

Oklahoma Department of Environmental Quality Enforcement Program Review
State Review Framework
Fiscal Year 2008

(August 9, 2010)

I. EXECUTIVE SUMMARY

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

A. Major Priorities and Accomplishments

- Priorities – ODEQ provided the following information on priorities:
 - CAA
ODEQ Air Quality Compliance/Enforcement group is committed to complete, fair and appropriate assessment of all sources within its universe. This assessment is consistent with EPA’s CMS and HPV policies in giving greater importance to larger sources. It strives to meet its obligation in inspecting the CMS facilities while also addressing complaints or special situations at smaller sources. In cases of enforcement, it strives to follow the HPV policy, including assessment of appropriate penalties and injunctive relief. (See Section II. B. below)
 - RCRA
DEQ strives to meet or exceed all of its inspection and enforcement commitments in accordance with the national RCRA Compliance Monitoring Strategy, EPA's Enforcement Response Policy, and the DEQ Focus Document. DEQ's RCRA staff maintains an outstanding relationship with EPA Region 6's compliance and enforcement staff to ensure that all national priorities are addressed.
 - CWA
ODEQ strives to carry out its CWA compliance and enforcement activities across all sectors of its regulated universe in a timely and efficient manner. At the same time, ODEQ cooperates with U.S. EPA Region 6 Water Enforcement staff to ensure that national enforcement priorities are addressed.
- Accomplishments – ODEQ provided the following information on accomplishments:
 - CAA

(See Section II. B. below)

- RCRA

For FY 2008, DEQ was approved to implement an alternative compliance monitoring strategy to focus attention on smaller hazardous waste generators, which typically are not inspected as frequently as larger generators. The strategy demonstrated that smaller generators who tend to "fly under the radar" may have a significantly greater number of violations, many of which may directly result in environmental contamination.

- CWA

ODEQ continues to excel in the areas of data quality and enforcement response, is on the national forefront of enforcement activities related to SSOs, and has implemented a fully functional storm water enforcement program utilizing only existing FTEs.

- Best Practices

- RCRA

ODEQ uses detailed universe specific checklists (e.g. TSDF) for inspections that contain carbon copies which allow the inspector to leave a copy of the findings with the facility at the time of the inspection. This transparency facilitates more expeditious return to compliance.

- Element 13 (summary – specify whether for education, recognition or resource flexibility)

B. Summary of Results

- Status of Recommendations from Round 1

All recommendations from Round 1 were completed.

- Round 2 Findings and Recommendations (*media specific*)

- *Elements meeting programmatic requirements*

CAA

- Elements 1-3: data was complete, accurate and, with the exception of HPV data, timely
- Element 4: compliance and enforcement commitments were met
- Element 5: universe of planned inspections was completed
- Elements 6 and 7: inspection reports were of a high quality and violations were timely identified
- Element 8: high priority violations (HPVs) were accurately identified
- Element 9: enforcement actions require complying actions and include time frames
- Element 10: enforcement actions met appropriateness criteria
- Element 11: penalty calculations documented gravity and economic benefit components
- Element 12: penalty collection was documented.

RCRA

- Elements 1-2: data was complete and accurate
- Element 4: compliance and enforcement commitments were met
- Element 5: universe of planned inspections was completed
- Elements 6 and 7: inspection reports were of a high quality and violations were timely identified
- Element 8: significant non-compliance violations (SNCs) were accurately and timely identified
- Element 9: enforcement actions require complying actions and include time frames

- Element 10: enforcement actions met appropriateness criteria
- Element 11: penalty calculations documented gravity and economic benefit components
- Element 12: penalty collection was documented.

CWA

- Elements 2-3: data was complete, accurate and timely
- Element 4: compliance and enforcement commitments were met
- Element 5: universe of planned inspections was completed
- Elements 6 and 7: inspection reports were of a high quality and violations were timely identified
- Element 8: high priority violations (HPVs) were accurately and timely identified
- Element 9: enforcement actions require complying actions and include time frames
- Element 10: enforcement actions met timeliness and appropriateness criteria
- Element 11: penalty calculations documented gravity and economic benefit components
- Element 12: penalty collection was documented.

- *Elements for State's attention – recommendations (corrective actions) not required*

CAA

- Element 3: HPV data entry, although consistent with DEQ policy, was not always timely per the HPV Policy.
- Element 8: HPVs were accurately identified, however, not always entered into AFS timely.
- Element 10: not all enforcement actions met EPA timeliness criteria

RCRA

- Element 3: not all data were entered timely
- Element 10: not all enforcement actions met EPA timeliness criteria

- *Elements for State improvement – recommendations required*

CWA

- Element 1: some inspection and enforcement data for non-major permittees were missing from ICIS.

