



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

MAR 10 2011

REPLY TO THE ATTENTION OF:

Lisa Bonnett, Acting Director
Illinois Environmental Protection Agency
P.O. Box 19276
Springfield, Illinois 62794

Dear Ms. Bonnett:

The U.S. Environmental Protection Agency would like to thank you and your staff for participating in our enforcement program review of the Clean Air Act Stationary Source program, Clean Water Act National Pollution Discharge Elimination System program, and Resource Conservation and Recovery Act Subtitle C hazardous waste program. We appreciate your staff's cooperation and assistance during this review.

Please find enclosed the final enforcement review report, which contains an executive summary, as well as detailed findings and recommendations concerning Illinois Environmental Protection Agency's (IEPA) enforcement programs. We used an analysis of IEPA data and reviews of IEPA's case files, in addition to feedback from IEPA to the draft report, to develop the final report. As you can see, both agencies have committed to follow-up actions in many areas.

If you have any questions, please contact me at 312-886-3000 or Alan Walts, Director, Office of Enforcement and Compliance Assistance, at 312-353-8894 or walts.alan@epa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Mathur".

Bharat Mathur
Deputy Regional Administrator

Enclosure

EPA Region 5 Review of Illinois EPA Enforcement Program Federal Fiscal Year 2008

March 3, 2011

I. EXECUTIVE SUMMARY

EPA uses the State Review Framework (SRF) for nationally consistent and efficient oversight of state compliance and enforcement programs. 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). There are three phases in the review: analyze information from the national data systems; review a limited set of state files; and develop findings and recommendations. EPA and the state consult extensively during the review, to understand what is causing issues and to seek agreement on what actions are needed to address them. This report summarizes findings from the review and planned actions to facilitate program improvements. It is designed to provide factual information and does not make any determinations of program adequacy. EPA also uses information from SRF reports to draw a “national picture” of enforcement and compliance, and to identify any issues that require a national response.

A. Major State Priorities and Accomplishments

- Priorities – Through the 2008/2009 Environmental Performance Partnership Agreement (EnPPA) between IEPA and EPA, two projects were considered to be “Joint Environmental Priorities”: the Midwest Clean Diesel Initiative and cleanup work for the Waukegan Harbor Area of Concern. Beyond these priorities, IEPA work derives from other commitments made to EPA through the partnership agreement. These commitments are noted in Appendix C of this report, through File Metric 4b of each program.
- Accomplishments – See discussion in Section B below.
- Good Practices – Using the definition of “Good Practice” as found on page 19 of this report, no practices are being highlighted.
- Element 13 – IEPA did not submit an Element 13 request.

B. Summary of Results

- Recommendations from Round 1 – Twenty-two of 39 recommendations from Round 1 were considered complete as of the start of Round 2. EPA Region 5 has found in the Round 2 review, however, that some issues identified in Round 1 still exist. As a result, this report offers new recommendations. Region 5 and IEPA will work jointly to act on these recommendations.
- Overall Round 2 Accomplishments
 - RCRA –
 - IEPA has successfully cleaned up the RCRAInfo database to reflect the correct number of Large Quantity Generators (LQGs) operating in Illinois. According to the latest data, 703 LQGs operate in Illinois. Prior to May 2008, the LQG universe in

RCRAInfo was approximately 4000. The database cleanup will affect IEPA's compliance with the inspection goal percentage (20% annual inspection goal and 100% inspection goal every five years.)

- IEPA met its 2008/2009 EnPPA inspection commitments for LQGs, Small Quantity Generators (SQGs), Treatment, Storage, and Disposal Facilities (TSDFs), and Operations and Maintenance Inspections.
- CAA –
 - Round 1 identified numerous minimum data requirements (MDRs) that IEPA was not reporting to Air Facility System (AFS). Since that time, and with the assistance of EPA during monthly compliance and enforcement meetings, IEPA has made significant programming changes to its computer databases (Compliance Tracking and ICEMAN) that have allowed IEPA to electronically report MDRs. EPA and IEPA have been working to jointly improve the quality of IEPA's reporting of the MDRs. In addition, IEPA has been analyzing MDR data in its Compliance Tracking and ICEMAN reports to improve timeliness and the quality of data. EPA and IEPA will continue to work together to improve the quality of the MDR data.
 - IEPA reduced the due date to 20 days for the coding to be completed for Full Compliance Evaluation (FCE)/Partial Compliance Evaluation (PCE) inspections into the ICEMAN database so that the most current data is available for upload to AFS. IEPA commenced a new procedure to upload all MDRs to AFS from Compliance Tracking and ICEMAN databases to the beginning of every month to further improve timely reporting.
- CWA -
 - IEPA entered a high percentage of (optional) minor permit and DMR data into the database.
 - IEPA inspected 73.9% of active major permits, which exceeds both EnPPA and Compliance Monitoring Strategy (CMS) commitments.
 - The 2007 CMS requires a minimum frequency of at least one comprehensive inspection every two fiscal years or 50% for NPDES major point sources. IEPA exceeded this commitment in 2008 for major point sources.
 - IEPA successfully made the conversion from the Permit Compliance System to ICIS-NPDES and worked with EPA to pilot test batching eDMR data into ICIS-NPDES.
 - IEPA increased the level of single event violation (SEV) data, particularly combined sewer overflow and sanitary sewer overflow events into ICIS-NPDES as required in the 2005 National Guidance.
 - The 2008 calendar year Annual Non-compliance Report (ANCR) for NPDES non-majors was compiled and submitted to the region according to schedule.
- RCRA Round 2 Results
 - *Areas that meet program requirements (based on metrics for a particular Element) –* Timeliness of data entry (Element 3), Completion of commitments (Element 4).
 - *Areas for State Attention –* Inspection coverage (Element 5), Quality of inspection reports (Element 6), Return to compliance (Element 9), Penalty calculation method (Element 11). Region 5 believes that IEPA can resolve these concerns without any recommendations.
 - *Areas for State Improvement (Recommendations Required)*
 - Element 1: Data Completeness

- Finding 1-1: Review of the 16 data metrics under Element 1 shows that many of the MDRs were complete. However, formal actions and penalties were not always entered.
- Action 1-1: By March 31, 2011, IEPA must review current data entry procedures to reconcile issues found in this review. By March 31, 2011, IEPA should also provide written procedures and training to staff to resolve data entry problems.
- Element 2: Data Accuracy
 - Finding 2-1: Zero sites were Significant Non-Compliers (SNC)-determined on the same day, or within a week, of the formal action – which is a positive indicator of prompt SNC determinations. However, 147 sites in RCRAInfo were in violation for greater than 240 days without being evaluated for re-designation as SNCs.
 - Action 2-1: By March 31, 2011, IEPA and Region 5 must discuss this finding to see what changes can be made, or new procedures implemented, to lower the number of sites in violation for greater than 240 days and not being evaluated for re-designation as SNCs. Any change must be implemented by March 31, 2011, and written into IEPA standard operating procedures.
- Element 7 – Identification of Alleged Violations
 - Finding 7-1: A review of data shows that 121 of 462 inspections (26.2%) produced identified violations. A review of files shows that 35 of 35 files (100%) produced appropriate violation determinations and were reported in a timely manner.
 - Action 7-1: Region 5 and IEPA will discuss the identification rate of violations at sites with inspections to see if there is an issue with the fact that the violation rate is significantly lower than the rate of Region 5. If an issue exists, IEPA must create procedures by March 31, 2011 that will help the identification of violations and write these procedures into IEPA standard operating procedures.
- Element 8 – Identification of SNC
 - Finding 8-1: IEPA’s SNC identification rate is less than half the national average, which is the national goal. However, seven of seven SNC determinations (100%) were made within the required 150 days. During a review of files, 20 of 25 files (80%) were correct in their determination of SNC.
 - Action 8-1: IEPA must develop a plan that includes guidelines, procedures, and oversight for the identification of SNC by March 31, 2011. The plan should include training staff on the completeness of inspection reports, SNC identification rates, timely SNC determinations, and a mechanism for management oversight to ensure consistency. Procedures in the plan should be written into IEPA standard operating procedures by March 31, 2011.
- Element 10 – Timely and Appropriate Action
 - Finding 10-1: According to RCRAInfo, one of seven SNCs (14%) had formal action taken within 360 days. In regard to the review of files, 19 of

25 enforcement responses for SNCs and SVs (76%) were timely and 22 of 25 (88%) were appropriate.

- Action 10-1: By March 31, 2011, IEPA and Region 5 must discuss the reasons for actions not consistently being timely and appropriate. Solutions to this issue must be implemented by March 31, 2011 and written into IEPA standard operating procedures.
- Element 12 – Final Penalty Assessment and Collection
 - Finding 12-1: Zero penalties have been recorded in RCRAInfo. In regard to the file review, one of three penalty cases (33%) documented the difference between the initial and final penalty; zero of four (0%) documented collection of penalties.
 - Action 12-1: By March 31, 2011 IEPA and Region 5 will jointly decide on appropriate documentation for penalties. The result of this discussion should be recorded in IEPA standard operating procedures by March 31, 2011.
- CAA Round 2 Review Results
 - *Areas that meet program requirements (based on metrics for a particular Element) – None.*
 - *Areas for State Attention – None.*
 - *Areas for State Improvement (Recommendations Required)*
 - Element 1 – Data Completeness
 - Finding 1-1: Review of the 26 data metrics under Element 1 shows that several of the MDRs were not complete. The remaining MDRs were either complete or contained minor discrepancies such as those due to universe changes.
 - Action 1-1: While IEPA has standard operating procedures that are followed to ensure cases move properly through the process, IEPA will update its policy to formalize such procedures by March 31, 2011. The standard operating procedures should also include a process of conducting quality assurance of all MDRs reported to AFS. The formalized procedures should ensure the information is complete and accurately entered in IEPA’s internal databases. IEPA will also include representatives from the Division of Legal Counsel on the monthly conference calls with EPA staff to discuss state lead enforcement cases, specifically High Priority Violations (HPVs). In addition, IEPA should provide training for staff that will be responsible for reporting MDRs to EPA, including linking the discovery date in the HPV pathway in AFS. IEPA should identify the staff involved and inform EPA no later than March 31, 2011. EPA will continue to provide support and assistance to IEPA.

On June 29 through July 1, 2010, EPA provided AFS training to IEPA staff at the Springfield, IL office. IEPA participants included staff from the Field Operation Section, Compliance Section, and Division of Legal Counsel. The purpose of the training was to provide an overall view of

why the states are required to report data to EPA, in addition to what data elements are required to be reported in a timely, accurate, and complete manner. IEPA staff were trained on the minimum data requirements, flagging of sources in AFS according to the CMS policy and state CMS plan submitted to EPA, federally-reportable violation reporting, AFS table file lookup for actions, AFS roadmap to browse, delete and add sources, tracking and reporting of HPVs, and generating and printing a variety of AFS reports. In addition, EPA representatives specifically focused on the Timely and Appropriate Response to HPV Policy and Headquarters Watch List of HPV sources that have not been addressed or resolved in accordance with the HPV policy.

- Element 2 – Data Accuracy
 - Finding 2-1: Two of two MDRs covered by the data metrics under Element 2 met the national goals for accurate data in AFS (100%). A third data metric appeared to contain accurate data. Zero of 30 files from the file review (0%) contained data that was completely accurate in AFS.
 - Action 2-1: See Recommendation 1-1.
- Element 3 – Timeliness of Data Entry
 - Finding 3-1: The national goal for entry of HPVs, compliance monitoring MDRs, and enforcement MDRs is that 100% are entered in 60 days or less. IEPA’s percentages were 6.8%, 63.5%, and 66.7%, respectively.
 - Action 3-1: See Recommendation 1-1.
- Element 4 – Completion of Commitments
 - Finding 4-1: Zero of two FCE commitments (0%) in the EnPPA for IEPA’s FY08 CMS plan were met or exceeded for major and synthetic minor sources at or above the 80% threshold. EPA retrieved a report of the FCEs conducted and reported by IEPA to AFS for FY 2008. At that time, it appeared that IEPA met their commitment under the EnPPA for major sources and exceeded the commitment for synthetic minors. However, after reviewing the documentation in the files, some FCEs were not complete as defined by the CMS policy. In regard to non-FCE commitments, three of five commitments were met (60%). The two that were not met were in regard to proper entry of MDRs and reporting of HPVs to AFS.
 - Action 4-1: See Recommendation 1-1. The issue of incomplete FCEs is covered under Elements 5 and 6.
- Element 5 – Inspection Coverage
 - Finding 5-1: It initially appeared from the reporting to AFS that IEPA met commitments in the EnPPA for the number of FCEs at major and SM-80 sources, but 11 of the 19 reviewed files (58%) did not contain all the required elements of FCEs as defined by national CMS policy and could not be counted as complete FCEs. As a result, the EnPPA commitment has not been met.
 - Action 5-1: IEPA must ensure all of the elements of FCEs as defined by the national CMS policy are met, as appropriate, in order to report them to AFS as FCEs. IEPA must develop a plan that includes guidelines,

procedures, and oversight for the completion of FCEs by March 31, 2011. Solutions to identify issues that are included in the plan must be written into IEPA standard operating procedures by March 31, 2011.

- Element 6 – Quality of Inspection or Compliance Evaluation Reports
 - Finding 6-1: Eight of 19 FCEs reviewed (42%) met the definition of a FCE per CMS policy. Eight of 19 Compliance Monitoring Reports (CMRs) reviewed (42%) provided sufficient documentation to determine compliance at the facility.
 - Action 6-1: EPA recommends that IEPA consider the use of a checklist to identify all emission units, applicable requirements, required records, and applicable pollutants, including what was specifically observed for the FCE and what was found. IEPA must develop a plan that includes guidelines, procedures, and oversight for the completion of CMRs by March 31, 2011. Solutions to identified issues that are included in the plan must be written into IEPA standard operating procedures by March 31, 2011.
- Element 7 – Identification of Alleged Violations
 - Finding 7-1: Eighteen point two percent (18.2%) of facilities with a failed stack test had noncompliance status, which is below the national goal of half the national average. Two of 19 CMRs reviewed (11%) had compliance determinations that were reported to AFS accurately compared to the information in the CMR or files for the time period of the review. Sixteen of the files were reported to AFS with an unknown compliance status and one facility should have been reported as shut down.
 - Action 7-1: Beginning immediately, IEPA should maintain accurate, complete, and timely data reported to AFS. IEPA must report all MDRs with an accurate compliance determination, including those in regard to failed stack tests, as committed and agreed upon in the FY2010/2011 EnPPA with EPA. Solutions to identified issues that are included in this report must be written into IEPA standard operating procedures by March 31, 2011.
- Element 8 – Identification of HPV
 - Finding 8-1: IEPA met several data metrics associated with HPVs under this Element. However, the file review showed that only 15 of 23 files with violations (65%) were accurately determined to be HPVs. Eight files were not accurately determined or reported as HPVs to AFS.
 - Action 8-1: IEPA Bureau of Air has a Violator Classification form which contains source name, source ID number, violation description, HPV criteria, type of source (major, synthetic minor, or minor), and classification (Class 1a, Class 1b, or Class 3). This form is instrumental in identifying HPVs, but was not always used and included in the CMRs or facility case files used in the file review. Beginning immediately, IEPA should include the form in the CMRs or facility case files in classifying sources identified as HPVs or significant violations. Solutions to identified issues that are included in this report must be written into IEPA standard operating procedures by March 31, 2011.

- Element 9 – Return to Compliance
 - Finding 9-1: Five of five formal enforcement responses (100%) included corrective action. However, seven additional enforcement responses were addressed and resolved informally, which is an inappropriate way to resolve HPVs according to EPA’s national policy.
 - Action 9-1: EPA and IEPA are currently discussing alternatives to resolution of HPVs that are acceptable under EPA HPV policy. Solutions to this issue must be written into IEPA standard operating procedures by March 31, 2011.
- Element 10 – Timely and Appropriate Action
 - Finding 10-1: Forty-five point five percent (45.5%) of HPVs are not meeting timeliness goals according to a review of AFS. In regard to a review of files, one of six formal enforcement responses reviewed (17%) were addressed in a timely manner; eight of 15 responses for HPVs (53%) were appropriately addressed.
 - Action 10-1: EPA and IEPA are currently discussing alternatives to resolution of HPVs that are acceptable under EPA HPV policy. Solutions to this issue must be written into IEPA standard operating procedures by March 31, 2011.
- Element 11 – Penalty Calculation Method
 - Finding 11-1: Three of six files (50%) documented initial penalty calculations that included both gravity and economic benefit.
 - Action 11-1: IEPA must develop a penalty calculation worksheet to be used and included in the case file by March 31, 2011. The worksheet should include the process considered or taken to include economic benefit and gravity in the penalty calculation. If the economic benefit information is unavailable prior to referral to the Attorney General’s Office, the lack of information will be documented in the facility case file. If the Attorney General’s Office provides such information after the case has been referred, IEPA will place that information in the case file. If the economic benefit is considered to be zero given a case situation, the worksheet should document the reason.
- Element 12 – Final Penalty Assessment and Collection
 - Finding 12-1: Seventeen point nine percent (17.9%) of HPV actions contain a penalty, which is below the national goal of at least 80%. In regard to the file review, one of five cases with penalties (20%) contained documentation of the difference between the initial and final penalties. Five of five (100%) contained documentation that penalties had been collected.
 - Action 12-1: EPA and IEPA will discuss what is appropriate penalty calculation documentation required for enforcement case files. The use of penalties for cases involving HPVs should be included in any discussions. IEPA must add the result of the agreement to its standard operating procedures by March 31, 2011.

- CWA Round 2 Review Results

- *Areas that meet program requirements (based on metrics for a particular Element) – None*
- *Areas that could not be assessed - Timeliness of data entry (Element 3)*
- *Areas for State Attention –Inspection coverage (Element 5), Return to compliance (Element 9), Penalty calculation method (Element 11), Region 5 believes that IEPA can resolve these concerns without any recommendations.*
- *Areas for State Improvement (Recommendations Required)*
 - **Element 1 - Data Completeness**
 - Finding 1-1: Review of 26 data metrics under Element 1 shows that several of the MDRs were not complete. The remaining MDRs were either complete or contained minor discrepancies such as those due to universe changes.
 - Action 1-1: By March 31, 2011, IEPA must review current data entry procedures to reconcile issues found in this review. By March 31, 2011, IEPA should also provide written procedures and training to staff to resolve data entry problems.
 - **Element 2 – Data Accuracy**
 - Finding 2-1: Thirty point four percent (30.4%) of major facility actions were linked to violations in ICIS-NPDES and 55% of data in the reviewed files was accurately reflected in ICIS-NPDES.
 - Action 2-1: By March 31, 2011, IEPA must review current data entry procedures to reconcile issues found in this review. By March 31, 2011, IEPA should also provide written procedures and training to staff to resolve data entry problems.
 - **Element 4 – Completion of Commitments**
 - Finding 4-1: Two of three inspection commitments (67%) were met, while three of 12 non-inspection commitments (25%) were met.
 - Action 4-1: In regard to EnPPA commitments that were not met, actions found in other parts of this report will address these issues.
 - **Element 6 – Quality of Inspection or Compliance Evaluation Reports**
 - Finding 6-1: Sixteen of 25 reviewed inspection reports were complete (64%), 16 of 25 provided sufficient information to lead to an accurate compliance determination (64%), and 14 of 25 were timely (56%).
 - Action 6-1: IEPA must develop a plan that includes guidelines, procedures, and oversight for the completion of inspection reports by March 31, 2011. Solutions to identified issues that are included in the plan must be written into IEPA standard operating procedures by March 31, 2011.
 - **Element 7 – Identification of Alleged Violations**
 - Finding 7-1: Fifty percent (50%) of facilities have unresolved compliance schedule violations and 34.6 % of facilities have unresolved permit schedule violations. Sixteen of 25 reviewed inspection files (64%) led to an accurate violation determination.
 - Action 7-1: IEPA must develop a plan that includes identification of violations and resolution of compliance schedule and permit schedule violations by March 31, 2011. Solutions to identified issues that are

included in the plan must be written into IEPA standard operating procedures by March 31, 2011.

