the PDA results where appropriate, and dialogue with the state has occurred. Through this process, Initial Findings may be confirmed, modified, or determined not to be supported. Findings are presented in Section VI of this report.

The quantitative metrics developed from the file reviews are initial indicators of performance based on available information and are used by the reviewers to identify areas for further investigation. Because of the limited sample size, statistical comparisons among programs or across states cannot be made.

<b>Preliminary Data Analysis</b>			
<b>Name of Region and State: Region 10/Alaska</b>		<b>Review Period: FY 2007</b>	
<b>CWA Metric #</b>	<b>CWA File Review Metric:</b>	<b>Metric Value</b>	<b>Initial Findings and Conclusions</b>
<b>Metric 2b</b>	% of files reviewed where data is accurately reflected in the national data system.	32%	11 of the 34 files reviewed contain accurate data that is reflected in the national data system. The review of files show that several types of data are not reflected in the data system. The types of data that are not in the data system are: SEVs, perm
<b>Metric 4a</b>	% of planned inspections completed. Summarize using the Inspection Commitment Summary Table in the CWA PLG.		2 Majors and 24 Non-Majors including 10 wet weather permittees were the ACS commitments for NPDES inspections in Alaska.
<b>Metric 4b</b>	Other Commitments. Delineate the commitments for the FY under review and describe what was accomplished. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The commitments should be broken out and identified.	NA	No other types of commitments.
<b>Metric 6a</b>	# of inspection reports reviewed.	34 Files	
<b>Metric 6b</b>	% of inspection reports reviewed that are complete.	70%	23 of 33 the inspection reports reviewed were complete. The inspection reports are generally well prepared and ultimately led to accurate determinations, but there is no one consistent item that is missing from the reports. Types of things that are miss
<b>Metric 6c</b>	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.	91%	31 of the 34 inspection reports reviewed were sufficiently documented to lead to an accurate compliance determination. One of the reports lacked a narrative to provide the details of the inspection and one of the reports was not in the file. The Region
<b>Metric 6d</b>	% of inspection reports reviewed that are timely.	55%	18 of the 33 inspection reports reviewed were timely. The range of inspection report completion times is between 1 and 380 days. Several reports are completed in 1 or 7 days and one report took 380 days to complete. Several reports took over 50 and 100

<b>Metric 7e</b>	% of inspection reports or facility files reviewed that led to accurate compliance determinations.	82%	27 of 33 inspection reports reviewed led to accurate compliance determinations documented in the files. Of the 6 that were not, the issue was one of lack of documentation.
<b>Metric 8b</b>	% of single event violation(s) that are accurately identified as SNC	96%	22 of the 23 single event violations reviewed are accurately identified as either SNC or non-SNC. Of these 23 SEVs reviewed, 21 of the 23 SEVs were not SNC and were correctly identified as such and 1 major facility was not identified as SNC and should h
<b>Metric 8c</b>	% of single event violation(s) identified as SNC that are reported timely.	17%	1 of the 6 SNCs identified in the inspection reports was reported timely. To be more specific, the other 5 were not timely because they were not identified in the data systems at all as SNC.
<b>Metric 9a</b>	# of enforcement files reviewed	24 Files	24 enforcement files were reviewed. 8 of the files were for facilities in SNC. 16 of the files were for facilities that were not in SNC.
<b>Metric 9b</b>	% of enforcement responses that have returned or will return a source in SNC to compliance.	89%	8 of the 9 enforcement responses at facilities in SNC appear to have returned to compliance.
<b>Metric 9c</b>	% of enforcement responses that have returned or will return a source with non-SNC violations to compliance.	45%	10 of the 22 enforcement responses at facilities that are not SNC have or will return those facilities to compliance. The 12 facilities not in compliance are treated as such because there is no evidence or documentation in the files to show that they are
<b>Metric 10b</b>	% of enforcement responses reviewed that address SNC that are taken in a taken in a timely manner.	0%	0 of the 6 enforcement responses against SNC were addressed timely. The untimely responses take from 5 months to 4 years to address. When facilities are identified as SNC based on DMRs, the region goes through a process of issuing informal actions (e.g.
<b>Metric 10c</b>	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	43%	3 of the 7 enforcement responses for SNC reviewed were appropriate to the violations. 4 of the responses that were not appropriate because the facilities are out of compliance for long periods (one or more years) before they returned to compliance. The
<b>Metric 10d</b>	% of enforcement responses reviewed that appropriately address non-SNC violations.	74%	14 of the 19 non-SNC enforcement responses reviewed were appropriate to the violations. One of the non-appropriate responses was a warning letter that did not address missing reports. In another instance repeated non-submittal of DMRs went unaddressed.
<b>Metric 10e</b>	% enforcement responses for non-SNC violations where a response was taken in a timely manner.	44%	8 of the 18 non-SNC enforcement responses reviewed were not timely. The response time for the 12 non-timely responses ranged from 4 to 9 months. Most of these were informal NOV, but 1 was a formal penalty action for a violation that was not listed as S
<b>Metric 11a</b>	% of penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	8 of the 8 penalties reviewed considered gravity and economic benefit. These were properly documented in the files.
<b>Metric 12a</b>	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	8 of the 8 penalties reviewed documented the difference and rationale between the initial and final assessed penalty. These were properly documented in the files.
<b>Metric 12b</b>	% of enforcement actions with penalties that document collection of penalty.	86%	6 of the 7 penalties reviewed documented the collection of penalties.

**Findings Criteria**

**Minor Issues/Appears Acceptable** -- No EPA recommendation required.

**Potential Concern** -- Not a significant issue. Issues that the state may be able to correct without specific recommendation. May require additional analysis.

**Significant Issue** -- File review shows a pattern that indicates a significant problem. Will require an EPA Recommendation.