C. Significant Cross-Media Findings and Recommendations

- *Elements for State improvement – recommendations required*
 - None

II. BACKGROUND INFORMATION ON STATE PROGRAM AND REVIEW PROCESS

A. General Program Overview

- Agency Structure:
- Compliance/Enforcement Program Structure:
 - CAA
 - RCRA
 - CWA
- Roles and Responsibilities (relevant interaction with other State agencies involved e.g., AGs office, etc.):
- Local Agencies Included/Excluded from Review:
- Resources - compliance monitoring and enforcement FTE, contractors if significant, constraints
 - CAA
Air Quality Division (AQD) Compliance and Enforcement (C/E) is staffed with 26 Environmental Programs Specialists (EPS), three Environmental Programs Managers (EPM), one full time and one part time Secretary and one Senior Environmental Manager. The main office is in Oklahoma City, with a Regional Office located in Tulsa. There are also two Environmental Attorneys and one Supervising Attorney assigned to Air Quality and based out of the Oklahoma City office.
 - RCRA
DEQ's RCRA compliance monitoring and enforcement activities are divided into two sections within the Land Protection Division (LPD): the Hazardous Waste Compliance Section (HWCS) and the Hazardous Waste Permitting and Corrective Action Section (HWPS). The HWCS is composed of an Environmental Programs Manager II, seven Environmental Programs Specialists, and one Administrative Assistant. The HWPS is composed of an Engineering Manager II, three Professional Engineers, one Engineer Intern, and three Environmental Programs Specialists. In addition, an Environmental Programs Manager III has general oversight responsibility over both the HWCS and HWPS, along with the support of a Secretary II. Finally, two attorneys from DEQ's Legal Division are assigned to RCRA enforcement activities. In all, 20 FTEs are directly responsible for carrying out DEQ's RCRA compliance and enforcement activities.
 - CWA
ODEQ carries out its CWA compliance monitoring and enforcement activities with personnel from four different sections within the Water Quality Division (WQD): the Municipal Wastewater Enforcement Section, the Industrial Wastewater Enforcement Section, which also carries out storm water enforcement functions, the Wastewater Compliance Tracking Section, and the Program Management Section. These personnel include 11 engineers, 12 environmental programs specialists, and 5 administrative support staff. In addition, two attorneys in ODEQ's Legal Division are assigned to CWA enforcement activities. In total, 30 full-time employees (FTE), not counting the management staff involved in supervising these personnel and functions, are assigned to carry out the ODEQ's mission under the CWA.
- Staffing/Training

- Staffing – *i.e., whether fully staffed or have vacancies, any hiring limitations,*
 - CAA

There are two vacant EPS positions and one vacant EPM position that ODEQ intends to fill. *Note: frequently, trained ODEQ staff move to the private sector hence the average and median lengths of service for the Environmental Programs Specialists is less than 3.5 years. With the steep learning curve for this position, DEQ/AQD is doing a great job completing the tasks asked of them.*
 - RCRA

At present, all allocated positions within DEQ's RCRA compliance monitoring and enforcement programs are filled with staff having many years of experience in RCRA.
 - CWA

At present, ODEQ is precluded by budgetary constraints from filling one of the two current engineering vacancies within the Municipal Wastewater Enforcement Section.
- Training – *i.e., program to maintain qualified staff*
 - CAA

When manager staffing is complete, new EPS come into the Technical Resources and Training Section where they learn the rules and processes involved in the job. There is a curriculum set up to help them learn the basics of air quality, inspection techniques, safety, state and federal policies and sector specific information. In-house as well as external training is also available for experienced staff.
 - RCRA

LPD places a premium on staff training and provides its staff with extensive in-house training (i.e. on-the-job training by more experienced staff), as well as EPA-sponsored training, and training by non-EPA vendors. Some of the outside training opportunities include the Region 6 RCRA Inspector's Workshop, EPA's Sample Collection Workshop, and McCoy's RCRA Unraveled.
 - CWA

ODEQ utilizes a combination of in-house training (mentoring by more-experienced staff members and cross-training between WQD sections), training opportunities sponsored by U.S. EPA Region 6, such as the NPDES Inspector Training Workshop, CMOM Workshop, and MS4 Operators Conference, to name a few, and other outside training to broaden the knowledge base of its staff. Since the current state budget situation limits out-of-state travel for training for the time being, ODEQ will place a larger emphasis on its in-house training efforts. A smaller number of staff will participate in outside training opportunities and pass newly-gained knowledge on to co-workers through structured training sessions.
- Data Reporting Systems/Architecture – describes how State gets data into national databases (e.g., enters directly or uploads from State's database)
 - CAA

DEQ/AQD uses an internal database, developed by AQD staff, to track all information related to each facility within our overall universe. The database, known as Team, tracks facility details,

permit information and emission inventories, as well as compliance and enforcement data. Team is programmed to interface with EPA's UI to batch load compliance and enforcement data into AFS. AQD C/E strives to meet at least the MDR established by EPA. Information above and beyond the MDR is also included in Team but may or may not be batched into AFS.