- Element 8 – Identification of SNC
 - Finding 8-1: Four of six inspection files reviewed (67%) included SEVs that were accurately identified as SNC and reported timely. IEPA's SNC rate is 16.5%, which is lower than the national average and thus a positive indicator.
 - Action 8-1: By March 31, 2011, IEPA must review national guidance on reporting SEV and train staff in its implementation.
- Element 10 – Timely and Appropriate Action
 - Finding 10-1: Seven of twelve IEPA enforcement actions (58.3%) are timely. However, several IEPA actions do not satisfy the national definition of appropriate action for resolution of SNCs. Also, coding of IEPA informal actions Compliance Commitment Agreements (CCAs) as formal actions is not consistent with national policy.
 - Action 10-1: By March 31, 2011, IEPA and Region 5 must discuss appropriate use and coding of CCAs and come up with solutions that take into account EPA policy as well as Illinois law. Solutions to this issue must be implemented by March 31, 2011 and written into IEPA standard operating procedures.
- Element 12 – Final Penalty Assessment and Collection
 - Finding 12-1: One of six files that contained penalties (17%) documented the difference between the initial and final penalty. Five of seven penalty cases (71%) documented collection of penalties.
 - Action 12-1: By March 31, 2011, IEPA and Region 5 will jointly decide on appropriate documentation for penalties. The result of this discussion should be recorded in IEPA standard operating procedures by March 31, 2011.

C. Significant Cross-Media Findings and Recommendations

- Overall Compliance Monitoring and Enforcement Process – In conducting our review of IEPA's enforcement, Region 5 encountered instances in which it found questions or issues in several areas that seem to span the three programs of the review. As a result, Region 5 made a strong recommendation to IEPA as it was creating this report that face-to-face meetings occur between appropriate IEPA managers and staff to discuss the following topics and resolve any possible issues. The scope of these discussions would cover all three programs. IEPA agreed to the recommendation and a meeting subsequently occurred at IEPA's Springfield office between Region 5/IEPA managers and staff in which the topics were initially discussed. Region 5 and IEPA continue to engage with the intended result to be a set of procedures that will resolve questions and issues in each of the areas.
 - IEPA's General Process – including Illinois' Environmental Protection Act and the relation between IEPA, the Illinois Office of Attorney General, and the Illinois Pollution Control Board.
 - Use and Coding of CCAs in the context of timely and appropriate enforcement requirements.

- IEPA Policy/Guidance – including the discussion of IEPA’s previous Enforcement Management System (EMS). During this review, EPA reviewers were told that the EMS was no longer operable. Region 5 believes that to resolve certain issues found in this report, the EMS (or similar policy/guidance) should be updated and used to govern IEPA compliance monitoring and enforcement actions.
- Administrative Authority – the question of seeking this authority to make enforcement of violations more timely and appropriate in some cases.
- Data Completeness, Accuracy, and Timeliness – This is an issue across all three programs at IEPA. Region 5 will work with each on an individual basis to resolve data issues.
- Penalty Calculation and Documentation – This is an issue across all three programs at IEPA and might stem from lack of policy. Region 5 will discuss this issue with all three programs.

II. BACKGROUND INFORMATION ON STATE PROGRAM AND REVIEW PROCESS

A. General Program Overview

- Agency Structure: IEPA is organized into several divisions/offices. For purposes of the SRF, Region 5 worked with IEPA's Bureau of Air, Bureau of Land, and Bureau of Water. IEPA's Headquarters office is in Springfield, IL, but it also has field offices in Champaign, Collinsville, Elgin, Elk Grove, LaSalle, Marion, Moline, Des Plaines, Peoria, and Rockford.
- Compliance/Enforcement Program Structure: The program divisions/offices listed above conduct compliance assurance, but work with the IEPA's Division of Legal Counsel to issue informal actions and prepare referrals for formal actions to the Illinois Attorney General. The following is a description of enforcement procedures that IEPA follows:
 - *Informal Warning Letters* – Section 31 of the Illinois Environmental Protection Act (Act), as described below, requires that certain actions be taken when violations of the Act are found. However, an informal warning letter called the Noncompliance Advisory (NCA) can be used, if appropriate, in lieu of the procedures under Section 31 of the Act. It is available for violations of lesser significance. If the NCA results in a return to compliance in a set amount of time, the compliance is documented and no further action is taken. If compliance does not occur in a timely manner, the procedures under Section 31 are then followed.
 - *Pre-Enforcement Procedures* – Section 31 of the Act requires that IEPA issue a Violation Notice (VN) within 180 days of becoming aware of a violation. The alleged violator must respond within 45 days of receipt of the VN with rebuttal information, a proposed CCA, and a meeting if desired. If the alleged violator does not respond, IEPA does not have further procedural obligations under Section 31. IEPA can accept, modify, or reject the CCA depending on its contents, but a return to compliance must happen in a timely manner. If the decision is to reject the CCA, or if a failure to comply with the CCA is discovered, a decision will be made to refer or defer enforcement, or conduct no enforcement.
 - *Section 31 Enforcement Referral Procedures* – If formal enforcement is chosen to resolve a violation, one option is to refer enforcement to the Illinois Attorney General's Office. When this decision is made, IEPA must send a Notice of Intent to Pursue Legal Action letter to the alleged violator under Section 31. The case is then pursued in one of two routes: 1) through the Illinois circuit court, which can issue a circuit court order that is independently enforceable if violated, or 2) through Illinois' Pollution Control Board, which can issue an order (including penalties) that is not independently enforceable if violated. If a Pollution Control Board order is violated, the matter can then be sent to the state circuit court.
 - *Section 43 Enforcement Referral Procedures* – In cases of substantial danger to the environment or to public health, IEPA can refer cases to the Attorney General under Section 43 of the Act. In these circumstances, the Attorney General can institute a civil action for an immediate injunction to halt the dangerous activity. The state court may issue an ex parte order and schedule a hearing on the matter within three days of the injunction.

- *Referrals to EPA* – IEPA may refer cases to EPA during or after following the Section 31 procedures mentioned above if it is judged that this is the best course of action needed for the case.
- *Criminal Referrals* – Cases that are deemed criminal will be processed by criminal staff within IEPA. A decision can be made to refer a criminal case to the Attorney General, the Illinois State Police, or to the State’s Attorney in the county where the violation occurred. Another possible decision is to divert the case back to the civil enforcement process.
- Roles and Responsibilities: See bullet above for detailed roles and responsibilities. In summary, IEPA only has the authority to conduct informal enforcement. If formal enforcement is warranted, it must be done through a referral to the Illinois Attorney General’s office or EPA.
- Local Agencies Included/Excluded from Review: No local agencies are delegated directly by EPA to conduct work in the programs under the SRF. As a result, no local agencies were chosen for an independent SRF review. However, files for the IEPA review cover multiple IEPA field locations – thus representing action across the state. IEPA has agreements in place with Chicago and Cook County to conduct some compliance monitoring activities.
- Resources:
 - RCRA –
 - HQ FTE (current or FY08) – No state information provided.
 - Field Office FTE (current or FY08) - No state information provided.
 - Resource Constraints – the program is not fully funded by the state or EPA. This represents a significant resource constraint.
 - CAA –
 - HQ FTE (current or FY08) – In FY08, a total of 52 technical and non-managerial full-time equated (FTEs) positions performed enforcement (4), compliance (9), and field inspection (39) activities.
 - Field Office FTE (current or FY08) - In FY08, a total of 39 (included in HQ FTE above) technical FTEs performed inspections throughout the state.
 - Resource Constraints – between Rounds 1 and 2 of the SRF, technical and non-managerial staff working on compliance issues (inspection, compliance, and enforcement) was reduced 11% (59 employees during Round 1 and 52 during Round 2).
 - CWA –
 - HQ FTE (current or FY08) – No state information provided.
 - Field Office FTE (current or FY08) - No state information provided.
 - Resource Constraints – The 2008-2009 EnPPA commits to support seven work years with federal and state funds.
- Staffing/Training:
 - Staffing (all programs) – All hiring occurs through IEPA’s Office of Human Resources which uses the Department of Central Management Services Classification Plan System for classifying and updating the minimum qualifications for all positions. The Classification Plan System for the state is designed to provide a system of classifying positions based on similarity of duties performed, responsibilities assigned and conditions of employment so that the same schedules of pay may be equitably applied to all positions in the same class. The Department of Central Management Services maintains written specification of each class created under this Position Classification Plan. The

specifications include the class title, distinguishing features of work, illustrative examples of work and requirements including education and/or specialized skills needed. IEPA sends a job description to Central Management Services that identifies the job duties and requirements (education and skills) of the positions for each specific job each time a program establishes a new position. Central Management Services approves the classification title which corresponds to the pay grade and notifies the programs so that they can proceed with recruitment. The position description is reviewed for qualifications, special requirements, and duties each time the position is vacant and/or on a periodic basis.

- Training (RCRA) – Maintaining staff proficiency in critical technical discipline areas (e.g., chemistry, biology, geology, engineering, data system management, etc.) is the joint responsibility of the individual filling the position and that person’s supervisor. Personal development needs are identified and documented as part of the annual performance review process. In addition, the Bureau’s Training Coordinator identifies staff training needs through a yearly assessment called the Training Needs Analysis (TNA). From the TNA, courses are developed and provided to staff. The QAO will work with the Training Coordinator in developing QA/QC training and for determining what positions will be required to take QA/QC training. Required training includes courses in health and safety, Quality Assurance, and Project Management Training.
- Training (CAA) – Maintaining staff proficiency in critical technical discipline areas (e.g., source sampling training, inspector training, regulations, etc.) is the joint responsibility of the individual filling the position and that person’s supervisor. Personal development needs are identified and documented as part of the annual performance review process. In addition, the Bureau’s Training Coordinator identifies staff training needs through a yearly assessment called the Training Needs Analysis (TNA). From the TNA, courses are researched and developed, oftentimes with EPA, LADCO, and various colleges, and then provided to staff. Some required training includes courses in health and safety (initial 40-hour HAZWOPER training, and 8-hour annual HAZWOPER refresher), basic and advanced inspector training, asbestos inspector training, homeland security training, visible emission evaluation training, and general technical training courses.
- Data Reporting Systems/Architecture:
 - RCRA – IEPA enters compliance and enforcement data directly into RCRAInfo.
 - CAA – In the past couple of years, the Compliance Section of the Bureau of Air has made significant revisions to its computer program (VN Tracking – now called Compliance Tracking with all of the new additions that take it beyond just violation notices) that have allowed the Bureau of Air to work towards the goal of meeting the reporting of the MDRs. Each of the changes required substantial programming or reprogramming of the Compliance Tracking software to implement both the ability to enter data and to export it to AFS. Items that have been implemented include:
 - Inclusion of stack tests and all associated data (e.g., results code)
 - Inclusion of Title V annual compliance certification receipt and review plus associated data (e.g., results code)
 - Revision to send all violation notices, not just HPVs, to AFS
 - Addition of HPV violation type code
 - Addition of HPV violating pollutant(s)
 - Addition of HPV lead indicator

- Addition of enforcement orders and penalties (and associated linking)
- Addition of consent decrees (and associated linking)
- Revision to account for a compliance commitment agreement accepted no longer being considered an addressing action
- Revision to account for new compliance commitment agreement action type codes (accepted and rejected)
- IEPA is also finalizing a revision that increases the length of the action number field from three to five digits to be consistent with changes made in AFS.

It is a multi-step process to submit data to AFS and keep the Bureau of Air system synchronized with AFS. Those steps are as follows:

- Users generate an export file from the Compliance Tracking database that contains new data/actions that have been entered since the last update. These actions are generated with the “create next action number” capability of AFS.
- This file is run through the AFS update process.
- An AFS work file is generated for the data that was just loaded to obtain the action numbers that were assigned in AFS.
- The work file created above is loaded into Compliance Tracking and the action numbers are now associated with the actions.
- Another export file is created from Compliance Tracking. The result of this file is usually all the linking action transactions (now that we have the action number field).
- The second export file is uploaded to AFS and run through the update process.
- A second work file is downloaded from AFS in case any new action numbers were generated with the last upload.
- The second work file is loaded into Compliance Tracking.
- CWA – IEPA enters compliance and enforcement data directly into ICIS-NPDES. However, it’s significant to note that IEPA uses a CROMERR approved eDMR system that allows the electronic reporting of NPDES Discharge Monitoring Reports to the state. The eDMR system significantly reduces paperwork and improves speed and accuracy in reporting and transmitting data to ICIS-NPDES.

B. Process for SRF Review

- Review Period: Federal Fiscal Year 2008
- Key Dates:
 - February 19, 2009 – Region 5 and IEPA hold Opening Meeting.
 - March 20, 2009 – Region 5 sends IEPA official OTIS data pull.
 - June 16-18, 2009 – Region 5 CAA and CWA programs conduct file reviews.
 - July 14-21 2009 – Region 5 RCRA program conducts file review.
 - August 3, 2009 – Region 5 sends official Preliminary Data Analysis.
 - October 6-7, 2009 – Region 5 CWA program conducts reviews on additional files.
- Communication with IEPA: Throughout the SRF process, Region 5 communicated with IEPA through official letters sent to the IEPA Director and continual conversations by phone and email. During the Opening Meeting, Region 5 conducted a brief training of SRF Round 2 procedures and discussed issues and timelines for implementation in Illinois. In regard to file

reviews, Region 5 opened each review with a meeting with IEPA personnel to discuss the file review steps, and then closed each review with a discussion of initial file review results.

- Connection to Other Reviews: Region 5 conducts regular reviews of IEPA programs beyond the State Review Framework review. In addition, Region 5 is currently conducting a special review of IEPA performance in regard to the implementation of the Concentrated Animal Feeding Operation (CAFO) program under the Clean Water Act. These reviews address some of the topics included in this report.
- State and Region Contacts:
 - SRF Coordinators – Andrew Anderson/R5 (312-353-9681), John Kim/IEPA (217-785-8628)
 - CWA – Ken Gunter/R5 (312-353-9076), James Coleman/R5 (312-886-0148), Kate Balasa/R5 (312-886-6027), Sudhir Desai/R5 (312-886-6704), Mike Garretson/IEPA (217-782-9720), Bruce Yurdin/IEPA (217-782-9143), Roger Callaway/IEPA (217-782-9720)
 - RCRA – Lorna Jereza/R5 (312-353-5110), Spiros Bourgikos /R5 (312-886-6862), Graciela Scambiaterra/R5 (312-353-5103), Mike Davison/IEPA (217-782-9295)
 - CAA – Brent Marable/R5 (312-886-6812), Rochelle Marceillars/R5 (312-353-4370), Ray Pilapil/IEPA (217-782-5811), David Bloomberg/IEPA (217-782-4949), Julie Armitage/IEPA (217-782-5544), Steve Youngblut (217-557-8675)

III. STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEW

During the first SRF review of IEPA's compliance and enforcement programs in 2006, Region 5 and IEPA 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.

Region	State	Status	Due Date	Media	Element	2005 Finding	Recommendation
Region 05	IL - Round 1	Completed	10/30/2007	CAA	Insp Universe	CMS plans not submitted.	Submit CMS plan by September 30 of the relevant fiscal year.
Region 05	IL - Round 1	Working	12/31/2010	CAA	Penalty Calculations	Penalty calculations not documented.	Include calculations of all assessed penalties in enforcement case file and calculate BEN, when appropriate. If BEN is not used, document the rational in enforcement case file.
Region 05	IL - Round 1	Working	12/31/2010	CAA	Insp Universe, Data Timely, Data Complete	MDRs not reported to AFS.	Report all MDRs in a timely, complete, and accurate manner.
Region 05	IL - Round 1	Completed	12/31/2009	CAA	Insp Universe, Data Timely, Data Complete	Inspection reports duplicate content and do not provide enough detail.	Send memo to field inspectors about duplication of report content from previous CMR and provide detailed enforcement history in background section of the CMR.
Region 05	IL - Round 1	Working	12/31/2010	CAA	Return to Compliance	Return to compliance not being achieved in many cases.	Create guidance that defines for the CDG when a case should be referred to the AGO or EPA or when the CCA process should be used.
Region 05	IL - Round 1	Working	12/31/2010	CAA	Timely & Appropriate Actions	CCAs not being resolved within a year.	Commit to resolving CCAs within a year.
Region 05	IL - Round 1	Working	12/31/2010	CAA	Timely & Appropriate Actions	Cases exceeding 270 day resolution deadline.	Refer cases to EPA that will exceed the 270 day resolution deadline.
Region 05	IL - Round 1	Working	12/31/2010	CAA	Penalty Calculations	Penalty calculations not documented.	Update the EMS to include additional instructions on calculation and documentation of penalties.
Region 05	IL - Round 1	Working	12/30/2007	CAA	SNC Accuracy	Issue with HPV identification definitions.	Revise violator classification form to add HPV criteria codes with HPV definitions.
Region 05	IL - Round 1	Completed	12/30/2007	CAA	Data Timely, Data Complete	MDRs not reported to AFS.	Create plan to report all MDRs in a timely, complete, and accurate manner.
Region 05	IL - Round 1	Completed	12/30/2007	CAA	Data Timely, Data Complete	MDRs not reported to AFS.	Conduct training to staff on MDR reporting.
Region 05	IL - Round 1	Completed	12/30/2007	CAA	Data Timely, Data Complete	MDRs not reported to AFS.	Report all Violation Notices.
Region 05	IL - Round 1	Working	12/31/2010	CWA	Return to Compliance	CCAs not being properly coded in PCS.	Properly code CCAs in PCS.

Region 05	IL - Round 1	Working	12/31/2010	CWA	Insp Universe	Need inspection strategy.	Develop interim inspection strategy.
Region 05	IL - Round 1	Completed	10/30/2007	CWA	Timely & Appropriate Actions	Manual overrides improperly used in some circumstances.	Use manual overrides properly per guidance.
Region 05	IL - Round 1	Working	12/31/2010	CWA	Penalty Calculations	Penalty calculations not documented.	Document gravity and economic benefit calculations in all files.
Region 05	IL - Round 1	Working	12/31/2010	CWA	Violations ID'ed Appropriately	Inspections not classified per national definitions.	Revise inspection classifications.
Region 05	IL - Round 1	Working	12/31/2010	CWA	Violations ID'ed Appropriately	RECON inspection process needs to be updated in state policy.	Update Field Inspection Strategy and Plan to include current RECON processes.
Region 05	IL - Round 1	Working	12/31/2010	CWA	Penalty Calculations	Penalty calculations not documented.	Update EMS for documentation of penalty calculations.
Region 05	IL - Round 1	Working	12/31/2010	CWA	Penalties Collected	Penalty collection information not documented.	Issue guidance for appropriate location of penalty collection information
Region 05	IL - Round 1	Completed	12/30/2007	CWA	Data Timely	All required information not being reported to PCS.	Develop or improve process for timely, complete, and accurate data entry into PCS.
Region 05	IL - Round 1	Working	12/31/2010	CWA	Data Complete	Compliance schedule violation date coded erroneously.	Develop and implement a plan to address erroneous compliance schedule violations.
Region 05	IL - Round 1	Working	12/31/2010	CWA	Violations ID'ed Timely	Timeline for inspection report completion not formal.	Revise EMS to include target for inspection report completion.
Region 05	IL - Round 1	Working	12/31/2010	CWA	Return to Compliance	Some facilities are not coming back into compliance.	Revise EMS to be clear when formal action is required and when CCAs can be used.
Region 05	IL - Round 1	Completed	10/30/2007	RCRA	SNC Accuracy	SNCs not reported completely and in a timely manner.	Identify all SNCs and report to RCRAInfo in a timely manner.
Region 05	IL - Round 1	Completed	10/30/2007	RCRA	Return to Compliance	No injunctive relief/compliance schedule in Orders.	Include injunctive relief/compliance schedule with enforcement actions.
Region 05	IL - Round 1	Completed	10/30/2007	RCRA	Penalty Calculations	Penalty calculations not documented.	Document gravity and economic benefit calculations in all files.
Region 05	IL - Round 1	Completed	10/30/2007	RCRA	Data Timely	SNC inputs not timely.	Enter SNCs into RCRAInfo within 30 days.
Region 05	IL - Round 1	Completed	10/30/2007	RCRA	Data Accurate	Non-timely SNC reporting.	Implement procedure to track and identify SVs in noncompliance more than 240 days.
Region 05	IL - Round 1	Completed	10/30/2007	RCRA	Data Accurate	Non-timely SNC reporting.	Correct reporting errors for seven facilities.
Region 05	IL - Round 1	Completed	10/30/2007	RCRA	Data Complete	Data counts not confirmed and discussed.	Report IL data counts and compare to RCRAInfo.
Region 05	IL - Round 1	Completed	10/30/2007	RCRA	Data Complete	Universe counts unknown.	Provide updates on all universe and action counts on quarterly conference calls

Region 05	IL - Round 1	Completed	12/31/2009	RCRA	Insp Universe	Universe counts in RCRAInfo not correct.	Clean up RCRAInfo in regard to universe counts.
Region 05	IL - Round 1	Completed	12/30/2007	RCRA	Violations ID'ed Appropriately	Incomplete inspection reports.	Develop policy for complete inspection reports.
Region 05	IL - Round 1	Completed	12/30/2007	RCRA	Violations ID'ed Appropriately	Incomplete inspection reports.	Conduct training on components of inspection report.
Region 05	IL - Round 1	Completed	12/30/2007	RCRA	Violations ID'ed Timely	Inspection reports are not dated.	Begin dating inspection reports.
Region 05	IL - Round 1	Completed	12/30/2007	RCRA	Violations ID'ed Timely	No timelines for inspection reports.	Create policy for inspection report timeline.
Region 05	IL - Round 1	Completed	12/30/2007	RCRA	Penalty Calculations	Penalty calculations not documented.	Update EMS for documentation of penalty calculations.
Region 05	IL - Round 1	Completed	4/29/2008	RCRA	Insp Universe	All TSDFs not inspected as required.	Conduct all planned TSDF inspections.

IV. OVERALL FINDINGS AND RECOMMENDATIONS

This section identifies: the Findings from the review of the data and file metrics; whether the issues identified are simply being brought to the state’s attention or need corrective measures; the state’s input on the findings and recommendations; and, if corrective measures are needed, the actions agreed upon between the Region and the state. Due dates in the Explanation and State Response sections of the following tables reflect EPA and State discussions in developing the draft SRF report. Due dates in the Action section of the tables are those pertinent to this final SRF report.

Findings represent the Region’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. There are four types of findings, which are described below.

Finding	Description
<p>Good Practices</p>	<p>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.</p>
<p>Meets SRF Program Requirements</p>	<p>This indicates that no issues were identified under this Element.</p>
<p>Areas for State* Attention</p> <p>*Or, EPA Region’s attention where program is directly implemented.</p>	<p>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.</p>
<p>Areas for State* Improvement – Recommendations Required</p> <p>*Or, EPA Region’s attention where program is directly implemented.</p>	<p>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.</p>

Resource Conservation and Recovery Act

Resource Conservation and Recovery Act		
Element 1. Data Completeness. Degree to which the Minimum Data Requirements are complete. (example, correct codes used, dates are correct, etc.)		
1-1	Finding	Review of the 16 data metrics under Element 1 shows that many of the MDRs were complete. However, formal actions and penalties were not always entered.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Review of the data metrics indicates that in FY'08, mandatory data was not always reflected in RCRAInfo. IEPA has indicated that they will be entering identified FY08 data into RCRAInfo, but Region 5 wants to ensure that future data be entered into RCRAInfo as well. Transparency in the national database is important for the public, regulated community, and national RCRA targeting/planning.</p> <p>Recommended Action: By January 31, 2011, IEPA must review current data entry procedures to reconcile issues found in this review. By January 31, 2011, IEPA should also provide written procedures and training to staff to resolve data entry problems.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> Review of the 16 data metrics under Element 1 shows that many of the MDRs were complete. However, formal actions and penalties were not always entered.
	State Response	By January 31, 2011, data entry for formal actions and penalties will be incorporated into enforcement procedures.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> By March 31, 2011, IEPA will review current data entry procedures to reconcile issues found in this review. By March 31, 2011, IEPA will provide written procedures and training to staff to resolve data entry problems.

Resource Conservation and Recovery Act		
Element 2. Data Accuracy. Degree to which the Minimum Data Requirements are accurate. (example, correct codes used, dates are correct, etc.)		
2-1	Finding	Zero sites were SNC-determined on the same day, or within a week, of the formal action – which is a positive indicator of prompt SNC determinations. However, 147 sites in RCRA info were in violation for greater than 240 days without being evaluated for re-designation as SNCs.
	This finding is 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 – Recommendation(s) Required

	<p>Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)</p>	<p>The number of sites in violation for greater than 240 days is high. The RCRA Enforcement Response Policy (ERP) states that sites designated as secondary violators should be re-designated as SNCs if the violators do not return to compliance in 240 days. Either this is not occurring, or the return to compliance is not being entered into RCRAInfo on a timely basis. Round 1 identified this element as a finding and IEPA agreed to implement a procedure using Online Tracking Information System (OTIS) to track and identify secondary violators (SVs) in noncompliance more than 240 days.</p> <p>Recommended Action: By January 31, 2011, IEPA and Region 5 must discuss this finding to see what changes can be made, or new procedure implemented, to lower the number of sites in violation for greater than 240 days and not re-designated as SNCs. Any changes must be implemented by January 31, 2011 and written into IEPA standard operating procedures.</p>
	<p>Metric(s) and Quantitative Values</p>	<ul style="list-style-type: none"> • Data Metric 2A1S – 0 sites were SNC-determined on the day of the formal action. • Data Metric 2A2S – 0 sites were SNC-determined within one week of the formal action. • Data Metric 2B0S – 147 sites in RCRAInfo have been in violation for greater than 240 days without being evaluated for re-designation as SNCs. • File Metric 2C - 34 of 35 inspection and enforcement files (97%) had data that were reflected accurately in RCRAInfo.
	<p>State Response</p>	<p>“Re-designated” in Recommendation 2-1 should be replaced with the phrase “evaluated for re-designation” to conform to the language used in Finding 2-1. The federal Hazardous Waste Enforcement Response Policy (ERP) states, “If the violator does not come into compliance within 240 days of Day Zero, then the implementing agency should re-classify the facility as a SNC, if appropriate, in accordance with Section VI below.” Illinois EPA believes the use of the qualifier “if appropriate” requires an evaluation to determine if re-designating a secondary violator as a SNC is appropriate. The qualifier “if appropriate” is also used in Section VI of the ERP.</p> <p>Illinois EPA has already implemented a procedure to evaluate secondary violators for re-designation as a SNC, if appropriate. Each quarter a report is created from RCRAInfo that lists all sites in violation for greater than 240 days, including each violation for which the State is the responsible agency. This report is sent to the regional managers and the Compliance Unit manager for their review or their staff’s review. If they believe a secondary violator should be re-designated as a SNC, they are required to submit a Request for Enforcement Decision memorandum to the Enforcement Decision Group for a formal SNC determination.</p> <p>Many of the sites in RCRAInfo in violation for greater than 240 days have actually returned to compliance (RTC) or have violations that are not resolvable, but their status has not been adequately documented in the Bureau of Land (BOL) files. For these sites a memorandum is required, at a minimum, explaining why the violations are returned to compliance or otherwise not resolvable. RCRAInfo will then be updated with RTC dates and the appropriate RTC qualifier. This process does require significant resources to review the files, especially for the older violations, so it will take some time to review all the files that may have returned to compliance or are not resolvable.</p> <p>Under this procedure the number of sites in violation for greater than 240 days has been reduced to 118 as of October 28, 2010. By January 31, 2011, the IEPA will discuss this updated procedure with U.S. EPA to assure that it addresses U.S. EPA’s concerns.</p>
	<p>Action(s) (include any uncompleted actions from Round</p>	<ul style="list-style-type: none"> • By March 31, 2011, IEPA and Region 5 will discuss this finding to see what changes can be made, or new procedure implemented, to lower the number of sites in violation for greater than 240 days and not being evaluated for re-

	1 that address this issue.)	<p>designation as SNCs.</p> <ul style="list-style-type: none"> Any changes will be implemented by March 31, 2011 and written into IEPA standard operating procedures.
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Resource Conservation and Recovery Act		
Element 3. Timeliness of Data Entry. Degree to which the Minimum Data Requirements are timely.		
3-1	Finding	Using the data metric for this Element as a basis for the finding, IEPA meets the SRF Program Requirements for timely Minimum Data Requirements.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> Data Metric 3A0S – 0 of 7 SNCs (0%) were entered into RCRAInfo 60 days or more after designation.
	State Response	Meets program requirements.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> No action needed.

Resource Conservation and Recovery Act		
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 are completed.		
4-1	Finding	Using the file metrics for this Element as a basis for the finding, IEPA meets the SRF Program Requirements for completion of commitments.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Through the 2008/2009 EnPPA, IEPA committed to inspections at 211 LQGs, 20 TSDFs, and 192 SQGs. Respectively, 208, 24, and 299 were conducted. IEPA also committed to 19 O&M inspections; 15 were conducted, but the remaining 4 were not necessary or should not have been included in the universe.</p> <p>IEPA also committed to four actions beyond inspections. All of these actions have been accomplished.</p>
	Metric(s) and Quantitative Values	
	State Response	Meets program requirements.

	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> No action needed.
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Resource Conservation and Recovery Act		
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).		
5-1	Finding	IEPA and EPA inspected 603 of 700 LQGs (86.1%) over five years. The national goal is 100% of LQGs inspected.
	This finding is 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(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	Region 5 currently assists IEPA in meeting its LQG inspection goals by committing a certain number of LQG inspections on its own. The Preliminary Data Analysis indicates that IEPA is not meeting its part of the 100% goal for LQG inspections over five years. One potential reason may be a result of fluctuating universe numbers due to cleanup of data or movement of sources. Another likely reason has to do with data reflective prior to May 2008, when IEPA conducted a cleanup of their LQG universe. Until May 2008, the LQG universe in RCRAInfo had reflected approximately 4,000 LQGs (instead of approximately 700), which affected the inspection goal percentage. Region 5 is confident that the May 2008 cleanup, which was a recommendation from Round 1, has identified and corrected this issue. Region 5 will continue working with IEPA to ensure this goal is being met.
	Metric(s) and Quantitative Values	Data Metric 5C0C – 603 of 700 LQGs (86.1%) were inspected over five years (IEPA and Region 5 combined).
	State Response	The LQG universe is not static. Each year the LQG universe is determined by downloading the universe of LQGs from RCRAInfo and reviewing the most recent Hazardous Waste Annual Report data. Any LQGs that have not been inspected within past four years are schedule for inspection in the fifth year. This should ensure that 20 % of the LQG universe is inspected each year.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> No action needed.

Resource Conservation and Recovery Act		
Element 6 – Quality of Inspection or Compliance Evaluation 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	Thirty-five of 35 inspection reports (100%) were considered complete and provided sufficient documentation to determine compliance at the facility. Thirty-three of 35 inspection reports were completed within a determined time frame.
	This finding is 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(s) Required
	Explanation: (If area of concern, describe why action	Region 5 believes that performance in this area is very good. It is only an Area for State Attention because not all metrics for this Element were at a 100% level.

	not required; if recommendation, provide recommended action.)	Any improvement that might be needed can be done by the state without a recommendation.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • File Metric 6b – 35 of 35 inspection reports (100%) were considered complete and provided sufficient documentation to determine compliance at the facility. • File Metric 6c – 33 of 35 inspection reports (94%) were completed within a determined time frame.
	State Response	Thirty-three of 35 inspections reports were completed within U.S. EPA's timeframe of 45 days. By January 31, 2011, IEPA will discuss this issue with Region 5 to determine if there is a problem; and, if there is a problem, discuss appropriate measures to address the problem.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • No action needed.

Resource Conservation and Recovery Act

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).

7-1	Finding	A review of data shows that 121 of 462 inspections (26.2%) produced identified violations. A review of files shows that 35 of 35 files (100%) produced appropriate violation determinations and were reported in a timely manner.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Identification of violations at sites with inspections seems low (26.2%) compared to the violation rate of Region 5 (49.1%).</p> <p>Recommended Action: By January 31, 2011, Region 5 and IEPA will discuss the identification rate of violations at sites with inspections to see if there is an issue with the fact that the violation rate is significantly lower than the rate of Region 5. If an issue exists, IEPA must create procedures by January 31, 2011 that will help the identification of violations, and write these procedures into IEPA standard operating procedures.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 7C0S – 121 of 462 inspections (26.2%) produced identified violations. • File Metric 7a – 35 of 35 (100%) inspections produced appropriate violation determinations (although 5 violations should have been SNC instead of SV – see Finding 8-1 below). • File Metric 7b – 35 of 35 (100%) violation determinations were reported in a timely manner.
	State Response	By January 31, 2011, IEPA will discuss this issue with Region 5 to determine if there is a problem; and, if there is a problem, discuss appropriate measures to address the problem.
	Action(s) (include any uncompleted	<ul style="list-style-type: none"> • By March 31, 2011, Region 5 and IEPA will discuss the identification rate of violations at sites with inspections to see if there is an issue with the fact that

	actions from Round 1 that address this issue.)	<p>the violation rate is significantly lower than the rate of Region 5.</p> <ul style="list-style-type: none"> If an issue exists, IEPA will create procedures by March 31, 2011 that will help the identification of violations, and write these procedures into IEPA standard operating procedures.
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Resource Conservation and Recovery Act		
Element 8. Identification of SNC. 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	Finding	IEPA's SNC identification rate is less than half of the national average, which is the national goal. However, seven of seven SNC determinations (100%) were made within the required 150 days. During a review of files, 20 of 25 files (80%) were correct in their determination of SNC.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>State SNC rate is less than half of the national average, which is the national goal. Also, during the file review, the Region determined that five files identified as secondary violators should have been classified as SNCs (20% of the applicable files reviewed).</p> <p>Recommended Action: IEPA must develop a plan that includes guidelines, procedures and oversight for the identification of SNCs by January 31, 2011. The plan should include training staff on the completeness of inspection reports, SNC identification criteria, timely SNC determinations, and a mechanism for management oversight to ensure consistency. Procedures in the plan should be written into IEPA standard operating procedures by January 31, 2011.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> Data Metric 8a – State SNC rate (1.5%) is less than half of the national average (3.3%). Data Metric 8b: 7 of 7 (100%) State SNC determinations were made within 150 days. File Metric 8d: The Region determined that out of 25 inspection report files with a violation, 20 were correctly classified (80%).
	State Response	<p>By January 31, 2011, IEPA will discuss the identification of SNCs with Region 5 to determine if there is a problem; and, if there is a problem, discuss appropriate measures to address the problem.</p> <p>The ERP states, “<u>Significant Non-Compliers (SNCs)</u> are those violators that have caused actual exposure or a substantial likelihood of exposure to hazardous waste or hazardous waste constituents; are chronic or recalcitrant violators; or deviate substantially from the terms of a permit, order, agreement or from RCRA statutory or regulatory requirements.” IEPA believes that the qualifiers in this definition (e.g., “substantial likelihood,” “chronic or recalcitrant,” and “deviate substantially”) are somewhat subjective and allow appropriate site-specific factors to be considered by the IEPA in the determination of SNCs. Despite this subjectivity in the federal definition of SNCs, Region 5 agreed with IEPA’s determination of SNCs in 20 of the 25 files (80%) reviewed by Region 5. Whether the remaining 5 files (20%) represent a problem, will depend on the site-specific discussion between IEPA and Region 5 by January 31, 2011, as to how the two respective agencies reasonably interpret and apply this definition of SNCs in specific instances.</p>

	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • IEPA will develop a plan that includes guidelines, procedures and oversight for the identification of SNCs by March 31, 2011. • Procedures in the plan will be written into IEPA standard operating procedures by March 31, 2011.
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Resource Conservation and Recovery Act

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.

9-1	Finding	Six of seven enforcement responses (86%) involving SNC returned, or will return, the sources to compliance. Fourteen of 16 enforcement responses (88%) involving SVs returned, or will return, the sources to compliance.
	This finding is 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(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Six of seven cases involving SNCs were brought back into compliance. Fourteen of the 16 cases involving SVs were brought back into compliance.</p> <p>The finding is only an area of concern because the Region believes that IEPA can improve performance in this area on its own without a recommendation. Region 5 will monitor progress in the future.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • File Metric 9b – 6 of the 7 enforcement responses involving SNCs have returned, or will return, the sources to compliance (86%). • File Metric 9c - 14 of 16 enforcement responses involving SVs have returned, or will return, the sources to compliance. (88%)
	State Response	By January 31, 2011, the IEPA will discuss this Area for State Attention with Region 5.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • No action needed.