- RCRA

LPD ensures that appropriate compliance monitoring, enforcement, and permitting activities are manually entered into EPA's RCRAInfo database.

- CWA

ODEQ staff manually enters CWA compliance data (OPDES permit limits and discharge monitoring report data) for all discharging wastewater facilities and enforcement data for major discharging facilities into the national database, the Integrated Compliance Information System (ICIS-NPDES), formerly the Permit Compliance System. ICIS-NPDES does not currently support data uploads from outside databases, so this will continue to be a manual effort. ODEQ staff maintains Violation Summary Logs for all CWA facilities, maintains a database of all sanitary sewer overflows (SSOs), and tracks all enforcement actions in detail in ODEQ's own enforcement tracking database. All of these tracking tools are separate from ICIS-NPDES.

B. Major Priorities and Accomplishments – Below, ODEQ provides more detail on items identified in Section I.A, Executive Summary, or additional items:

- Priorities

- CAA

AQD Compliance priorities are to fairly and completely evaluate our source universe, taking into account the size and emissions of the facilities within this universe. Our commitment is to meet our CMS obligations each and every fiscal year.

AQD Enforcement priorities are to pursue appropriate enforcement actions to address violations, based on the size of the facility and the seriousness of the violations. In addition to the size of the facility, consideration is given to the extent of the emissions and/or the damage to the regulatory process. In addition to closely following the HPV policy the AQD Enforcement also follows its internal enforcement policy and procedures.

AQD C/E developed a policy for more quickly addressing violations identified through on-site evaluations. This policy, known as the Alternate Enforcement Procedure, provides a facility found in violation a way to address violations expeditiously. The on-site evaluation report details the violations and is sent to the facility with a cover letter summarizing the violations. If the facility stipulates to the violation and submits a compliance-plan the enforcement proceeds from there. In the event of a Level 1 violation (which includes HPV) the facility and ODEQ negotiate settlement through a Consent Order, which is a bi-lateral agreement and includes an appropriate penalty. In Level 2 or Level 3 cases the compliance plan is tracked until completion, whereupon the case is resolved. This saves ODEQ time and resources, notifies the facility of compliance issues sooner, and reduces contentiousness associated with traditional enforcement documents.

- RCRA

The State compliance and enforcement priorities for Fiscal Year 2008 were established considering EPA national priorities, tips/complaints and resource prioritization focusing on

facilities with greater risk potential. The priorities included conducting 100 hazardous waste inspections including RCRA Compliance Evaluation Inspections at 5 Federal Facilities, 5 TSDF's, 18 Large Quantity Generators, 34 Small Quantity Generators, 38 Conditionally Exempted Small Quantity Generators.

The State's enforcement priority was to maintain a high rate of compliance in accordance with the US EPA Enforcement Memorandum of Understanding by making timely, visible and appropriate enforcement. The State focused on the most environmentally significant handlers, promoting pollution prevention and encouraging a holistic view of compliance.

- CWA

As outlined in its PDES Enforcement Management System and FOCUS document, ODEQ endeavors to carry out all its CWA compliance and enforcement activities within the scope outlined in its PDES Program Description. ODEQ's goal is to identify instances of noncompliance among all sectors of its CWA regulated universe in a timely manner and utilize its variety of enforcement tools to address all noncompliance in a timely and appropriate manner.

ODEQ also takes enforcement cues from U.S. EPA Region 6 relative to national enforcement priorities. During Federal Fiscal Year (FFY) 2008, these priorities included SSOs (municipal wastewater), National Homebuilders (storm water), and big box stores (storm water). ODEQ also began efforts to focus on hydrocarbon refineries (industrial wastewater) during FFY 2008. These efforts overlapped into FFY 2009.

ODEQ took guidance from and cooperated with Region 6 Water Enforcement staff to ensure that these national priorities were properly addressed. These efforts included coordinated joint ODEQ-EPA inspections of some selected construction storm water sites involving National Homebuilders and big box stores, and a comprehensive review of ODEQ enforcement actions involving SSOs, resulting in a number of additional ODEQ enforcement actions without the need for additional enforcement activity by Region 6 Water Enforcement staff. ODEQ also undertook a detailed compliance and enforcement assessment of all refineries in the state.

- Accomplishments – *achievements that exceed national policy/guidance minimum requirements*

- General

ODEQ's and EPA's compliance and enforcement staffs have historically maintained an excellent working relationship to ensure proper oversight of the regulated universe. Annually, DEQ and EPA will collaborate to project the number of inspections to be performed, identify facilities for joint inspections, and ensure that any national priorities are addressed.

- CAA

AQD Compliance/Enforcement has developed a subset of violations that are determined to be serious enough to also require penalties, as well as addressing each violation identified regardless of the size of the facility or whether a penalty is assessed.

- RCRA

During FY 2008, no specific national RCRA priorities were identified to DEQ. However, DEQ obtained approval from Region 6 to implement an alternative compliance monitoring strategy

that would focus on smaller hazardous waste generators. This was a very successful program, identifying many compliance issues at smaller facilities; issues that may have gone undetected without the shift in focus.

During FY 2008, DEQ also began a new initiative, known as "Our Facility," to address long-standing difficulties small municipal wastewater facilities are having coming into compliance with more stringent Clean Water Act (CWA) discharge and construction standards. Even though the RCRA program does not have jurisdiction over CWA facilities, LPD participates in Our Facility by including provisions in its enforcement orders to provide funding for this initiative via Supplemental Environmental Projects.

- CWA
ODEQ continues to exceed national goals related to CWA data quality and enforcement activities. Without a net increase in FTEs, ODEQ has managed to implement a fully functional, storm water enforcement program, while continuing its aggressive efforts to address noncompliance involving more traditional CWA point source permittees. ODEQ continues to be at the national forefront of enforcement activities to address SSOs. Further details of ODEQ accomplishments are provided below in the Element 13 discussion.
- Best Practices – *practices that improved the State’s ability to conduct compliance monitoring or enforcement activities and could potentially benefit other State/EPA programs.*
 - RCRA
ODEQ uses detailed universe specific checklists (e.g. TSDF) for inspections that contain carbon copies which allow the inspector to leave a copy of the findings with the facility at the time of the inspection. This transparency facilitates more expeditious return to compliance.
- Element 13 – *brief summary from Section V.*
 - CAA
Please refer to the Alternate Enforcement Procedure described in Major Priorities and Accomplishments section, above.
 - RCRA
Pollution prevention program activities involving technical assistance and cooperative efforts with State and local entities are described in Section V.
 - CWA
As outlined in Section V below, ODEQ staff developed and implemented the “Our Facility” initiative during FFY 2008. This was a new approach to help small municipal wastewater facilities achieve compliance. ODEQ also continued to refine its innovative audit techniques to evaluate MS4 permittees and participated in a variety of outreach efforts to help these MS4 permittees achieve CWA compliance.

C. Process for SRF Review

- Review Period: Fiscal Year 2008
- Key Dates:
 - Kick-off letter, data transmittal – March 23, 2009
 - Data corrections received – May 2009

- Preliminary Data Analysis, file selection list provided – July 7, 2009
- On-site file review – CWA 7/6-10/09, CAA 7/20-23/09, RCRA 7/29-31/09
- Communication with ODEQ - began with a policy level meeting for Region 6 State Directors on May 29, 2008, to help the Region develop its plan for the second round of SRF reviews. In January 2009 ODEQ hosted a kick off meeting. On-site file reviews in July, were concluded with exit conferences. Throughout the SRF review process ODEQ and the Region communicated by e-mail and phone as needed. The goal was for the ODEQ and EPA review teams to be equally informed throughout the review.
- ODEQ and Region 6 Contacts:
 - ODEQ:
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 - Region 6
 - (CAA) Toni Allen, allen.toni@epa.gov, (214) 665-7271
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 - (CWA) Nancy Williams, williams.nancy@epa.gov, (214) 665-7179
 - (RCRA) Eva Steele, steele.eva@epa.gov, (214) 665-7211
 - Mark Potts, potts.mark@epa.gov, (214) 665-2723

III. STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of ODEQ's compliance and enforcement programs, ODEQ and Region 6 identified a number of actions to be taken to address issues found during the review. ODEQ has completed all of those actions (Appendix A contains a comprehensive list of completed actions for reference).