Resource Conservation and Recovery Act

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	Finding	According to RCRAInfo, one of seven SNCs (14%) had formal action taken within 360 days. In regard to the review of files, 19 of 25 enforcement responses for SNCs and SVs (76%) were timely and 22 of 25 (88%) were appropriate.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not	Based on the data and file reviews, IEPA is not consistently taking timely and appropriate action. Although the data and file reviews under RCRA do not show issues in this area to the extent there are issues under the CAA and CWA, Region 5 believes that current procedures discussed under these two programs may account for non-timely

	required; if recommendation, provide recommended action.)	and inappropriate actions here. Recommended Action: By January 31, 2011, IEPA and Region 5 must discuss the reasons for actions not consistently being timely and appropriate. Solutions to this issue must be implemented by January 31, 2011 and written into IEPA standard operating procedures.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 10A0S – 1 of 7 SNCs (14%) had formal action taken within 360 days according to RCRAInfo. • Data Metric 10B0S – 7 formal actions were reported to RCRAInfo, although IEPA said there were really 14 taken. • File Metric 10c – In 19 of 25 cases (76%) for SNCs and SVs, enforcement responses were timely. • File Metric 10d – In 22 of 25 cases (88%) for SNCs and SVs, enforcement responses were appropriate.
	State Response	By January 31, 2011, IEPA will discuss this issue with Region 5 to determine if there is a problem; and, if there is a problem, discuss appropriate measures to address the problem. Bureau of Land enforcement procedure timelines are already designed to meet timely and appropriate guidelines.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By March 31, 2011, IEPA and Region 5 will discuss the reasons for actions not consistently being timely and appropriate. • Solutions to this issue will be implemented by March 31, 2011 and written into IEPA standard operating procedures.

Resource Conservation and Recovery Act

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.

11-1	Finding	Four of five cases with penalties (80%) documented initial penalty calculations that included both gravity and economic benefit.
	This finding is 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(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>The majority of files reviewed in which there was a penalty showed documentation of penalty calculations that included gravity and economic benefit.</p> <p>The finding is only an area of concern because the Region believes that IEPA can improve performance in this area on its own without a recommendation. Region 5 will monitor progress in the future.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Metric 11A – 4 of 5 cases with penalties (80%) documented initial penalty calculations that included both gravity and economic benefit.
	State Response	By January 31, 2011, the IEPA will discuss this Area for State Attention with Region 5.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • No action needed.

Resource Conservation and Recovery Act		
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.		
12-1	Finding	Zero penalties have been recorded in RCRAInfo. In regard to the file review, one of three penalty cases (33%) documented the difference between the initial and final penalty; zero of four (0%) documented collection of penalties.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Penalty information in regard to this Element is not consistently being recorded in RCRAInfo and case files. Round 1 identified this element as a finding and IEPA agreed to implement a procedure to begin documenting penalty calculations.</p> <p>Recommended Action: By January 31, 2011, IEPA and Region 5 will jointly decide on appropriate documentation for penalties. The result of this discussion should be recorded in IEPA policy by January 31, 2011.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 12A0S – 0 penalties have been recorded in RCRAInfo. • Data Metric 12B0S – 0 actions have been recorded as having an associated penalty. • File Metric 12a – 1 of 3 penalty cases (33%) documented the difference between the initial and final penalty. • File Metric 12b – 0 of 4 penalty cases (0%) documented collection of penalties.
	State Response	By January 31, 2011, IEPA will discuss this issue with Region 5 to determine if there is a problem; and, if there is a problem, discuss appropriate measures to address the problem.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By March 31, 2011, IEPA and Region 5 will jointly decide on appropriate documentation for penalties. • The result of this discussion will be recorded in IEPA policy by March 31, 2011.

Clean Air Act

Clean Air Act		
Element 1. Data Completeness. Degree to which the Minimum Data Requirements are complete. (example, correct codes used, dates are correct, etc.)		
1-1	Finding	Review of the 26 data metrics under Element 1 shows that several of the MDRs were not complete. The remaining MDRs were either complete or contained minor discrepancies such as those due to universe changes.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not	EPA realizes that the percentages established in the SRF report do not reflect the whole picture of the compliance and enforcement activities conducted by IEPA, but they provide a process to effectively manage oversight, and suggest recommendations to IEPA for improvements in order to run a more efficient compliance and enforcement

	<p>required; if recommendation, provide recommended action.)</p>	<p>state program.</p> <p>In November 2006, EPA conducted the Round 1 SRF, which covered IEPA's enforcement and compliance activities reported to AFS in FY05. There was little reporting of the MDRs by IEPA and the final SRF report noted the deficiencies. Beginning in FY08, IEPA electronically submitted their compliance and enforcement data to AFS within the 60-day standard as required by the Information Collection Request (ICR). EPA gave IEPA credit, and recognized the extensive work performed within just one year, with little to no resources available. IEPA completed the programming necessary to report the MDRs, except for the linking of the discovery date within the HPV pathway. To ensure the data is complete, accurate and timely, IEPA must quality assure all information being reported before uploading to AFS. During and after the Round 2 SRF, EPA found that the incomplete data reported generally was in regard to actions that occurred after the cases were referred from the Bureau of Air to the Division of Legal Counsel. There is a lack of communication and coordination between the two program offices when entering the data in IEPA's internal database system.</p> <p>According to the official report retrieved from OTIS in March 2009, the OTIS count for Title V and synthetic minor universes was not consistent with the count in IEPA's database. During FY08, EPA worked closely with IEPA to ensure the data entered for FCEs was consistent with the Compliance Monitoring Strategy plan submitted by IEPA. The correct flagging of the classification and evaluation frequencies were entered by IEPA. EPA continued to monitor IEPA's progress until the end of the fiscal year reporting period (November 30, 2008). Although there was a difference in the OTIS and IEPA counts for the Round 2 SRF, both EPA and IEPA agree that the numbers will constantly change due to sources changing classification, sources shutting down, or sources that are major for PM but not for PM10. A suggestion to HQs on this issue was made to freeze the data at the end of the fiscal year in which a review will be performed by EPA. This will now be done for the remaining states by EPA.</p> <p>Recommended Action: While IEPA has standard operating procedures that are followed to ensure cases move properly through the process, IEPA will update its policy to formalize such procedures by January 31, 2011. The standard operating procedures should also include a process of conducting quality assurance of all MDRs reported to AFS. The formalized procedures should ensure the information is complete and accurately entered in IEPA's internal databases. IEPA will also include representatives from the Division of Legal Counsel on the monthly conference calls with EPA staff to discuss state lead enforcement cases, specifically HPVs. In addition, IEPA should provide training for staff that will be responsible for reporting MDRs to EPA, including linking the discovery date in the HPV pathway in AFS. IEPA should identify the staff involved and inform EPA no later than January 31, 2011. EPA will continue to provide support and assistance to IEPA.</p> <p>On June 29 through July 1, 2010, EPA provided AFS training to IEPA staff at the Springfield, IL office. IEPA participants included staff from the Field Operation Section, Compliance Section, and Division of Legal Counsel. The purpose of the training was to provide an overall view of why the states are required to report data to EPA, in addition to what data elements are required to be reported in a timely, accurate and complete manner. IEPA staff were trained on the minimum data requirements, flagging of sources in AFS according to the CMS policy, and state CMS plan submitted to EPA, federally-reportable violation reporting, AFS table file lookup for actions, AFS roadmap to browse, delete and add sources, tracking and reporting of HPVs, and generating and printing a variety of AFS reports. In addition, EPA representatives specifically focused on the Timely and Appropriate Response to HPV Policy and Headquarters Watch List of HPV sources that have not been addressed and/or resolved</p>
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		in accordance with the HPV policy.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> Review of the 26 data metrics under Element 1 shows that several of the MDRs were not complete. The remaining MDRs were either complete or contained minor discrepancies that were due to universe changes.
	State Response	<p>Illinois EPA does not submit data to OTIS. Data is submitted to AFS, which is then extracted by EPA via a process unknown to Illinois EPA. Illinois EPA can only address data that is in AFS. Data in AFS and Illinois EPA's system changes frequently, and it is very unlikely that the two databases will agree until the data is synchronized.</p> <p>Illinois EPA's Bureau of Air (BOA) will develop a BOA specific Enforcement Management System, which will reflect portions of the original EMS that relate specifically to the BOA. The BOA EMS will contain specific program guidance, consistent with current and future practices and responses provided to USEPA on Bureau-specific issues raised in the October 20, 2010, SRF report from USEPA.</p> <p>Illinois EPA has already included, and will continue to include, representatives from the Division of Legal Counsel ("DLC") on the monthly conference calls with USEPA staff to discuss state led enforcement cases, specifically High Priority Violations (HPVs).</p> <p>In addition, from June 29 through July 1, 2010, Illinois EPA provided training for staff responsible for reporting MDRs to USEPA. Illinois EPA participants included staff from the Field Operation Section ("FOS"), Compliance Section ("Compliance"), and DLC.</p> <p>On November 18, 2010, the Illinois EPA will provide training to ten staff members in Compliance that will be responsible for the data entry that will enable linking the discovery date in the HPV pathway in AFS.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> By March 31, 2011, IEPA will update its standard operating procedures formalizing the process followed to ensure the proper movement of cases. IEPA will provide training for staff that will be responsible for reporting MDRs to EPA, including linking the discovery date in the HPV pathway in AFS and will identify the staff involved and inform EPA no later than March 31, 2011.

Clean Air Act		
Element 2. Data Accuracy. Degree to which the Minimum Data Requirements are accurate. (example, correct codes used, dates are correct, etc.)		
2-1	Finding	Two of two MDRs covered by the data metrics under Element 2 met the national goals for accurate data in AFS (100%). A third data metric appeared to contain accurate data. Zero of 30 files from the file review (0%) contained data that was completely accurate in AFS.
	This finding is 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 – Recommendation(s) Required

	<p>Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)</p>	<p>EPA realizes that the percentages established in the SRF report do not reflect the whole picture of the compliance and enforcement activities conducted by IEPA, but they provide a process to effectively manage oversight, and suggest recommendations to IEPA for improvements in order to run a more efficient compliance and enforcement state program.</p> <p>In November 2006, EPA conducted a Round 1 SRF review which covered IEPA's enforcement and compliance activities reported to AFS in FY05. There was little reporting of the MDRs by IEPA and the final SRF report noted the deficiencies. Beginning in FY08, IEPA electronically submitted their compliance and enforcement data to AFS within the 60-day standard as required by the Information Collection Request (ICR). EPA gives IEPA credit, and recognizes the extensive work performed within just one year, with little to no resources available. IEPA completed the programming necessary to correctly report the MDRs, except for the linking of the discovery date within the HPV pathway. To ensure the data is complete, accurate, and timely, IEPA must quality assure all information being reported before uploading to AFS. During and after the Round 2 SRF, EPA found that the incomplete data reported generally was in regard to actions that occurred after the cases were referred from the Bureau of Air to the Division of Legal Counsel. There is a lack of communication and coordination between the two program offices when entering the data in IEPA's internal database system.</p> <p>According to the official report retrieved from OTIS in March 2009, the OTIS count for Title V and synthetic minor universes was not consistent with the count in IEPA's database. During FY08, EPA worked closely with IEPA to ensure the data entered for FCEs was consistent with the Compliance Monitoring Strategy plan submitted by IEPA. The correct flagging of the classification and evaluation frequencies were entered by IEPA. EPA continued to monitor IEPA's progress until the end of the fiscal year reporting period (November 30, 2008). Although there was a difference in the OTIS and IEPA counts for the Round 2 SRF, both EPA and IEPA agree that the numbers will constantly change due to sources changing classification, sources shutting down, or sources that are major for PM but not for PM10. A suggestion to HQs on this issue was made to freeze the data at the end of the fiscal year in which a review will be performed by EPA. This will now be done for the remaining states by EPA.</p> <p>Recommended Action: See Recommendation 1-1.</p>
	<p>Metric(s) and Quantitative Values</p>	<ul style="list-style-type: none"> • Data Metric 2A0S – the number of HPVs divided by the number of non-compliant sources is 39.3%. The national goal is <=50%. • Data Metric 2B1S – the number of stack test results at federally-reportable sources without pass/fail results is 0%. The national goal is 0%. • Data Metric 2B2S – OTIS reported 8 stack test failures. • File Metric 2C – 0 of 30 files (0%) contained data that was completely accurate in AFS.
	<p>State Response</p>	<p>See State Response 1-1.</p> <p>In addition, as noted during the Round 2 SRF, a lack of resources in DLC hindered the Illinois EPA's ability to provide the noted data in a timely fashion; it was <i>not</i> a lack of communication and coordination between the two program offices. This personnel problem has since been rectified.</p>
	<p>Action(s) (include any uncompleted actions from Round 1 that address this issue.)</p>	<ul style="list-style-type: none"> • By March 31, 2011, IEPA will update its standard operating procedures formalizing the process followed to ensure the proper movement of cases. • IEPA will provide training for staff that will be responsible for reporting MDRs to EPA, including linking the discovery date in the HPV pathway in AFS and will identify the staff involved and inform EPA no later than March 31, 2011.

Clean Air Act		
Element 3. Timeliness of Data Entry. Degree to which the Minimum Data Requirements are timely.		
3-1	Finding	The national goal for entry of HPVs, compliance monitoring MDRs, and enforcement MDRs in a timely manner is that 100% are entered in 60 days or less. IEPA's percentages were 6.8%, 63.5%, and 66.7%, respectively.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>The Compliance Section in the Bureau of Air has no resources available on a daily basis to perform data entry and reporting to AFS within its own office. However, the Compliance Section Chief requests assistance from the Air Planning Section. A staff person from the Air Planning Section assists the Compliance Section, but only when he has the time available. It is due to this lack of resources needed to perform these duties that the data is not getting reported to AFS in a timely manner.</p> <p>EPA believes that IEPA must have resources dedicated in order to perform the necessary reporting of activities to EPA in a timely, complete, and accurate manner. There should also be better communication and coordination between the Compliance Section and the Division of Legal Counsel once a case has been resolved and entered in IEPA's internal database system.</p> <p>Recommended Action: See Recommendation 1-1.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 3A0S – 6.8% of HPVs are entered <= 60 days after designation. (IEPA reports a different percentage). • Data Metric 3B1S – 63.5% of compliance monitoring-related MDR actions are reported <= 60 days after designation. • Data Metric 3B2S – 66.7% of enforcement-related MDR actions are reported <= 60 days after designation.
	State Response	<p>See State Response 1-1</p> <p>In addition, as noted during Round 2 SRF, a lack of resources hindered the Illinois EPA's ability to provide the noted data in a timely fashion. Illinois EPA now has dedicated resources to perform the necessary reporting activities to EPA's AFS system in a timely, complete, and accurate manner. Personnel from FOS are responsible for entering inspection related data (inspections resulting in FCEs and PCEs). Personnel from Compliance are responsible for entering pre-enforcement data (Violation Notices, Compliance Commitment Agreements (CCAs), Annual Compliance Certifications, stack test data, and HPV violation discovery information). Personnel from DLC are responsible for entering all enforcement activity (Notice of Intent to Pursue Legal Action letters, referral dates, penalties, and order dates). These personnel from FOS, Compliance, and DLC are now responsible for reviewing AFS data, within their purview, for accuracy.</p> <p>All actions are now reported to AFS at or around the beginning of each month, which exceeds the timeliness standard of reporting within 60 days of an event and six uploads a year.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By March 31, 2011, IEPA will update its standard operating procedures formalizing the process followed to ensure the proper movement of cases. • IEPA will provide training for staff that will be responsible for reporting MDRs to EPA, including linking the discovery date in the HPV pathway in AFS and will identify the staff involved and inform EPA no later than March 31, 2011.

Clean Air Act		
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 are completed.		
4-1	Finding	Zero of two FCE commitments (0%) in the EnPPA for IEPA's FY08 CMS plan were met or exceeded for major and synthetic minor sources at or above the eighty percent threshold. EPA retrieved a report of the FCEs conducted and reported by IEPA to AFS for FY 2008. At that time, it appeared that IEPA met their commitment under the EnPPA for major sources and exceeded the commitment for synthetic minors. However, after reviewing the documentation in the files, some FCEs were not complete as defined by the CMS policy. In regard to non-FCE commitments, three of five commitments were met (60%). The two that were not met were in regard to proper entry of MDRs, and reporting of HPVs, to AFS.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Commitments for FCE Majors and SM80 sources were not met. The reviewers found that FCEs were not complete as defined by CMS policy. In regard to non-FCE commitments, IEPA met commitments for developing a CMS plan, reporting sources with formal enforcement, and responding to complaints. IEPA did not meet commitments for uploading MDRs in a complete, accurate, and timely manner according to the AFS Information Collection Request as well reporting/tracking HPVs.</p> <p>After Round 2 SRF, EPA and IEPA discussed their formal enforcement process and resolution of cases. There were State Orders issued by the Illinois Pollution Control Board that were not reported to AFS. At this time, EPA found that the missing data generally occurred after the cases were referred from the Bureau of Air, Compliance Section, to the Division of Legal Counsel. There is a lack of communication and coordination between the two program offices when entering data in IEPA's internal database system. As a result, commitments in the EnPPA regarding data reporting for all violations identified were not met.</p> <p>Recommended Action: See Recommendation 1-1. The issue of FCEs not being complete per national policy is discussed in Elements 5 and 6 below.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> File Metric 4a – 0 of 2 (0%) commitments for FCEs at Majors and SM-80s were met. File Metric 4b – 3 of 5 (60%) non-FCE commitments were met.
	State Response	<p>As noted, Illinois EPA met commitments for developing a CMS plan. Illinois EPA then inspected and wrote inspection reports for all inspections and reported to AFS that FCEs were performed for all CMS sources identified for inspection.</p> <p>Since USEPA has indicated that some FCEs were not complete as defined by the CMS policy, FOS formed a workgroup to evaluate the Illinois EPA FCE and CMR process to ensure that they meet the CMS policy. A model CMR is being developed that will include the elements of the FCE and CMR with a written procedure to assist individual inspectors in complying with the CMS policy.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> By March 31, 2011, IEPA will update its standard operating procedures formalizing the process followed to ensure the proper movement of cases. IEPA will provide training for staff that will be responsible for reporting MDRs to EPA, including linking the discovery date in the HPV pathway in AFS and will identify the staff involved and inform EPA no later than March 31, 2011.