IV. FINDINGS

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

CAA

CAA Element 1 – Degree to which the Minimum Data Requirements are Complete		
1-1	This finding is a(n):	<p>Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required</p>
	Finding	Data and file review indicate ODEQ’s entry of minimum data requirements was complete.
Explanation	(If area for State attention, describe why action not required, if area for improvement, provide recommended action)	<p>ODEQ’s review of the original data set identified some differences with AFS data regarding data completeness. Most of the differences were minor. ODEQ noted that the historic non-compliance count (metric 1e) 327 was low. The correct number should be 432. According to ODEQ, there are several reasons for this: 1) Since ODEQ’s data base, Team, does not keep historical compliance status, there is no direct correlation between Otis and Team. In order to estimate the number they looked at enforcement cases opened or closed during the evaluation period. This may not have captured those that were initiated prior to FY08. 2) Due to manpower issues, when multiple facilities are included in a “global” enforcement case, ODEQ policy is to track them under a global facility and “clone” that case into each facility upon resolution of the case. Therefore, the compliance status, actions, etc., are typically entered somewhat later than EPA policy would dictate. 3) Because Team does not automatically capture changes in compliance status, cases that are identified, addressed AND resolved between batches might not be captured in the batch. 4) Some of the cases were “meeting schedule” for the entire year and were therefore not captured by Otis as “in violation.” 5) Twelve cases were never changed to non-compliance due to staff oversight. 6) Seven cases with enforcement referrals, but no further action taken because no violation was determined after review. 7) Approximately 24 cases were initiated in Team during FY08 but, due to DEQ policy or other reasons, were not changed to “in violation” until sometime into FY09.</p> <p>The preliminary data analysis indicated that the minimum data requirements were complete. The review of 13 FCE and 8 enforcement files confirmed minimum data requirements were complete in AFS.</p>
	Metric(s) and Quantitative Values	<p>Metric: 1c4 - % facilities with FCEs with NSPS subpart designations Value: Goal 100%, Nat. Avg. 77.6%, ODEQ 100%</p> <p>Metric: 1c5 - % facilities with FCEs with NESHAP subpart designations Value: Goal 100%, Nat. Avg. 34.8%, ODEQ 100%</p> <p>Metric: 1c6 - % facilities with FCEs with MACT subpart designations Value: Goal 100%, Nat. Avg. 91.4%, ODEQ 100%</p> <p>Metric: 1e – historic non compliance counts (1yr) Value: 327</p> <p>Metric: 1h1 - % HPV day zeros with discovery date Value: Goal 100%, Nat. Avg. 50.8%, ODEQ 100%</p> <p>Metric 1h2 - % HPV day zeros with violating pollutants Value: Goal 100%, Nat. Avg. 66.8%, ODEQ 100%</p> <p>Metric: 1h3 - % HPV day zeros with violation type codes Value: Goal 100%, Nat. Avg. 66.5%, ODEQ 100%</p>
	State Response	

	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA Element 2 – Degree to which Minimum Data Requirements are Accurate

2-1	This finding is a(n):	<p>Good Practice</p> <p>X Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendation Required</p>
	Finding	
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	<p>21 files were reviewed (8 enforcement and 13 inspection). One facility (1/21) had an incorrect air program identified. The MACT air program was no longer valid since the facility switched from PERC to another chemical subject to NSPS JJJ. ODEQ identified discrepancies with the CAA SM80 FCE coverage in AFS (metric 5b1). The number of facilities inspected (183) was off by 1. According to ODEQ, two facilities dropped from SM80 status and one minor went up to SM80 status.</p> <p>ODEQ identified a discrepancy in the number of facilities with non compliance status (denominator of metric 2a) 143. ODEQ will provide EPA with the drilldown review which will document the discrepancies. The reason for the discrepancy is similar those identified in finding 1-1 above.</p>
	Metric(s) and Quantitative Values	<p>File Metric: 2c - % of files reviewed where MDR data are accurately reflected in AFS.</p> <p>Value: 95%</p> <p>Metric: 2a – Number of HPVs/Number of NC Sources (1 FY)</p> <p>Value: Goal <= 50%, Nat. Avg. 62.4%, ODEQ 24.5%</p>
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA Element 3 – Degree to which Minimum Data Requirements are Timely

3-1	This finding is a(n):	<p>Good Practice</p> <p>X Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendation Required</p>
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	Finding	Minimum data requirements were entered timely into AFS
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	<p>The preliminary data analysis indicates that with the exception of some HPV entries, the minimum data requirements for compliance monitoring and enforcement were entered timely.</p> <p>In comparing the data set used for this review, pulled in April 2009, with the frozen data set (January 2009), there was very little difference which is another indication of overall timeliness of minimum data requirements. In a few instances, the differences with the frozen data set for metrics 5a1 CMS major FCE coverage, 5b2 CAA SM80 FCE coverage and 8e sources with failed stack test that received HPV listing warranted further discussion. There were problems with those metrics in the 4/09 data pull. Subsequent data pulls for those metrics are essentially identical to the frozen data set. From the 21 files reviewed, all minimum data requirements were entered timely in AFS.</p>
	Metric(s) and Quantitative Values	<p>Metric: 3b1 - Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY) Value: Goal 100%, Nat. Avg. 62.4, ODEQ 94.6%</p> <p>Metric: 3b2 - Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY) Value: Goal 100%, Nat. Avg. 71.9%, ODEQ 98.5%</p> <p>Metric: 5a1 - CMS major FCE coverage Value: 4/09 data 56.6%, frozen data 86.6%:</p> <p>Metric: 5b2 - CAA SM80 FCE coverage Value: 4/09 data 100%, frozen data 68.1%:</p> <p>Metric: 8e - Percent sources with failed stack test that received HPV listing Value: 4/09 data 30.8%, frozen data 42.9%:</p>
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA
3-2	This finding is a(n):	<p>Good Practice</p> <p><input type="checkbox"/> Meets SRF Program Requirements</p> <p><input checked="" type="checkbox"/> Area for State Attention</p> <p>Area for State Improvement – Recommendation Required</p>
	Finding	Some HPVs were not entered timely into AFS
Explanation	(If area for State attention, describe why action not required, if area for improvement, provide recommended action)	<p>The percentage of HPVs entered within 60 days of determination (data metric 3a) approached the national average. According to ODEQ most delays are due to ODEQ policy, wherein they do not flag the HPV until the case has been through management and legal review to verify the status. When the HPV is verified, ODEQ enters the Day Zero based on the discovery date, even if that was months prior to the final confirmation. They believe they are erring on the side of caution from both the facility and EPA standpoint, even if it makes ODEQ miss target dates.</p> <p>The review team discussed HPV data entry with ODEQ. EPA recommends that ODEQ meet the 60 day time frame in accordance with the HPV Policy.</p> <p>The agenda for the monthly HPV call will be expanded to discuss instances where the 60 day time frame was exceeded.</p>