Clean Air Act		
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).		
5-1	Finding	It initially appeared from the reporting to AFS that IEPA met commitments in the EnPPA for the number of FCEs at major and SM80 sources, but 11 of the 19 reviewed files (58%) did not contain all the required elements of FCEs as defined by national CMS policy and could not be counted as complete FCEs. As a result, the EnPPA commitment has not been met.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>IEPA’s FY08 CMS plan included a commitment to conduct full compliance evaluations at all major sources over a two year period and all synthetic minor sources (SM80) at or above the 80% threshold over a five year period. IEPA committed to conduct 266 FCEs at major sources and 33 FCEs at SM80 sources. IEPA met the commitment for the major sources and exceeded the commitment for SM80 sources. However, during the file review, eight of 19 FCEs reported had documentation in the files that indicated all of the required elements of an FCE were not met per the CMS policy. Some compliance evaluations conducted revealed they did not cover all regulations, observe all emission units, review all required reports and records, etc.</p> <p>In accordance with the Clean Air Act Stationary Source CMS policy, April 2001, FCEs are comprehensive evaluations of the compliance status of a facility. A FCE addresses all regulated pollutants at all regulated emission units, the current compliance status of each emission unit, as well as the facility’s continuing ability to maintain compliance at each emission unit. The elements of a FCE include: (1) review of all required reports, and to the extent necessary, the underlying records; (2) assessment of control device and process operating conditions as appropriate; an on-site visit to make this assessment may not be necessary based upon factors such as the availability of continuous emission and periodic monitoring data, compliance certifications, and deviation reports; (3) a visible emission observation as needed; (4) review of facility records and operating logs; (5) assessment of process parameters such as feed rates, raw material compositions, and process rates; (6) assessment of control equipment performance parameters; and (7) stack test where there is no other means for determining compliance with the emission limits. In determining whether a stack test is necessary, IEPA should consider factors such as: size of emission unit; time elapsed since last stack test; results of that test and margin of compliance; condition of control equipment; and availability and results of associated monitoring data.</p> <p>Recommendation Action: IEPA must ensure all of the elements of FCEs as defined by the national CMS policy are met, as appropriate, in order to report them to AFS as FCEs. IEPA must develop a plan that includes guidelines, procedures, and oversight for the completion of FCEs by January 31, 2011. Solutions to identify issues that are included in the plan must be written into IEPA standard operating procedures by January 31, 2011.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 5A1S – 61% CMS Major Full FCE coverage (2 FY CMS cycle). • Data Metric 5A2S – 95.4% CMS Major Full FCE coverage (most recent 2 FY). • Data Metric 5B1S – 86.2% Synthetic Minor FCE coverage (5 FY CMS cycle).

		<p>cycle).</p> <ul style="list-style-type: none"> File Metric 6b – 8 of 19 FCEs reviewed (42%) met the definition of a FCE per CMS policy.
	State Response	<p>As noted, Illinois EPA met commitments for developing a CMS plan. Illinois EPA then inspected and wrote inspection reports for all inspections and reported to AFS that FCEs were performed for all CMS sources identified to be inspected.</p> <p>Since USEPA has indicated that some FCEs were not complete as defined by the CMS policy, FOS formed a workgroup to evaluate the FCE and CMR process to ensure that they meet the CMS policy. A model CMR is being developed that will include the elements of the FCE and CMR with a written procedure to assist individual inspectors in complying with the CMS policy.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> IEPA will develop a plan that includes guidelines, procedures, and oversight for the completion of FCEs by March 31, 2011. IEPA will ensure all of the elements of FCEs as defined by the national CMS policy are met, as appropriate, in order to report them to AFS as FCEs. Solutions to identify issues that are included in the plan will be written into IEPA standard operating procedures by March 31, 2011.

Clean Air Act		
Element 6 – Quality of Inspection or Compliance Evaluation 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	Eight of 19 FCEs reviewed (42%) met the definition of a FCE per CMS policy. Eight of 19 CMRs reviewed (42%) provided sufficient documentation to determine compliance at the facility.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>The issue of incomplete FCEs has been addressed in Element 5 above.</p> <p>The Compliance Monitoring Reports (CMRs) reviewed did not provide sufficient documentation to determine compliance. This is based on reviewing each report to see if it contained the required elements of a CMR as stated in the Clean Air Act Stationary Source CMS policy, April 2001. First, IEPA continues to use the terms “Tier II” and “Tier III” instead of the new terms PCE and FCE in the CMRs. The reports should identify the compliance evaluation by the new terms. Also, some CMRs did not contain an investigation relative to all subject regulations at all emission units at the facility.</p> <p>IEPA may continue to format CMRs as they deem appropriate; however, the following basic elements should be addressed in the reports per the CMS policy, April 2001, (1) general information - date, compliance monitoring category (i.e., Full Compliance Evaluation, Partial Compliance Evaluation, or Investigation), and official submitting the report; (2) facility information (facility name, location, mailing address, contact and phone number), Title V designation, and mega-site designation; (3) applicable requirements - all applicable requirements including regulatory requirements and permit conditions; (4) inventory and description of regulated emission units and processes; (5) information on previous enforcement actions; (6) Compliance monitoring activities-processes and emission units evaluated; on-site observations; whether compliance assistance was provided and if so, nature of assistance; any action taken by facility to come back into compliance during on-site visit; and (7) findings and recommendations relayed to the facility during the compliance evaluation.</p>

		Recommended Action: EPA recommends that IEPA consider the use of a checklist to identify all emission units, applicable requirements, required records, and applicable pollutants, including what was specifically observed for the FCE and what was found. IEPA must develop a plan that includes guidelines, procedures, and oversight for the completion of CMRs by January 31, 2011. Solutions to identified issues that are included in the plan must be written into IEPA standard operating procedures by January 31, 2011.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • File Metric 6b – 8 of 19 FCEs reviewed (42%) met the definition of a FCE per CMS policy. • File Metric 6c – 8 of 19 CMRs or facility files reviewed (42%) provided sufficient documentation to determine compliance at the facility.
	State Response	<p>Illinois EPA inspectors were using the Tier II/Tier III inspection formats developed from the USEPA guidance document EPA 340/1-91-007 “Inspection Protocol And Model Reporting Requirements for Stationary Sources” and other documents.</p> <p>As the Tier II/Tier III inspection format is outdated, FOS formed a workgroup to evaluate the FCE and CMR process to ensure that it meets the current CMS policy. A model CMR is being developed that will include the elements of the FCE and CMR with a written procedure to assist individual inspectors in complying with the CMS policy. The CMRs will have the new terms of PCE or FCE.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • IEPA will develop a plan that includes guidelines, procedures, and oversight for the completion of CMRs by March 31, 2011. • Solutions to identified issues that are included in the plan will be written into IEPA standard operating procedures by March 31, 2011.

Clean Air Act

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).

7-1	Finding	Eighteen point two percent (18.2%) of facilities with a failed stack test had noncompliance status, which is below the national goal of half the national average. Two of 19 CMRs reviewed (11%) had compliance determinations that were reported to AFS accurately compared to the information in the CMR or files for the time period of the review. Sixteen of the files were reported to AFS with an unknown compliance status and one facility should have been reported as shut down.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>During Round 2 of the IEPA SRF, EPA discovered that there were violations identified in CMRs or documentation in the facility files that were not reported to AFS. The violations included sources that failed to reapply for Title V permits in a timely manner; deviations reported on the source Title V annual compliance certification, failed stack tests of emission limit exceedances, and violations identified as HPVs according to the HPV criteria and policy. None of the violations noted above were reported to AFS.</p> <p>IEPA is reporting the compliance determination for the activity conducted as an unknown compliance status in AFS for many of their source activities. AFS should reflect accurate data and be in accordance with the determination made from the compliance monitoring evaluation or other compliance monitoring information.</p>

		<p>Currently, the accurate reporting of the compliance status is not being maintained in AFS by IEPA.</p> <p>Recommendation: Beginning immediately, IEPA should maintain accurate, complete, and timely data reported to AFS. IEPA must report all MDRs with an accurate compliance determination, including those in regard to failed stack tests, as committed and agreed upon in the FY2010/2011 EnPPA with EPA. Solutions to identified issues that are included in this report must be written into IEPA standard operating procedures by January 31, 2011.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 7C2S – 18.2% of facilities with a failed stack test had noncompliance status, which is below the national goal of half the national average. • File Metric 7a – 2 of 19 CMRs reviewed (11%) led to accurate compliance determinations in AFS. • File Metric 7b – N/A. EPA did not review non-HPVs and thus cannot report on timeliness.
	State Response	<p>FOS formed a workgroup to evaluate the FCE and CMR process to ensure that it meets the CMS policy. A model CMR is being developed that will include the elements of the FCE and CMR with a written procedure to assist individual inspectors in complying with the CMS policy. All violations that are initially identified in a CMR and pursued in a violation notice will be reported to AFS.</p> <p>Illinois EPA’s position, as stated during the Round 2 SRF, is that a failed stack test does not necessarily equate to noncompliance. A failed stack test could (and more often does) result from the source using incorrect methods or procedures, leading to the Illinois EPA mandating a re-test rather than a determination of noncompliance.</p> <p>The “Unknown Compliance Status” was used since AFS only has codes relating to specific items of compliance (e.g., source test, inspection, certification, procedural). Illinois EPA has literally thousands of sources where the entire compliance status of the source has not been checked (which would seem to be correctly represented by the code “Unknown Compliance Status”). If AFS included a compliance status code of “no non-compliance identified,” that code would be used instead of “Unknown Compliance Status.”</p> <p>However, Illinois EPA will reprogram its computer systems (ICEMAN and Compliance Tracking) to report “In Compliance” instead of “Unknown Compliance Status” when Illinois EPA is not pursuing any compliance or enforcement actions. In addition, Illinois EPA will update AFS to correct any “Unknown Compliance Status” notations that should be “In Compliance.”</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • Beginning immediately, IEPA will maintain accurate, complete, and timely data reported to AFS. IEPA will report all MDRs with an accurate compliance determination, including those in regard to failed stack tests, as committed and agreed upon in the FY2010/2011 EnPPA with EPA. • Solutions to identified issues that are included in this report will be written into IEPA standard operating procedures by March 31, 2011.

Clean Air Act

Element 8. Identification of 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	Finding	IEPA met several data metrics associated with HPVs under this Element. However, the file review showed that only 15 of 23 files with violations (65%) were accurately determined to be HPVs. Eight files were not accurately determined or reported as HPVs to AFS.
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	This finding is 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 – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>Although IEPA’s HPV rates for different sources were above the national goal, a review of files showed a lack of consistent HPV determination. During Round 2 of the IEPA SRF, EPA discovered there were violations identified in CMRs or facility files that were not reported to AFS as HPVs. The violations included sources that failed to reapply for Title V permits in a timely manner; deviations reported on the source Title V annual compliance certification, failed stack tests of emission limit exceedances, and other violations identified as HPVs according to criteria in the HPV policy. None of the violations noted above were reported as HPVs to AFS.</p> <p>Recommended Action: IEPA Bureau of Air has a Violator Classification form which contains source name, source ID number, violation description, HPC criteria, type of source (major, synthetic minor, or minor), and classification (Class 1a, Class 1b, or Class 3). This form is instrumental in identifying HPVs, but was not always used and included in the CMRs or facility case files used in the file review. Beginning immediately, IEPA should include the form in the CMRs or facility case files in classifying sources identified as HPVs or significant violations. Solutions to identified issues that are included in this report must be written into IEPA standard operating procedures by January 31, 2011.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 8A0S – IEPA’s HPV rate for Majors was 5.1%. • Data Metric 8B0S – IEPA’s HPV rate for Synthetic Minors was 1.1%. • Data Metric 8C0S – 83.3% of formal actions for Majors had a prior HPV listing. • Data Metric 8D0S – 0% of informal enforcement actions for Majors did not have a prior HPV listing. • Data Metric 8E0S – 11.1% of sources with failed stack test actions received an HPV listing (Majors and Synthetic Minors). • File Metric 8h – 15 of 23 (65%) files with violations were accurately determined to be HPVs.
	State Response	<p>During the FY2008 audit period, FOS inspectors completed the Violator Classification Form and the CMR with the resulting violation class entered by Compliance support staff.</p> <p>Since FY2008, Illinois EPA has made adjustments to its operating process. While the Violator Classification Form is still initially completed by the FOS inspector along with the CMR, Compliance analysts now perform a secondary check to ensure that the Violator Classification Form is complete and accurate prior to Compliance support staff entering the violator class into Compliance Tracking.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • Beginning immediately, IEPA will include the Violator Classification form in the CMRs or facility case files in classifying sources identified as HPVs or significant violations. • Solutions to identified issues that are included in this report will be written into IEPA standard operating procedures by March 31, 2011.

Clean Air Act

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.

9-1	Finding	Five of five formal enforcement responses (100%) included corrective action. However, seven additional enforcement responses were addressed and resolved informally, which
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		is an inappropriate way to resolve HPVs according to EPA's national policy.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Although five of five IEPA enforcement responses were formal and included corrective action, seven additional enforcement responses in regard to HPVs were informal CCAs. The national HPV policy requires the use of a formal action to address and resolve HPVs. As a result, EPA does not feel that CCAs are appropriate actions to resolve violations that involve HPVs.</p> <p>Recommended Action: EPA and IEPA are currently discussing alternatives to resolution of HPVs that are acceptable under EPA HPV policy. Solutions to this issue must be written into IEPA standard operating procedures by January 31, 2011.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> File Metric 9b – 5 of 5 formal enforcement responses (100%) included a required action that would return the facility back to compliance.
	State Response	<p>The Illinois EPA would not characterize its process in terms of informal and formal enforcement, but rather in terms of those cases referred or not referred to a prosecutorial authority. This distinction is in recognition of Illinois EPA's view that excepting penalties, a return to compliance can be obtained through the CCA process. In fact, in concept these CCAs are the functional equivalent of federal administrative authority. Furthermore, the use of CCAs is required by Section 31 of the Illinois Environmental Protection Act.</p> <p>Illinois EPA and USEPA will continue to discuss alternatives to resolutions of HPVs that are acceptable under USEPA's HPV policy.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> EPA and IEPA are currently discussing alternatives to resolution of HPVs that are acceptable under EPA HPV policy. Solutions to this issue will be written into IEPA standard operating procedures by March 31, 2011.

Clean Air Act

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	Finding	Forty-five point five percent of HPVs are not meeting timeliness goals according to a review of AFS. In regard to a review of files, one of six formal enforcement responses reviewed (17%) were addressed in a timely manner. Eight of 15 responses for HPVs (53%) were appropriately addressed.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	EPA found that many actions involving HPVs were not addressed appropriately because IEPA used CCAs required by Section 31 of the Illinois Environmental Protection Act to resolve them. CCAs do not satisfy EPA's definition of formal enforcement actions according to HPV policy. This is an issue that EPA pointed out in Round 1 of the SRF, but the inappropriate use of CCAs for resolving HPVs continues. EPA recognizes that IEPA's lack of formal administrative enforcement authority lessens the number of options available.

		Recommended Action: EPA and IEPA are currently discussing alternatives to resolution of HPVs that are acceptable under EPA HPV policy. Solutions to this issue must be written into IEPA standard operating procedures by January 31, 2011.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 10A0S – 45.5% of HPVs are not meeting timeliness goals. • File Metric 10e – 1 of 6 formal enforcement responses reviewed (17%) were addressed in a timely manner. • File Metric 10f – 8 of 15 enforcement responses for HPVs (53%) were appropriately addressed.
	State Response	<p>The Illinois EPA would not characterize its process in terms of informal and formal enforcement, but rather in terms of those cases referred or not referred to a prosecutorial authority. This distinction is in recognition of Illinois EPA’s view that excepting penalties, a return to compliance can be obtained through the CCA process. In fact, in concept these CCAs are the functional equivalent of federal administrative authority. Furthermore, the use of CCAs is required by Section 31 of the Illinois Environmental Protection Act.</p> <p>Illinois EPA and USEPA will continue to discuss alternatives to resolutions of HPVs that are acceptable under USEPA HPV policy.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • EPA and IEPA are currently discussing alternatives to resolution of HPVs that are acceptable under EPA HPV policy. Solutions to this issue will be written into IEPA standard operating procedures by March 31, 2011.

Clean Air Act		
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.		
11-1	Finding	Three of six files (50%) documented initial penalty calculations that included both gravity and economic benefit.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>During the completion of the file review, EPA and IEPA conducted a closing meeting to discuss the penalty calculation of cases referred to the Illinois Attorney General’s office. EPA discovered IEPA includes the proposed penalty in the referral package, but no documentation in the underlying files that shows the economic benefit and gravity considered when calculating the penalty. EPA was also informed that the Attorney General makes the final decision on the penalty that will be assessed.</p> <p>Recommended Action: IEPA must develop a penalty calculation worksheet to be used and included in the case file by January 31, 2011. The worksheet should include the process considered or taken to include economic benefit and gravity in the penalty calculation. If the economic benefit information is unavailable prior to referral to the Attorney General’s Office, the lack of information will be documented in the facility case file. If the Attorney General’s Office provides such information after the case has been referred, IEPA will place that information in the case file. If the economic benefit is considered to be zero given a case situation, the worksheet should document the reason.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • File Metric 11a – 3 of 6 files (50%) contained documentation that economic benefit and gravity were considered in the penalty calculation.

	State Response	<p>DLC will develop a penalty calculation worksheet to be included in the case file that will include economic benefit and gravity, where available.</p> <p>The Illinois EPA has an agreement with the USEPA dating to the 1990s that, in air cases, it will calculate and attempt to recover any economic benefit attributable to the noncompliance at issue. Illinois EPA has always endeavored to maintain this commitment. However, there are a number of factors that bear on this commitment.</p> <p>Commonly, the information with which to calculate economic benefit is not available until compliance has been achieved or a solid plan for compliance has been established. This frequently occurs after referral. Thus, the referenced information is necessarily sought by the prosecutorial office rather than Illinois EPA. Whether this information is sought, whether it is used to calculate economic benefit, whether the calculated figure is demanded from the violator, and whether such figure is obtained are often decisions of the prosecutorial authority. Whether such decisions are reduced to writing, by whom, when, and in what form necessitates analysis and is often case specific. Relative to the reviewed files, as a general matter, the Illinois EPA does calculate and recover or at least attempt to recover the economic benefit of noncompliance and does create documentation of same in its files.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • IEPA will develop a penalty calculation worksheet to be used and included in the case file by March 31, 2011.

Clean Air Act		
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.		
12-1	Finding	Seventeen point nine percent (17.9%) of HPV actions contain a penalty, which is below the national goal of at least 80%. In regard to the file review, one of five cases with penalties (20%) contained documentation of the difference between the initial and final penalties. Five of five (100%) contained documentation that penalties had been collected.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	<p>After a case has been referred to the Attorney General’s office, the final decision on the final assessed penalty is determined by the Attorney General. As a result, IEPA does not keep documentation in the files regarding the difference between the initial and final penalties.</p> <p>In regard to reporting of assessed penalty amounts to AFS, EPA found that IEPA reports some of this data properly. However, not all assessed penalties are reported to AFS, as evidenced by the counts in OTIS being much different than those reported by IEPA. This may contribute to the fact that the percentage of actions with penalties for HPVs is very low.</p> <p>Recommended Action: EPA and IEPA will discuss what is appropriate penalty calculation documentation required for enforcement case files. The use of penalties for cases involving HPVs should be included in any discussions. IEPA must add the result of the agreement to its standard operating procedures by January 31, 2011.</p>
	Metric(s) and	<ul style="list-style-type: none"> • Data Metric 12A0S – Counts of actions with penalties are much different

	Quantitative Values	<p>between OTIS and IEPA.</p> <ul style="list-style-type: none"> • Data Metric 12B0S – 17.9% of HPV actions contain a penalty, which is below the national goal of at least 80%. • File Metric 12a – 1 of 5 cases with penalties reviewed (20%) contain documentation of the difference between the initial and final penalties. • File Metric 12b – 5 of 5 files with penalties reviewed (100%) contained documentation that penalties had been collected.
	State Response	<p>As noted during Round 2 SRF, a lack of resources in DLC hindered the Illinois EPA’s ability to provide penalty data in a timely fashion. This personnel problem has since been rectified.</p> <p>Illinois EPA will continue to discuss with USEPA appropriate penalty calculation documentation required for enforcement case files.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • EPA and IEPA will discuss what is appropriate penalty calculation documentation required for enforcement case files. The use of penalties for cases involving HPVs should be included in any discussions. IEPA will add the result of the agreement to its standard operating procedures by March 31, 2011.

Clean Water Act

Clean Water Act		
Element 1. Data Completeness. Degree to which the Minimum Data Requirements are complete. (example, correct codes used, dates are correct, etc.)		
1-1	Finding	Review of the 26 data metrics under Element 1 shows that several of the MDRs were not complete. The remaining MDRs were either complete or contained minor discrepancies such as those due to universe changes.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Review of the data metrics indicates that in FY08, mandatory data was not reflected in ICIS. The Region acknowledges the recent IEPA migration to ICIS. We believe that their apparent inexperience with the system is exhibited through incomplete data entry and coding errors. Region 5 wants to ensure that the national database is accurate and reflective of all state activities.</p> <p>Recommended Action: By January 31, 2011, IEPA must review current data entry procedures to reconcile issues found in this review. By January 31, 2011, IEPA should also provide written procedures and training to staff to resolve data entry problems.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> Review of the 26 data metrics under Element 1 shows that several of the Minimum Data Requirements (MDRs) were not complete. The remaining MDRs were either complete or contained minor discrepancies such as those due to universe changes.
	State Response	The Illinois EPA has already identified and corrected the data completeness issues associated with major DMR entry, penalty entry, and inspection entry into the Integrated Compliance Information System (ICIS). By January 31, 2011, the Illinois EPA will review data entry procedures to reconcile the remaining data completeness issues including general permit renewal, enforcement action/violation linking, and resolving permit schedule violations. In addition, by January 31, 2011 the Illinois EPA will provide written procedures and training to staff to resolve data entry problems.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> By March 31, 2011, IEPA will review current data entry procedures to reconcile issues found in this review. By March 31, 2011, IEPA will provide written procedures and training to staff to resolve data entry problems.

Clean Water Act		
Element 2. Data Accuracy. Degree to which the Minimum Data Requirements are accurate. (example, correct codes used, dates are correct, etc.)		
2-1	Finding	Thirty point four percent of major facility actions were linked to violations in ICIS-NPDES and 22 of 40 reviewed files (55%) contained data that was accurately reflected in ICIS-NPDES.
	This finding is 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 – Recommendation(s) Required

	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	Both the data and file metrics show that the minimum data requirements were not completely accurate in ICIS. Recommended Action: By January 31, 2011, IEPA must review current data entry procedures to reconcile issues found in this review. By January 31, 2011, IEPA should also provide written procedures and training to staff to resolve data entry problems.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 2A0S – 30.4% of major facility actions were linked to violations. • File Metric 2B – 22 of 40 reviewed files (55%) contained data that was accurately reflected in the national data system.
	State Response	The Illinois EPA has already identified and corrected the data accuracy issues associated with the use of SNC override codes, coding informal enforcement actions as formal, penalty entry, and inspection entry into ICIS. By January 31, 2011, the Illinois EPA will review data entry procedures to reconcile the remaining data accuracy issues including general permit renewal, enforcement action/violation linking, and unresolved permit schedules. In addition, by January 31, 2011 the Illinois EPA will provide written procedures and training to staff to resolve data entry problems.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By March 31, 2011, IEPA will review current data entry procedures to reconcile issues found in this review. • By March 31, 2011, IEPA will provide written procedures and training to staff to resolve data entry problems.

Clean Water Act		
Element 3. Timeliness of Data Entry. Degree to which the Minimum Data Requirements are timely.		
3-1	Finding	This metric compares “frozen” data to data that was current at the time of the OTIS data pull. Since frozen data was not available at the time of the IEPA review, this Element cannot be assessed.
	This finding is a(n):	<input 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 – Recommendation(s) Required
	Explanation: (If area of concern, describe why action not required; if recommendation, provide recommended action.)	This metric compares “frozen” data to data that was current at the time of the OTIS data pull. Since frozen data was not available at the time of the IEPA review, this Element cannot be assessed.
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 3a– no results are available for this metric.
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • No action needed.

Clean Water Act

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 are completed.

4-1	Finding	Two of three inspection commitments (67%) were met, while three of 12 non-inspection commitments (25%) were met.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>In regard to inspection commitments, IEPA met national commitments for major and non-major individual permitted sources (assuming the addition of sources missing from ICIS-NPDES). IEPA did not meet the national commitment for non-major general sources, even assuming the addition of sources missing from ICIS-NPDES. As required by the Region 5-IEPA EnPPA, IEPA did not submit a timely detailed inspection plan as required, which would have allowed wet weather sources to be substituted for majors – thus meeting the general permit source requirement.</p> <p>In regard to non-inspection commitments, three of the commitments appeared acceptable, seven were classified as potential concern, and two were classified as significant issues.</p> <p>Recommended Action: In regard to EnPPA commitments that were not met, actions found in other parts of this report will address these issues.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • File Metric 4a – two of three inspection commitments (67%) were met. • File Metric 4b – three of 12 non-inspection commitments in the EnPPA (25%) were completely met.
	State Response	By November 1, 2011, the Illinois EPA will develop a State specific Compliance Monitoring Strategy (CMS) for inspections and will meet the commitments as resources allow.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By November 1, 2011, the Illinois EPA will develop a State specific Compliance Monitoring Strategy (CMS) for inspections and will meet the commitments as resources allow.

Clean Water Act

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).

5-1	Finding	Two of three national inspection commitments (67%) were met.
	This finding is 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(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>As stated above in Element 4, IEPA met two of three national inspection commitments (assuming the addition of inspections missing in ICIS-NPDES). However, they failed to submit a plan as required by the EnPPA that would have specified source inspections and better ensured that all commitments were met.</p> <p>Region 5 believes that IEPA can improve in this without a specific recommendation and better use the EnPPA process to make sure that commitments are achievable and met. In regard to missing inspections, the solutions to data issues identified in Elements 1 and 2</p>

	action.)	will cover entry of inspections in the future,
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 5A0S – 181 of 245 majors were inspected (73.9%). IEPA reported 208 of 276 (75.4%). • Data Metric 5B1S – 203 of 1160 non major individual permittees (17.5%) were inspected. IEPA reported 344 inspections. • Data Metric 5B2S – 6 of 230 non-major general permittees were inspected. IEPA reported 200 inspections. • Data Metric 5C0S – 43 of 2033 sources other than above were inspected. IEPA reported 339 inspections.
	State Response	No comment.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • No action needed.

Clean Water Act		
Element 6. Quality of Inspection or Compliance Evaluation 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	Sixteen of 25 reviewed inspection reports were complete (64%), 16 of 25 provided sufficient information to lead to an accurate compliance determination (64%), and 14 of 25 were timely (56%).
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Using the inspection checklist for the CWA review, IEPA often did not produce reports that were complete. The inspection reports also did not provide sufficient information by which to make a compliance determination.</p> <p>Since IEPA does not have policy regarding timeliness of inspection report completion, EPA’s policy was used instead as is standard with the state review framework for such situations. According to EPA’s policy, an inspection report must be completed within 30 days. IEPA often did not meet this goal.</p> <p>Recommended Action: IEPA must develop a plan that includes guidelines, procedures and oversight for the completion of inspection reports by January 31, 2011. Solutions to identified issues that are included in the plan must be written into IEPA standard operating procedures by January 31, 2011.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Metric 6b – 16 of 25 (64%) inspections reports reviewed were complete • Metric 6c – 16 of 25 (64%) inspections reports or facility files reviewed provided sufficient information to lead to an accurate compliance determination • Metric 6d – 14 of 25 (56%) inspection reports reviewed were timely.
	State Response	By August 1, 2011, the Illinois EPA will develop a plan for the completion of inspection reports which includes appropriate guidelines, procedures, and oversight. The plan will take into account available resources. In addition, by August 1, 2011, the Illinois EPA will provide written standard operating procedures for implementing the solutions identified in the plan to staff.
	Action(s) (include any uncompleted actions from Round	<ul style="list-style-type: none"> • IEPA will develop a plan that includes guidelines, procedures and oversight for the completion of inspection reports by March 31, 2011.

	1 that address this issue.)	<ul style="list-style-type: none"> Solutions to identified issues that are included in the plan will be written into IEPA standard operating procedures by March 31, 2011.
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Clean Water Act		
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).		
7-1	Finding	Fifty percent (50%) of facilities have unresolved compliance schedule violations and 34.6% of facilities have unresolved permit schedule violations. Sixteen of 25 reviewed inspection files (64%) led to an accurate violation determination.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>IEPA has high numbers of unresolved compliance schedule and permit schedule violations. IEPA also has a high number of files that did not lead to accurate violation determinations.</p> <p>Recommended Action: IEPA must develop a plan that includes identification of violations and resolution of compliance schedule and permit schedule violations by January 31, 2011. Solutions to identified issues that are included in the plan must be written into IEPA standard operating procedures by January 31, 2011.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> Data Metric 7A1C – OTIS reports 31 SEVs at majors. IEPA reports 102. Data Metric 7A2C – OTIS reports 16 SEVs at non-majors. IEPA reports 318. Data Metric 7B0C – 50% of facilities have unresolved compliance schedule violations. Data Metric 7C0C – 34.6% of facilities have unresolved permit schedule violations. Data Metric 7D0C – 48% of major facilities have DMR violations. File Metric 7e – 16 of 25 inspection files (64%) led to an accurate violation determination.
	State Response	By January 31, 2011, the Illinois EPA will develop a plan for the identification and resolution of permit and compliance schedule violations. The plan will take into account available resources and include a timeline/schedule for its implementation and completion. In addition, by January 31, 2011, the Illinois EPA will provide written standard operating procedures for implementing the solutions identified in the plan to staff.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> IEPA will develop a plan that includes identification of violations and resolution of compliance schedule and permit schedule violations by March 31, 2011. Solutions to identified issues that are included in the plan will be written into IEPA standard operating procedures by March 31, 2011.

Clean Water Act		
Element 8. Identification of SNC. Degree to which the state accurately identifies significant noncompliance violations/single Event Violations and enters information into the national system in a timely manner.		

8-1	Finding	Four of six inspection files reviewed (67%) included SEVs that were accurately identified as SNC and reported timely. IEPA's SNC rate is 16.5%, which is lower than the national average and thus a positive indicator.
	This finding is 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(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>State SNC rate is less than the national average, which is a positive indicator. However, during the file review, the Region observed that some SEVs were not appropriately being identified as SNC.</p> <p>Recommended Action: By January 31, 2011, IEPA must review national guidance on reporting Single Event Violations and train staff in its implementation.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Data Metric 8A1C – 41 major facilities were in SNC. • Data Metric 8A2C – IEPA SNC rate (16.5%) is less than the national average (23.8%). • File Metric 8b - 4 of 6 inspection files reviewed (67%) included SEVs that were accurately identified as SNC. • File Metric 8c – 4 of 6 identified SEVs (67%) were reported timely.
	State Response	By January 31, 2011, the Illinois EPA will review the national guidance on reporting Single Event Violations (SEV) and train its field staff in its implementation.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • By March 31, 2011, IEPA will review national guidance on reporting Single Event Violations and train staff in its implementation.

Clean Water Act

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.

9-1	Finding	Ten of 12 enforcement responses involving SNCs (83%) have returned, or will return, the sources to compliance. Eleven of 14 enforcement responses involving non-SNC violations (79%) have returned, or will return, the sources to compliance.
	This finding is 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(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Our review found that in 83% of the cases involving SNCs, sources were brought, or will have been brought, back into compliance. In 67% of the cases involving non-SNCs, the sources were brought, or will have been brought back into compliance</p> <p>The finding is only an area of concern because the Region believes that IEPA can improve performance in this area on its own without a recommendation. Region 5 will monitor progress in the future.</p>
	Metric(s) and Quantitative	<ul style="list-style-type: none"> • File Metric 9b – 10 of the 12 enforcement responses involving SNCs (83%) have returned, or will return, the sources to compliance.

	Values	<ul style="list-style-type: none"> File Metric 9c - 11 of 14 enforcement responses involving non-SNC violations (79%) have returned, or will return, the sources to compliance.
	State Response	No comment.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> No action needed.

Clean Water Act		
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	Finding	Seven of twelve IEPA enforcement actions (58.3%) are timely. However, several IEPA actions do not satisfy the national definition of appropriate action for resolution of SNCs. Also, coding of IEPA informal actions CCAs as formal actions is not consistent with national policy.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>In the 2008-2009 EnPPA agreement, IEPA agreed to take appropriate compliance and enforcement actions in accordance with IEPA's Enforcement Management System and Section 31 of the Illinois Environmental Protection Act. In regard to the review of 2008 actions, EPA reviewers were told by IEPA that the Enforcement Management System was not operable. In reviewing against Section 31, EPA reviewers found that actions appeared to be appropriate. However, the CCAs required by Section 31 do not satisfy EPA's definition of formal enforcement actions, which are considered appropriate actions in many situations involving SNC. EPA recognizes that IEPA's lack of formal administrative enforcement authority lessens the number of options available.</p> <p>In the Round 1 review report, EPA asked IEPA to properly code CCAs as informal actions. IEPA did so for a period of time, but has since reverted to coding these actions as formal again. EPA believes this incorrect coding is an issue in addition to the use of CCAs for SNCs in general.</p> <p>Recommended Action: EPA and IEPA are currently discussing alternatives to resolution of SNCs that are acceptable under EPA CWA EMS. Solutions to this issue must be written into IEPA standard operating procedures by January 31, 2011.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> Data Metric 10A0C – 2.8% of facilities did not have timely action. File Metric 10b – 9 of 12 files reviewed (75%) have enforcement responses that address SNC in a timely manner. File Metric 10c – 7 of 12 files reviewed with SNC (58.3%) have enforcement responses that are appropriate. File Metric 10d – 13 of 14 files reviewed with non-SNC (93%) have enforcement responses that are appropriate. File Metric 10e – 10 of 14 files reviewed (71%) have enforcement responses that address non-SNC in a timely manner.
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> EPA and IEPA are currently discussing alternatives to resolution of SNCs that are acceptable under EPA CWA EMS. Solutions to this issue will be written into IEPA standard operating procedures by March 31, 2011.

Clean Water Act		
Element 11. Penalty Calculation Method. Degree to which state considers and 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.		
11-1	Finding	Five of seven cases reviewed with penalties (71%) appropriately considered gravity and economic benefit.
	This finding is 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(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>In the Round 1 review, EPA found issues with documentation of gravity and economic benefit. In this Round 2 review, it appears that based on the file review, the majority of cases had proper documentation. However, EPA believes that IEPA could be more consistent in its documentation.</p> <p>The finding is only an area of concern because the Region believes that IEPA can improve performance in this area on its own without a recommendation. Region 5 will monitor progress in the future.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • Metric 11a – 5 of 7 cases reviewed with penalties (71%) appropriately considered gravity and economic benefit.
	State Response	No comment.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> • No action needed.

Clean Water Act		
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.		
12-1	Finding	One of six files that contained penalties (17%) documented the difference between the initial and final penalty. Five of seven penalty cases (71%) documented collection of penalties.
	This finding is 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 – Recommendation(s) Required
	Explanation: (If area for state attention, describe why action not required; if recommendation, provide recommended action.)	<p>Similar to Element 11 above, the majority of cases documented collection of penalties under Element 12. However, a low number of case files documented the difference between the initial and final penalty. EPA believes that this documentation must be included as well.</p> <p>Recommended Action: By January 31, 2011, IEPA and Region 5 will jointly decide on appropriate documentation for penalties. The result of this discussion should be recorded in IEPA standard operating procedures by January 31, 2011.</p>
	Metric(s) and Quantitative Values	<ul style="list-style-type: none"> • File Metric 12a – 1 of 6 files that contained penalties (17%) documented the difference between the initial and final penalty.

		<ul style="list-style-type: none"> File Metric 12b – 5 of 7 penalty cases (71%) documented collection of penalties.
	State Response	The Illinois EPA and Region 5 will meet prior to January 31, 2011, discuss and jointly decide on appropriate documentation for penalties. Part of this discussion will include how and where the results of the discussion will be recorded.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	<ul style="list-style-type: none"> By March 31, 2011, IEPA and Region 5 will jointly decide on appropriate documentation for penalties. The result of this discussion will be recorded in IEPA standard operating procedures by March 31, 2011.

APPENDIX A

PRELIMINARY DATA ANALYSIS CHARTS

This section provides the results of the Preliminary Data Analysis (PDA). The PDA 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 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. However, the full PDA, which is available as a document separate from this report, 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, modified, or determined not to be supported. Findings are presented in Section IV of this report.

A. Resource Conservation and Recovery Act

Resource Conservation and Recovery Act								
Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	OTIS Metric	IL- Provided Correction	Initial Findings
1F1S	Formal action: number of sites (1 FY)	Data Quality	State			7	14	The state data is not in RCRAInfo. Region 5 accepts the state correction.
1F2S	Formal action: number taken (1 FY)	Data Quality	State			7	14	The state data is not in RCRAInfo. Region 5 accepts the state correction.
1G0S	Total amount of assessed penalties (1 FY)	Data Quality	State			\$0	\$687,100	The state data is not in RCRA Info. In addition to the corrected data from IEPA displayed to the left, IEPA corrected the data again on 4/27/09 via an e-mail. The e-mail states that the amount of final penalties should be \$87,500. According to IEPA, the 687,100 number includes the penalty from Equistar, a federal case. Region 5 accepts the state correction.
2B0S	Number of sites in violation for greater than 240 days	Data Quality	State			147	147	Number of sites in violation for more than 240 days seems high.

Resource Conservation and Recovery Act								
Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	OTIS Metric	IL- Provided Correction	Initial Findings
5C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	67.8%	63.6%	63.6%	State did not meet the goal of inspecting 100% of LQGs every 5 years. Probably attributable to the variability of the LQG universe and the inaccuracy of RCRA data base prior to May of 2008. In May of 2008, Illinois completed the cleanup of the RCRA data base which resulted in reducing the active LQGs from 4000 to approximately 800.
7C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			26.2%	26.2%	Rate of violation identification seems to be low.
8A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	½ National Avg	3.3%	1.5%	1.5%	SNC rate is less than 1/2 the national average. Additional files will be reviewed.
8C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	½ National Avg	58.8%	75%	50%	The data is not getting in RCRA Info. Region 5 accepts the state correction.
10A0S	Percent of enforcement actions/referrals taken within 360 days (1 FY)	Review Indicator	State	80%	27.5%	14.3%	86%	The data is not getting in RCRA Info. Region 5 accepts the state correction.
10B0S	No activity indicator – number of formal actions (1 FY)	Review Indicator	State			7	7	State stated earlier (R01F1S) that this should be 14 formal actions.
12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$0	\$0	State stated earlier (R01GOS) that the penalties should be \$87,500.
12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	80.6%	0%	86%	The data is not getting into RCRA Info. Region 5 accepts the state correction.