	action)	
	Metric(s) and Quantitative Values	Metric: 3a - Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY) Value: Goal 100%, Nat. Avg. 33.9%, ODEQ 33.3%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA Element 4 – 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	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	ODEQ met its compliance and enforcement related commitments
	Explanation	ODEQ Biennial CMS Plan was consistent with EPA’s CAA CMS. ODEQ projected 100% majors coverage over the 2 year period (SFY 2008-2009)and 100% SM80 coverage (SFY 2008-2012)). ODEQ’s inspection projections for State FY 2008: FCEs at 188 majors and 74 SM80s Metrics from AFS do not reflect the projected FCE coverage. ODEQ projects FCEs based on the State FY (July 1 through June 30) and AFS uses the federal FY. According to AFS, for SFY 2008 (i.e., 7/01/07-6/30/08), ODEQ did 180 FCEs at majors and 89 FCEs at SM80s. The primary reason for the apparent shortfall in FCEs at majors is that a large number of the facilities (16) in the original CMS major source target list became SM, minor or closed facilities after the inspections. Therefore, ODEQ actually conducted well over the number of major source inspections than projected in the CMS target list.
	Metric(s) and Quantitative Values	File Metric: 4a % completion of planned inspections Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA Element 5 – Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).

5 -1	This finding is	Good Practice
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	a(n):	X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	ODEQ completed the universe of planned inspections. ODEQ’s CMS plan was consistent with EPA’s CMS Policy.
	(If area for State attention, describe why action not required, if area for improvement, provide recommended action)	As mentioned in finding 4-1, ODEQ’s CMS plan was consistent with EPA’s CMS Policy. In SFY 2008, AFS shows that ODEQ conducted 180 FCEs at major facilities. This, however, does not reflect 16 FCEs at facilities that changed from major status to SM, minor or closed after the inspection. Accordingly, ODEQ actually exceeded its SFY inspection projection of 188. ODEQ also conducted 89 FCEs at SM80s, which exceeded its projection of 74. These inspection levels are in line with national program goals of 100% majors coverage every 2 years and 100% SM80 coverage every 5 years. Metric 5e shows 28 facilities with unknown compliance status. This is due to fiscal year overlap (i.e., 2 and 5 SFY cycles instead of FFY cycles). All the facilities with unknown compliance status were scheduled for 2 or 5 year SFY cycles and were completed. Metric 5g shows slightly less than 100% ACC reviews, however, according to ODEQ all ACCs are reviewed. This is due to the ACC Due/Receipt dates falling at the end of FY08, with the timely review falling in FY09.
	Metric(s) and Quantitative Values	Metric: 5a1 - CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle) Value: Goal: 100%, Nat. Avg. 59.3, ODEQ (corrected to SFY) 58.6% (181/309) Metric: 5b1 - CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle) Value: Goal 20%-100%, Nat. Avg. 68.7%, ODEQ (corrected to SFY) 20.8% (89/429) Metric: 5e – number of sources with unknown compliance status. Value - 28 Metric: 5g - Review of Self-Certifications Completed (1 FY) Value: Goal 100%, Nat. Avg. 92.9%, ODDQ 98.7%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA Element 6 – 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	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	ODEQ inspection reports reviewed reflect that inspections were thorough; contained sufficient information to document violations; and were completed in a timely manner.
	(If area for State	Thirteen FCEs were reviewed. All 13 reports documented that the necessary components required under the CMS Policy for FCEs were included. All of the reports reviewed contained sufficient documentation of observations.

	attention, describe why action not required, if area for improvement, provide recommended action)	
	Metric(s) and Quantitative Values	File Metric: 6b - % of FCEs that meet the definition of an FCE per the CMS policy. Value: 100% File Metric 6c - % of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility. Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA Element 7 – 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	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	ODEQ inspection reports support accurate compliance determinations. Compliance determinations are timely reported into AFS.
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	Metric 7c shows a relatively large percentage of facilities in noncompliance that have had an FCE, stack test, or enforcement action. ODEQ observed that teasing out the violations associated with other sources (e.g., PCEs, self disclosures, etc), the noncompliance rate is approximately 41%. All 13 FCE reports reviewed led to accurate compliance determinations: 7 identified violations - 5 HPVs and 2 non-HPVs All violations were reported timely in AFS.
	Metric(s) and Quantitative Values	File Metric: 7a - % of CMRs or facility files reviewed that led to accurate compliance determinations. Value: 100% File Metric 7b - % of non-HPVs reviewed where the compliance determination was timely reported to AFS.