B. Clean Air Act

Clean Air Act								
Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	OTIS Metric	IL – Provided Correction	Initial Findings
1B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			38	9	There is a large difference between the count in OTIS and IEPA's count.
1C4S	CAA Subprogram Designation: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	76.7%	0%	45.12%	This is a potential concern in reviewing the differences in the percentages reported between OTIS and IEPA. Secondly, IEPA's reported percentage according to its data system is well below the national goal and average.
1C5S	CAA Subpart Designations : Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	33.5%	0%	82.35%	This is a potential concern in reviewing the differences in the percentages reported between OTIS and IEPA. Secondly, IEPA's reported percentage in OTIS is well below the national goal.
1C6S	CAA Subprogram Designation: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	89.3%	0%	45.41%	This is a potential concern in reviewing the differences in the percentages reported between OTIS and IEPA. Secondly, IEPA's reported percentage according to its data system is well below the national goal and average.
1D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			415	299	There is a large difference reported between OTIS and IEPA's count. R5 agrees with the IEPA count.
1D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			475	305	There is a large difference reported between OTIS and IEPA's count. R5 agrees with the IEPA count.
1F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			50	98	There is a large difference reported between OTIS and IEPA's count. According to IEPA's count, a lot of the required data is not getting reported to AFS.
1F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			47	89	There is a large difference reported between OTIS and IEPA's count. According to IEPA's count, a lot of the required data is not getting reported to AFS.

Clean Air Act								
Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	OTIS Metric	IL – Provided Correction	Initial Findings
1G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			74	44	There is a large difference reported between OTIS and IEPA's count. IEPA's explanation for the difference of numbers on this spreadsheet indicated that a direct comparison could not be made without a list of the sources pulled; pull criteria, and pull date.
1G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			68	40	There is a large difference reported between OTIS and IEPA's count. IEPA's explanation for the difference of numbers on this spreadsheet indicated that a direct comparison could not be made without a list of the sources pulled; pull criteria, and pull date.
1H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	51.7%	0%	0%	IEPA did not link the discovery date in the HPV pathway. R5 is aware that due to limited resources and the extensive programming needed to make this linkage; this MDR was not completed for FY08. However, IEPA is currently working on completing this task for FY09.
1K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		17	0	R5 worked closely with IEPA in FY08 to ensure their Title V and SM80 source universes were consistent with their CMS plan submitted and the CMS source classification and frequency flagging in AFS was accurate. R5 does not agree with OTIS total of 17 for FY08.
3A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	35.4%	6.8%	90.9%	There is a large difference reported between OTIS and IEPA's count in their VN Tracking database.
3B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	62.8%	63.5%	63.5%	IEPA is not entering all data in a timely manner.

Clean Air Act								
Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	OTIS Metric	IL – Provided Correction	Initial Findings
3B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	72.4%	66.7%	66.7%	IEPA is not entering all data in a timely manner.
5A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	59.0%	61.6%	78.72%	There are differences in the percentages reported between OTIS and IEPA. OTIS reported IEPA's percentage at 61.6%. IEPA reported the percentage at 78.72%. Both numbers are less than the national goal of 100%.
7C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> ½ National Avg	43.8%	18.2%	18.2%	IEPA average of 18.2% is low compared to the national average of 43.8%.
8E0S	Percent Failed Stack Test Actions that received HPV listing – Majors and Synthetic Minors (2 FY)	Review Indicator	State	> ½ National Avg	24.8%	11.1%	11.1%	IEPA's average of 11.1% is low compared to the national goal of 24.8%.
10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		39.5%	45.5%	64.04%	IEPA percentage of 45.5% of HPVs is not meeting timeliness goals. This is a high percentage.
12A0S	No Activity Indicator – Actions with Penalties (1 FY)	Review Indicator	State			38	4	IEPA has no administrative authority to assess penalties. EPA agrees with the count of 4 reported by IEPA but disagrees with OTIS count of 38.
12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	86.4%	17.9%	17.9%	IEPA's percentage of 17.9% is well below the national goal.

C. Clean Water Act

Clean Water Act								
Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	OTIS Metric	IL- Provided Correction	Initial Findings
1A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			2172	11,295	A large number of general permits are not currently in ICIS. This number was not broken out by CAFOs or Industrial and Construction Stormwater. This appears to be from a lack of experience in using ICIS.
1B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	92.3%	85.4%		Metric below the national goal and average. Expected DMRs are not getting into system.
1B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>= 95%	91.0%	89.1%		Related to 1B2 above. Entry rate below national goal and average.
1B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			44.1%	44.1%	Override rate is considered high.
1E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			34	18	There are more informal actions in ICIS compared to the Illinois provided number. We believe this is because of incorrect coding of actions as being either formal or informal. Formal/informal definition was identified as an issue in Round 1 SRF.
1E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			40	40	See 1E1S in regard to coding.
1E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			128	98	See 1E1S.
1E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			136	136	See 1E1S in regard to coding.

Clean Water Act								
Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	OTIS Metric	IL- Provided Correction	Initial Findings
1F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			21	32	There are less formal actions in OTIS compared to the Illinois provided number. We believe this is because of incomplete data entry and the OTIS tendency to exclude records based on this entry. In this instance, formal actions are counted only for active permits. Permit applications that were received but not entered into ICIS are counted as expired and associated formal actions are not captured.
1F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			23	34	See 1F1S.
1F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			77	112	See 1F1S.
1F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			80	113	See 1F1S.
1G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			0	14	Penalties were not entered in ICIS. Supplemental file review requested to identify whether not at least the formal action is present in ICIS.
1G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$0	\$103,094	See 1G1S.
1G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	\$134,143	See 1G1S.
1G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$0	\$125,293	See 1G1S.
1G5S	No activity indicator – total number of penalties (1 FY)	Data Quality	State			\$178,600	\$178,600	See 1G1S.

Clean Water Act								
Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	OTIS Metric	IL- Provided Correction	Initial Findings
2A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>= 80%		30.4%		This is a key component to establish effectiveness of the program and resolve violations that are addressed by an enforcement action. Violation linkage in ICIS is more demanding than in PCS. Training maybe necessary to perform this operation.
5A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	57.6%	73.9%	75.4%	The concern for this metric is in regard to entry of the inspection report data. (The number of inspections and sources from IEPA differs from the numbers in OTIS.) This metric is based on inspections at majors with active permits and not the complete universe of majors. Whatever data is used, the percent exceeds the national average and IEPA EnPPA commitment. Inspections files for review were selected using ICIS-NPDES.
5B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			17.5%	29.7%	See comment in 5A0S in regard to data entry. Also, the IEPA FY2008/2009 EnPPA sets a goal that the state will inspect at least 20% of their minors each year. As a result of incomplete data entry and/or exclusion of inspections associated to expired permits, OTIS displays a minor coverage of 17.5%, which is slightly below the EnPPA commitment.
5B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			2.6%		See comment in 5A0S in regard to data entry.
5C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			2.1%	17%	See comment in 5A0S in regard to data entry.
7B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		37%	50%		Unresolved compliance schedule violations are high.
7C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		28.9%	34.6%		Unresolved permit schedule violations are high.

Clean Water Act								
Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	OTIS Metric	IL- Provided Correction	Initial Findings
7D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		55%	48%		Lower than national average.
8A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		23.8%	16.5%		Lower than the national average and regional EnPPA commitments.

APPENDIX B

FILE SELECTION

Files that were reviewed were 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/srf/srf_fileselection.html). 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

Below are descriptions of how Region 5 selected files for review from each of the program media.

Resource Conservation and Recovery Act

Region 5 did not use the file selection tool in OTIS because there was not enough complete data to properly make selections. Instead, Region 5 randomly picked files from various compliance monitoring and enforcement lists provided by IEPA using the SRF File Selection Protocol. The universe of selection files (compliance monitoring and enforcement) from which to pick was 1,099. According to the Protocol, the range of files for a universe that size is 25 to 40. As a result, Region 5 picked 40 files to use for its random, representative file selection. Sixteen of these files focused on compliance monitoring and the remainder focused on enforcement. Of the 40 files selected, Region 5 selected two files that focused on citizen complaints, and selected six other supplemental files that focused on large quantity generator informal enforcement actions.

The random and representative file selection process that the Region employed was supported by use of an independent randomizing website (www.randomizer.org). Region 5 assigned numbers to each of the listed compliance monitoring and enforcement actions that IEPA provided. Then, through use of the randomizing tool on the above-referenced website, random numbers were populated and were transferred to the numbered lists of actions. In the process of the supplemental file selection, Region 5 utilized the informal enforcement list provided by IEPA and then populated a list in OTIS to identify large quantity generators. From that point, Region 5 assigned numbers to each of the populated LQG's and randomly picked supplemental files utilizing the same randomizing website as referenced above. These files are from a mix of the categories below and are geographically distributed across the state:

- ◆ Different sources
- ◆ Inspections or no inspections
- ◆ Violation and no violations
- ◆ SNCs or no SNCs
- ◆ Informal or formal actions
- ◆ Penalties or no penalties

Clean Air Act

Region 5 used the file selection tool in OTIS, which follows the SRF File Selection Protocol. The universe of selection files (compliance monitoring and enforcement) from which to pick was 672. According to the Protocol, the range of files for a universe that size is 20 to 35. As a result, Region 5

picked 31 files to use for its random, representative file selection. Fifteen of these files focused on compliance monitoring and the remainder focused on enforcement. These files are from a mix of the categories below and are geographically distributed across the state:

- ◆ Different major and minor sources
- ◆ FCEs or PCEs
- ◆ Violations and no violations
- ◆ Stack tests
- ◆ HPVs or no HPVs
- ◆ Informal or formal actions
- ◆ Penalties or no penalties

Clean Water Act

Region 5 used the file selection tool in OTIS, which follows the SRF File Selection Protocol. The universe of selection files (compliance monitoring and enforcement) from which to pick was 981. According to the Protocol, the range of files for a universe that size is 25 to 40. As a result, Region 5 picked 33 files to use for its random, representative file selection and seven supplemental files. Eighteen of these files focused on compliance monitoring and the remainder focused on enforcement. These files are from a mix of the categories below and are geographically distributed across the state:

- ◆ Majors or Minors
- ◆ Inspections or no inspections
- ◆ Violation and no violations
- ◆ SNCs or no SNCs
- ◆ Informal or formal actions
- ◆ Penalties or no penalties
- ◆ Different permit types

B. File Selection Tables

Resource Conservation and Recovery Act

The RCRA table below may not include all actions that are in each case file as shown in columns five through ten as a result of missing data in OTIS.

Name	Program ID	City	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Selection
AMERICAN STANDARD CIRCUITS	ILD981533193	WEST CHICAGO	1	1	0	1	0	0	LQG	Representative
CERTIFIED EQUIPMENT	ILR000145458	STREATOR	1	7	0	1	0	0	CES	Representative
CITGO LEMONT REFINERY	ILD041550567	LEMONT	0	0	1	2	0	0	TSD(LDF)	Representative
CLEAN HARBORS PECATONIC A LLC	ILD980502744	PECATONIC A	1	0	0	0	0	0	TSD(TSF)	Representative
EMPIRE HARD CHROME INC	ILD005123948	CHICAGO	1	0	0	0	1	0	LQG	Representative
ENVISION BOATS INC	ILD984865469	MONMOUTH	1	0	1	0	0	0	SQG	Representative
EQUILON ENTERPRISES LLC	ILR000080200	ROXANA	1	4	0	1	0	0	SQG	Representative
FULL-FILL INDUSTRIES LLC	ILR000140889	HENNING	1	25	0	1	0	0	LQG	Supplemental
GSI GROUP INC	ILD984778985	ASSUMPTION	1	2	0	1	0	0	LQG	Representative
HEARTLAND POLYMER INC	ILD980578876	CHICAGO HEIGHTS	0	0	1	0	0	0	LQG	Representative
HONEYWELL INT INC	ILD005463344	DANVILLE	2	0	0	0	0	0	LQG	Representative
ILLINOIS ENVIRONMENTAL INC	ILR000107086	CASEYVILLE	1	0	0	0	0	0	TRA	Representative
INTERSTATE CHEMICAL CO	ILR000038810	CHANNAHON	1	3	1	1	0	0	LQG	Representative
ISP IMPOUNDED TRAILER	ILR000150912	SALEM	3	7	1	1	0	0	OTH	Representative
LOCKHART BODY SHOP	ILD182876268	LAWRENCEVILLE	1	0	0	0	0	0	CES	Representative
LTI LLC	ILD984781450	CAROL STREAM	1	0	0	0	0	0	CES	Representative
MESABA AIRLINES	ILR000153056	MOLINE	1	0	0	0	0	0	SQG	Representative

Name	Program ID	City	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Selection
METRO ST LOUIS DRUM SVC INC	ILD0771 17992	EAST ST LOUIS	1	0	0	0	1	0	SQG	Representative
MIDWEST CONTROL PRODUCTS CORP	ILD9848 38201	BUSHNELL	1	12	0	1	0	0	LQG	Supplemental
MODERN PLATING CORP	ILD0051 72325	FREEPORT	1	0	0	0	0	0	TSD(LDF)	Representative
MORTON WELDING CO INC	ILR0001 39048	MORTON	1	15	0	1	0	0	OTH	Supplemental
PECHINEY PLASTIC PKG INC	ILD0096 68492	BATAVIA	1	0	0	0	0	0	LQG	Representative
PIERCY AUTO BODY	ILD9847 85592	CARLOCK	1	3	0	1	0	0	CES	Representative
ROCK RIVER BLENDING CO	ILR0001 54476	ROCKFORD	1	28	0	1	0	0	CES	Supplemental
ROYAL METAL FINISHING	ILD9826 23571	SCHILLER PARK	1	5	1	5	0	0	SQG	Representative
SATURN OF SPRINGFIELD	ILR0001 00958	SPRINGFIELD	1	1	0	1	0	0	SQG	Representative
SCIENTIFIC PLATING CO INC	ILD9817 95297	CHICAGO	1	0	0	0	1	0	LQG	Representative
SHERWIN WILLIAMS CO	ILD0054 56439	CHICAGO	0	0	1	1	0	0	TSD(LDF)	Representative
SHERWIN WILLIAMS 3827	ILR0001 16954	BELLEVILLE	1	2	0	1	0	0	CES	Representative
SKILD PLATING CORP	ILD0410 57902	CHICAGO	1	3	0	1	0	0	LQG	Representative
STEPAN CO	ILD0543 51770	ELWOOD	1	1	0	1	0	0	LQG	Representative
SUN CHEMICAL	ILD0640 17940	ST CHARLES	1	0	0	0	0	0	LQG	Representative
VISION PROPERTIES BLUE ISLAND	ILD0051 09525	BLUE ISLAND	0	3	0	1	0	0	TSD(LDF)	Representative
WESTERN IL UNIV HEATING PLANT	ILD0063 28769	MACOMB	1	16	0	1	0	0	OTH	Supplemental
WORKSAVER	ILD0062 78113	LITCHFIELD	1	5	0	1	0	0	SQG	Representative

Clean Air Act

Name	Program ID	City	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	University	Selection
ADVANCED ASPHALT CO	1715500020	HENNEPIN	0	0	4	0	0	0	0	0	0	SM80	Representative
BEECHER ENERGY LLC	1719700629	BEECHER	0	0	0	0	0	1	0	1	0	FRMI	Representative
BUCKEYE TERMINALS LLC	1711900347	HARTFORD	1	0	0	0	0	0	0	0	0	SM80	Representative
BUCKEYE TERMINALS LLC	1720100172	ROCKFORD	1	0	0	0	0	0	0	0	0	SM80	Representative
CATERPILLAR LOGISTICS SERVICES INC	1717900025	MORTON	1	0	0	0	0	0	0	0	0	SM80	Representative
CE NIEHOFF & CO	1703100402	EVANSTON	0	0	4	0	0	1	1	0	0	FRMI	Representative
CFC INTERNATIONAL INC	1703100241	CHICAGO HEIGHTS	0	0	0	0	0	0	0	1	60,000	MAJR	Representative
CID TRANSFER STATION	1703102254	CALUMET CITY	1	2	3	0	3	1	1	1	0	MAJR	Representative
COLLINS & AIKMAN	1701900048	RANTOUL	1	0	0	0	0	1	0	0	0	SM80	Representative
DYNEGY KENDALL ENERGY LLC	1709300077	MINOOKA	0	0	0	0	1	0	0	0	0	MAJR	Supplemental

Name	Program ID	City	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Selection
EQUISTAR CHEMICALS LP	1706300028	MORRIS	1	1	7	0	0	1	0	1	105,000	MAJR	Representative
GOOD SAMARITAN REGIONAL HEALTH CENTER	1708100017	MOUNT VERNON	1	0	2	0	0	1	0	0	0	FRMI	Representative
GUNITE CORP	1720100026	ROCKFORD	0	0	0	0	0	0	0	2	150,000	MAJR	Representative
HONEYWELL ANALYTICS INC	1709700595	LINCOLNSHIRE	0	0	0	0	0	0	0	1	165,000	MAJR	Representative
JL CLARK INC	1720100068	ROCKFORD	0	0	4	0	1	0	0	1	10,000	MAJR	Representative
KEYSTONE STEEL & WIRE CO	1714300136	PEORIA	1	0	4	1	1	0	0	0	0	MAJR	Representative
KOPPERS INC	1703100983	CICERO	1	0	8	0	1	0	0	0	0	MAJR	Representative
LAND COMP CORP	1709900275	OTTAWA	0	6	2	0	1	2	2	0	0	FRMI	Supplemental
MARATHON ASHLAND PIPELINE LLC	1703300036	ROBINSON	1	0	3	0	0	1	0	0	0	FRMI	Representative
MARATHON PETROLEUM CO LLC	1703300026	ROBINSON	1	4	5	0	1	2	1	1	0	MAJR	Representative
MYERS INDUSTRIES INC	1710700057	LINCOLN	1	0	0	0	0	0	0	0	0	SM80	Representative
NATURAL GAS PIPELINE CO OF AMERICA	1702700033	CENTRALIA	1	0	0	1	0	0	0	0	0	MAJR	Representative

Name	Program ID	City	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Selection
NUPLEX RESINS LLC	1716300064	EAST ST LOUIS	2	0	0	0	0	0	0	0	0	SM 80	Representative
PINCKNEYVILLE POWER PLANT	1714500030	PINCKNEYVILLE	1	0	0	0	1	0	0	0	0	MAJR	Supplemental
RESOURCE TECHNOLOGY CORP	1716700129	SPRINGFIELD	0	0	4	0	1	0	0	0	0	MAJR	Representative
STEIN STEEL MILL SERVICES INC	1711900377	ALTON	0	0	4	0	0	2	2	1	0	FRMI	Supplemental
TOWER AUTOMOTIVE OPERATIONS USA I LLC	1703105391	CHICAGO	1	0	0	0	0	1	0	1	0	FRMI	Representative
US STEEL GRANITE CITY	1711900153	GRANITE CITY	1	16	8	0	0	2	0	3	900,000	MAJR	Supplemental
VESUVIUS USA	1702900002	CHARLESTON	2	1	0	0	0	0	0	0	25,000	SM 80	Representative
WR GRACE	1703102516	CHICAGO	1	0	0	1	1	0	0	0	0	MAJR	Representative