		Value: 100% Metric: 7c - Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY) Value: Nat. Avg. 21.2%, ODEQ 63.6% Metric: 7c2 -Percent facilities that have had a failed stack test and have noncompliance status (1 FY) Value: Nat. Avg. 43.5%, ODEQ 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA Element 8 – 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	This finding is a(n):	Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendation Required
	Finding	ODEQ accurately identifies HPVs in AFS. Some HPVs were not entered timely into AFS.
Explanation	(If area for State attention, describe why action not required, if area for improvement, provide recommended action)	All 13 FCEs reviewed had accurate violation determinations, 5 were HPVs. Eight enforcement actions were reviewed. 5 actions addressed 7 HPVs, all were accurate. The HPVs evaluated in the file review were timely entered into AFS, however, as mentioned under finding 3-2, data metric 3a indicates that some HPVs were not entered into AFS timely. Data metric 8e indicates that 4 of 13 stack test failures received an HPV designation in AFS. Subsequent to the preliminary data analysis ODEQ entered an additional stack test failure report (total for FY08 now 14) and made 2 additional HPV determinations (total now 6 HPVs from stack test failures for FY08). According to ODEQ, the stack test failure was entered into AFS late due to staff changes within the stack test team, the test results were not reviewed and entered into AFS until after the initial data pull. The stack test results were reviewed May 8, 2009 through May 11, 2009. The results were batched to AFS on May 13, 2009, two days after review was completed. Late HPV entry is discussed in finding 3-2. Day zeros for the 2 HPVs were correctly entered into AFS. For the 8 stack test failures that were not designated as HPVs - 4 were for minor pollutants; 1 was from a test to determine limits after PSD construction; one failure was due to malfunction and one was not a required test. One stack test failure should have been identified in AFS as an HPV. According to ODEQ, the company tested, failed, re-tested 6 weeks later and passed. At the time, based upon work load and backlog, it did not get entered into AFS as an HPV. According to ODEQ, this should not recur. Since this does not reflect a pattern, there are no additional recommended actions.
	Metric(s) and Quantitative Values	Metric: 3a - Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY) Value: Goal 100%, Nat. Avg. 33.9%, ODEQ 33.3% Metric: 8a -High Priority Violation Discovery Rate - Per Major Source (1 FY) Value: Nat. Avg. 7.9%, ODEQ 9.0% Metric: 8c -Percent Formal Actions With Prior HPV - Majors (1 FY)

		Value: Nat. Avg. 74.6%, ODEQ 85.7% Metric 8e - Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY) Value: Nat. Avg. 43.8%, ODEQ 30.8% File Metric: 8f - % of violations in files reviewed that were accurately determined to be HPV. Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA Element 9 – 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	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	Enforcement actions reviewed included corrective action requirements and time frames for returning to compliance.
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	Eight formal actions were reviewed. All 8 included required corrective actions and time frames.
	Metric(s) and Quantitative Values	File Metric: 9b - % of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame. Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this	NA

	issue.)	
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CAA Element 10 – Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.

10 -1	This finding is a(n):	<p>Good Practice</p> <p><input type="checkbox"/> Meets SRF Program Requirements</p> <p>X Area for State Attention</p> <p>Area for State Improvement – Recommendation Required</p>
	Finding	ODEQ enforcement actions were appropriate, but did not in all instances meet the timeliness goals of EPA’s HPV Policy.
Explanation	(If area for State attention, describe why action not required, if area for improvement, provide recommended action)	<p>Five formal enforcement actions reviewed. All 5 met the HPV Policy’s appropriateness criteria. The 5 actions addressed 7 HPVs. Four of 7 HPVs were addressed timely. One action addressed three HPVs (time frames: 416 days, 431 days and 246 days). ODEQ believed it was more expedient to address all 3 by in one action. Another HPV action was issued on day 299. For this case, there was some delay in the HPV determination (day 210) as well as in concluding the settlement process. For these cases, the statuses of the HPVs were reviewed on the monthly HPV calls. HPV determinations, status, prospective actions and timeframes are reviewed in the context of the HPV Policy. HPV response times ranged from 164 - 431 days with an average of 275 days.</p> <p>The file review affirmed the preliminary data analysis, metric 10a, which indicated that ODEQ exceeded 270 days at times. This was a finding in the first SRF review.</p>
	Metric(s) and Quantitative Values	<p>Metric: 10a - Percent HPVs not meeting timeliness goals (2 FY) Percent HPVs not meeting timeliness goals (2 FY)</p> <p>Value: Nat. Avg. 37.1%, ODEQ 54.2%</p> <p>File Metric 10b - % of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).</p> <p>Value: 57%</p>
	State Response	ODEQ reiterates that one major reason for not always meeting day 270 is because of our policy, to the extent possible, to settle cases through negotiated, bilateral consent orders rather than through unilateral compliance orders. While this sometimes slows down the process, we believe it is a more productive method of addressing violations and achieving the long range goals of greater compliance and greater cooperation from the regulated community.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA Element 11 – Degree to which state documents in its files that initial penalty calculation include both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.