Clean Water Act

Name	Program ID	City	Permit Component	Insp- ection	Vio- lation	Single Event Violation	SNC	Informal Action	Formal Action	Pen- alty	Uni- verse	Selection
ALTON STEEL COMPANY	IL0000612	ALTON		4	48	2	2	2	0	0	Major	Representative
ASSUMPTION STP, CITY OF	IL0020907	ASSUMPTION	POT BIO	4	15	4	0	1	0	0	Minor	Representative
BLOOMINGTON /NORMAL WRD STP	IL0027731	BLOOMINGTON	PRE BIO CSO POT	4	4	0	0	0	0	0	Major	Representative
CITGO PETROLEUM COMPANY	IL0001589	LEMONT		1	8	1	0	0	0	0	Major	Representative
COAL CITY STP, VILLAGE OF	IL0028151	COAL CITY	BIO POT	1	9	0	0	0	0	0	Minor	Representative
COLLINSVILLE STP, CITY OF	IL0028215	COLLINSVILLE	BIO POT	7	25	2	1	1	0	0	Major	Representative
GERMANTOWN HILLS STP #1	IL0028916	METAMORA	POT BIO	1	10	0	0	0	0	0	Minor	Representative
GLENDALE HEIGHTS, VILLAGE OF	IL0028967	GLENDALE HEIGHTS	BIO POT	2	12	0	0	0	0	0	Major	Representative
GRANVILLE STP, VILLAGE OF	IL0022331	GRANVILLE	CSO POT BIO	3	6	0	0	0	0	0	Minor	Representative
MARATHON ASHLAND PETROLEUM, LLC	IL0004073	ROBINSON		1	1	0	0	0	0	0	Major	Representative
MARION SE STP, CITY OF	IL0029734	MARION	BIO POT	12	3	0	0	0	0	0	Major	Representative
MONMOUTH MAIN STP, CITY OF	IL0021253	MONMOUTH	CSO BIO POT	1	2	0	0	1	2	0	Major	Representative
MORTON STP #2, VILLAGE OF	IL0030015	MORTON	CSO BIO POT	1	12	3	3	2	1	0	Major	Representative
MT. VERNON QUALITY TIMES, INC.	IL0051063	MOUNT VERNON		1	9	0	4	0	0	0	Minor	Representative

Name	Program ID	City	Permit Component	Insp-ec-tion	Vi-o-lation	Single Event Violation	SNC	Informal Action	Formal Action	Pen -alty	Uni-verse	Selection
PERCY STP, VILLAGE OF	ILG580109	PERCY	POT	6	13	0	3	0	0	0	Minor	Representative
SPRING VALLEY STP, CITY OF	IL0031216	SPRING VALLEY	POT CSO BIO	8	7	0	0	0	0	0	Major	Representative
SPRINGFIELD CWLP	IL0024767	SPRINGFIELD		4	18	0	1	0	0	0	Major	Representative
SPRINGFIELD SD- SPRING CREEK	IL0021989	SPRINGFIELD	CSO BIO PRE POT	9	15	0	0	0	0	0	Major	Representative
CARLINVILLE STP, CITY OF	IL0022675	CARLINVILLE	BIO CSO POT	3	9	2	2	1	0	0	Major	Representative
CASEYVILLE TOWNSHIP EAST STP	IL0021083	O'FALLON	BIO POT	10	0	0	0	0	1	0	Major	Representative
CENTRALIA STP, CITY OF	IL0027979	CENTRALIA	BIO POT	4	14	8	0	1	1	0	Major	Representative
CLINTON SD STP	IL0023612	CLINTON	CSO BIO POT	3	5	0	1	1	1	0	Major	Representative
DESOTO STP, VILLAGE OF	IL0024937	DESOTO	POT BIO	5	19	0	2	0	1	0	Minor	Representative
ELMHURST STP, CITY OF	IL0028746	ELMHURST	POT BIO	1	8	0	1	1	1	0	Major	Representative
HARTFORD CSO, VILLAGE OF	IL0021423	HARTFORD	CSO BIO	0	7	0	0	1	1	0	Minor	Representative
HONEYWELL INTERNATIONAL, INC.	IL0004421	METROPOLIS		3	23	0	1	1	1	0	Major	Representative
MANTENO WPCC, VILLAGE OF	IL0025089	MANTENO	BIO POT	1	30	4	3	1	1	0	Major	Representative

Name	Program ID	City	Permit Component	Inspection	Violation	Single Event Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Selection
METROPOLIS STP, CITY OF	IL0029874	METROPOLIS	CSO BIOPOT	5	15	2	1	1	0	0	Major	Representative
MONTICELLO WWTF, CITY OF	IL0029980	MONTICELLO	BIO POT	4	8	3	1	1	0	0	Major	Representative
MORTON STP #2, VILLAGE OF	IL0030015	MORTON	CSO BIOPOT	1	12	3	3	2	1	0	Major	Representative
NEW BERLIN STP, VILLAGE OF	ILG580171	NEW BERLIN	POT	6	20	2	2	1	1	0	Minor	Representative
PRINCETON STP, CITY OF	IL0020575	PRINCETON	BIO PRE POT	6	14	2	1	1	1	0	Major	Representative
ROCK FALLS STP, CITY OF	IL0026514	ROCK FALLS	BIO POT	5	1	0	0	0	1	0	Major	Representative
ROCKFORD SAND AND GRAVEL-NIMTZ	IL0060399	LOVES PARK		0	4	1	0	1	0	0	Minor	Representative
TOULON STP, CITY OF	IL0025054	TOULON	BIO POT	4	17	0	1	0	2	0	Minor	Representative
WHISPER MEADOW 1ST SUBD-MAHOME	ILR10J617	MAHOMET	SWC	1	4	3	0	1	1	0	Minor	Representative
VILLAGE OF ROCKTON	IL0030791	ROCKTON	BIO POT	4	6	0	0	0	1	\$7514	Minor	Supplemental
MADISON CO 157 COMMONS	ILR108879		SWC	1	0	0	0	0	1	\$2500	Minor	Supplemental
FARMERS AND TRADERS												

Name	Program ID	City	Permit Component	Inspection	Violation	Single Event Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Selection
COAL VALLEY												
BOBCAT												

APPENDIX C

FILE REVIEW ANALYSIS CHARTS

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 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 have occurred. Through this process, Initial Findings may be confirmed, modified, or determined not to be supported. Findings are presented in Section IV 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.

Resource Conservation and Recovery Act

RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings and Conclusions
Metric 2c	% of files reviewed where mandatory data are accurately reflected in the national data system.	97%	34 of 35 inspection and enforcement files had data that were reflected accurately in RCRAInfo.
Metric 4a	Planned inspections completed	100%	Through the 2008/2009 EnPPA, IEPA committed to inspections at 211 LQGs, 20 TSDFs, and 192 SQGs. Respectively, 208, 24, and 299 were conducted. IEPA also committed to 19 O&M inspections; 15 were conducted, but the remaining 4 were not necessary or should not have been included in the universe.
Metric 4b	Planned commitments completed	100%	Through the 2008/2009 EnPPA, IEPA committed to 4 number of actions beyond inspections. Four of these actions have been accomplished.
Metric 6a	# of inspection reports reviewed.	35	In the 35 files selected for the file review (10 evaluation, 10 informal enforcement, 7 SNCs, 3 formal enforcement, and 4 supplemental files) there were a total of 35 inspection reports that were found in the files and reviewed as part of the SRF review.

RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings and Conclusions
Metric 6b	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility.	100%	35 of 35 inspection reports were considered complete and provided sufficient documentation to determine compliance at the facility. The inspection reports included narrative, photographs, check lists, facility descriptions, references to statements, and quotes made by facility representatives.
Metric 6c	Inspections reports completed within a determined time frame.	94%	33 of the 35 inspection reports met the deadline of 45 days to complete the reports as negotiated between the state and the Region.
Metric 7a	% of accurate compliance determinations based on inspection reports.	100%	Based on the information provided in the 35 inspection reports, all 35 inspection reports appeared to have accurate compliance determinations. Of the 35 inspection reports that were reviewed, 25 inspection reports identified violations and 10 inspection reports concluded that the evaluated facilities were in compliance. However 5 determinations of SVs should have been SNCs (see 8d below).
Metric 7b	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days).	100%	Of the 25 compliance determinations that were made, all 25 were reported immediately to RCRAInfo and were within 150 days of Day Zero. The 5 SVs mentioned in 7a above were reported timely, but were inaccurate determinations.
Metric 8d	% of violations in files reviewed that were accurately determined to be SNC.	80%	Of the 25 inspection report files reviewed, the Region determined that 5 should have been determined to be SNCs instead of SVs.
Metric 9a	# of enforcement responses reviewed.	26	
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	86%	Six of 7 SNCs were returned to compliance. The universe of SNCs is actually 9, but 2 cases were referred to EPA.
Metric 9c	% of enforcement responses that have returned or will return Secondary Violators (SV's) to compliance.	88%	Fourteen of 16 enforcement responses that involved SVs returned, or will return, the SVs to compliance. Two of the 16 SVs were cases that should have been SNCs and were not in compliance within 240 days of Day Zero.

RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings and Conclusions
Metric 10c	% of enforcement responses reviewed that are taken in a timely manner.	76%	In 19 of 25 enforcement cases, the enforcement responses were within the timeliness guidances for SNCs and SVs, as appropriate. In four of the non-timely cases, SVs should have been designated as SNCs after 240 days. The remaining two cases should have been referred within 360 days.
Metric 10d	% of enforcement responses reviewed that are appropriate to the violations.	88%	22 of the 25 enforcement cases reviewed contained appropriate response to the violations. Of the remaining files, two of the SVs and one of the SNC/formal cases did not contain enforcement responses appropriate to the violations.
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	80%	Of the 5 cases where penalties were assessed, 4 files contained brief documentation of the penalty calculation, including the economic benefit. The fifth file did not contain any documentation of the penalty calculation. The penalty amount for this case is only referenced in the final consent order.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	33%	Of the 3 cases in which there was a difference between the initial and final penalty, 2 case files did not contain any documentation of the difference and rationale between the penalties. One additional penalty case was not included in the universe because the state collected more than the proposed amount. In a second additional case, the state had not yet reached a settlement.
Metric 12b	% of files that document collection of penalty.	0%	Zero of 4 penalty case files documented the collection of a penalty or the fact that they were on schedule to be collected. The universe for this metric is one less than metric 11a above because the fifth case had not been settled yet at the time of the review.

Clean Air Act

CAA Metric #	CAA File Review Metric:	Metric Value	Initial Findings and Conclusions
Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	0%	Although 0 of 30 files contained completely accurate data, IEPA did submit the required minimum data requirements (MDRs) for each of the source files reviewed. For 28 files, the compliance status reported to AFS was unknown for the activity conducted during the review period. Eight (8) files documented violations which were HPVs but these were not reported to AFS. Ten (10) files documented PCEs as being conducted but the compliance evaluations were reported as FCEs. In addition, there were duplicate entries, missing action types within the HPV pathway, and incorrect dates and penalty amounts reported to AFS.
Metric 4a	% of planned evaluations (negotiated FCEs, PCEs, investigations) completed for the review year pursuant to a negotiated CMS plan.	0%	IEPA committed to submit a traditional Compliance Monitoring Strategy (CMS) plan for FY08 to EPA. The CMS plan included a commitment to conduct Full Compliance Evaluations (FCEs) at all major sources over a two year period and at all synthetic minor (SM80) sources at or above the 80% threshold over a five year period. During the SRF review period (FY08), the state committed to conduct 266 FCEs at major sources and 33 FCEs at SM80 sources. It initially appeared that the FCE commitments were met according to numbers reported to AFS by the state.

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			However, during the file review, 11 of 19 FCEs reported had documentation in the files or compliance monitoring reports (CMR) that indicated all of the required elements of an FCE were not met per the CMS policy.
Metric 4b	Delineate the air compliance and enforcement (c/e) commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The C/E commitments should be delineated.	60%	Three (3) of 5 commitments in the FY08/09 Performance Partnership Agreement between the agencies were met. IEPA made commitments in the FY08/09 Performance Partnership Agreement to report compliance and enforcement data to meet EPA minimum data requirements according to the 2005 Air Facility System (AFS) Information Collection Request (ICR). IEPA also committed to ensure the data reported was complete, accurate and timely consistent with EPA policies and the ICR. IEPA reported the MDRs to AFS but did not quality assure the data being reported. Thirty (30) of the 30 files reviewed confirmed that the MDRs reported contained inaccurate data in AFS.
Metric 6a	# of files reviewed with FCEs.	19	Nineteen (19) FCEs were reviewed. Two sources had more than 1 FCE reported in AFS for FY08 and one source was a duplicate entry.
Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	42%	Eight (8) of 19 FCEs reviewed had documentation in the files to show that they contained all of the elements of an FCE per the CMS policy. Ten (10) of the files were missing 2 or more FCE elements and one facility was shut down.
Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	42%	Eight (8) of 19 Compliance Monitoring Reports (CMRs) reviewed contained all of the CMR requirements listed in the CMS policy and contained sufficient documentation to determine compliance at the facility.
Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	11%	Two (2) of 19 CMRs reviewed had compliance determinations that were reported to AFS accurately compared to the information in the CMR or files for the time period of the review. Sixteen (16) of the files were reported to AFS with an unknown compliance status and one facility should have been reported as shut down.
Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	N/A	In selecting the files for the SRF, sources with FCEs, PCEs, violations, HPVs, informal and formal actions were chosen by EPA. No files reviewed were non-HPVs.
Metric 8h	% of violations in files reviewed that were accurately determined to be HPV.	65%	Twenty-three (23) files with violations were reviewed. Fifteen (15) of 23 were accurately determined to be High Priority Violations (HPVs). Eight (8) were not accurately determined or reported as HPVs to AFS.

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Metric 9a	# of formal and informal enforcement responses reviewed.	6	Six (6) formal enforcement responses reviewed.
Metric 9b	% of formal enforcement responses that have returned or will return a source to physical compliance.	100%	Five (5) of 5 formal enforcement responses included the required corrective action (injunctive relief, complying action, penalty) that would return the facility to compliance within a specified timeframe. One file (CE Niehoff & Co.) had not been settled at the time of the review so it was not included in the universe above.
Metric 10e	% of HPVs reviewed that are addressed in a timely manner.	17%	One (1) of 6 formal enforcement responses for HPVs reviewed was addressed in a timely manner (J.L. Clark Inc. case addressed within 178 days).
Metric 10f	% of enforcement responses reviewed at HPVs that are appropriate. The number of appropriately addressed HPVs over the number of HPVs addressed during the review year.	53%	Eight (8) of 15 enforcement responses for HPVs were appropriately addressed. Six (6) HPVs were addressed with a referral to the Attorney General's AG office or resolved with a State Court Order. One source was returned to compliance after reviewing additional documentation. One case was resolved with a global settlement by EPA that included IEPA's case. Seven (7) enforcement responses for HPVs were inappropriately addressed with an informal action (Compliance Commitment Agreement (CCA)). The national HPV policy requires the use of a formal action to address and resolve a HPV.
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	50%	Three (3) of 6 files reviewed included the penalty calculation which considered, where appropriate, both the gravity and economic benefit component.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	20%	One (1) of 5 penalties reviewed documented the difference between the initial and final assessed penalty. One (1) file had not been settled as of the review (J.L. Clark). IEPA does not keep documentation in the files of the initial vs. final penalties because the AG makes the final decision on the final penalty assessed.
Metric 12b	% of files that document collection of penalty.	100%	5 of 5 files contained documentation that the penalty had been collected.

Clean Water Act

CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings and Conclusions
Metric 2b	% of files reviewed where data is accurately reflected in the national data system.	55%	In Round 1, IEPA agreed to develop or improve its process for timely, complete, and accurate data entry into PCS. For this metric, Round 2 shows that 22 of 40 files were accurate in the new data system, ICIS-NPDES. This indicates more work needs to be done in regard to data accuracy.
Metric 4a	Planned inspections completed.	67%	Two of three inspection commitments were met. In its PPA, IEPA committed to submitting a field inspection strategy and plan consistent with the US EPA National CMS. The required field strategy and Inspection plan for FY08 was not received, however based on SRF data metrics major inspection coverage exceeded CMS goal. The SRF data metrics non-major inspections were slightly lower than commitments, but missing inspection data was the primary reason. Wet weather universe (general permits) and the inspection commitments reflected in OTIS/ICIS-NPDES did not meet CMS standards nor match IEPA self-reported numbers.
Metric 4b	Other Commitments. Delineate the commitments for the FY under review and describe what was accomplished.	25%	Three of 12 commitments in the EnPPA were completely met. Three of the commitments appeared acceptable, seven were classified as potential concern, and two were classified as significant issues.
Metric 6a	# of inspection reports reviewed.	25	
Metric 6b	% of inspection reports reviewed that are complete.	64%	16 of 25 inspection reports that were reviewed were found to be complete. Incomplete inspection reports were an issue raised in Round 1.
Metric 6c	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.	64%	16 of 25 inspection files reviewed provided sufficient information to lead to an accurate compliance determination.
Metric 6d	% of inspection reports reviewed that are timely.	56%	14 of 25 inspection reports were timely. Reports appear to wait on enforcement response before being completed.
Metric 7e	% of inspection reports or facility files reviewed that led to accurate compliance determinations.	64%	16 of 25 inspection or facility files reviewed provided sufficient information to lead to an accurate compliance determination.

CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings and Conclusions
Metric 8b	% of single event violation(s) that are accurately identified as SNC.	67%	4 of 6 inspection files reviewed include SEVs that were accurately identified as SNC
Metric 8c	% of single event violation(s) identified as SNC that are reported timely.	67%	4 of 6 SEVs identified as SNC were reported timely. SEVs that were not identified correctly as SNC were also considered non-timely for purposes of this metric.
Metric 9a	# of enforcement files reviewed.	26	
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	83%	10 of 12 enforcement responses returned SNCs to compliance.
Metric 9c	% of enforcement responses that have returned or will return a source with non-SNC violations to compliance.	79%	11 of 14 enforcement responses returned non-SNC sources to compliance.
Metric 10b	% of enforcement responses reviewed that address SNC that are taken in a timely manner.	75%	9 of 12 enforcement responses with SNC were taken in a timely manner. The timeliness issue appears to be connected to SEVs.
Metric 10c	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	58.3%	7 of 12 files reviewed with SNC (58.3%) contained enforcement responses that were appropriate.
Metric 10d	% of enforcement responses reviewed that appropriately address non-SNC violations.	93%	13 of 14 enforcement responses appropriately addressed non-SNC violations.

CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings and Conclusions
Metric 10e	% enforcement responses for non-SNC violations where a response was taken in a timely manner.	71%	10 of 14 enforcement responses for non-SNC violations were taken in a timely manner.
Metric 11a	% of penalty calculations that consider and include where appropriate gravity and economic benefit.	71%	5 of 7 penalty calculations had documentation that considered and included appropriate gravity and economic benefit.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	17%	1 of 6 files that contained penalties documented the difference and rationale between the initial and final assessed penalty. One penalty file from above did not have a difference of penalty.
Metric 12b	% of enforcement actions with penalties that document collection of penalty.	71%	5 of 7 files with a penalty involved documented collection of the penalty.