11 -1	This finding is a(n):	<p>Good Practice</p> <p>X Meets SRF Program Requirements</p> <p>Area for State Attention</p>
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		Area for State Improvement – Recommendation Required
	Finding	ODEQ penalty calculations document gravity and economic benefit considerations.
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	Seven penalty actions were reviewed. Six of 7 penalty worksheets reviewed documented gravity and economic benefit considerations. The one instance was associated with a late Title V permit renewal application. According to ODEQ, this type of violation will never have an economic benefit greater than their policy floor of \$5000. Since the violation was noted the – no economic benefit - statement was omitted, whether intentionally or unintentionally. The review team discussed this with ODEQ. Where the economic benefit is considered to be insignificant this will be documented in the file.
	Metric(s) and Quantitative Values	File Metric: 11a - % of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit Value: 86%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA Element 12 – Degree to which differences between the initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.		
12 -1	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	ODEQ documented the rationale between initial and final penalty amounts. Files contained documentation that penalties were collected.
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended)	Seven of 7 penalty files reviewed documented the rationale between initial and final penalty amounts. Seven of 7 penalty files reviewed contained documentation on penalty collection.

	action)	
	Metric(s) and Quantitative Values	Metric: 12b -Percent Actions at HPVs With Penalty (1 FY) Value: Goal >= 80%, Nat. Avg. 86.5%, ODEQ 100% File Metric: 12c - % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty. Value: 100% File Metric: 12d - % of files that document collection of penalty. Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA

RCRA Element 1 – Degree to which the Minimum Data Requirements are Complete		
1-1	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	Minimum data requirements were complete.
Explanation	(If area for State attention, describe why action not required, if area for improvement, provide recommended action)	ODEQ examined the official data set used for the RCRA review and found no data discrepancies. Thirty-one inspection files and 25 enforcement files were reviewed. Minimum data elements were complete for all files reviewed
	Metric(s) and Quantitative Values	All data metrics for Element 1 can be found in Appendix B, Official Data Pull, below.
	State Response	

	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA Element 2 – Degree to which Minimum Data Requirements are Accurate

2-1	This finding is a(n):	<p>Good Practice</p> <p>X Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendation Required</p>
	Finding	Minimum data requirements were accurate.
Explanation	(If area for State attention, describe why action not required, if area for improvement, provide recommended action)	<p>Fifty-six files were reviewed – generally all minimum data requirements were accurate in RCRAInfo. ODEQ noted that the actual LQG universe is dynamic, due primarily to intermittent generators like pipeline terminals, which may only generate LQG waste once every five years. Normalized, the LQG universe is actually less than 120 as opposed to 136 in RCRAInfo (data metric 1a5).</p> <p>Metric 2b indicated that 3 facilities had been in violation for greater than 240 days. After review of the files, further research and discussions with ODEQ the following information was determined for the 3 facilities: Two facilities were referred to EPA for enforcement. The third facility was a unique case involving ongoing post closure issues relative to soil contamination, which the owner of the facility and ODEQ continue to make progress on resolving.</p>
	Metric(s) and Quantitative Values	<p>Metric: 2b – Number of sites in violation for greater than 240 days</p> <p>Value: 3</p> <p>File Metric: 2c - % of files reviewed where mandatory data are accurately reflected in the national data system.</p> <p>Value: 100%</p>
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA Element 3 – Degree to which Minimum Data Requirements are Timely

3-1	This finding is a(n):	<p>Good Practice</p> <p><input type="checkbox"/> Meets SRF Program Requirements</p> <p>X Area for State Attention</p> <p>Area for State Improvement – Recommendation Required</p>
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	Finding	Minimum data requirements were timely.
Explanation	(If area for State attention, describe why action not required, if area for improvement, provide recommended action)	Generally, ODEQ enters RCRA minimum data requirements in a timely fashion. However, SNC entry (metric 3a) indicates some delay. Additionally, in comparing the OTIS 2008 frozen data with the production data, there were some minor differences (increase) in the State numbers dealing with identifying violations, penalty dollars and formal enforcement. In some instances (cited below) the facilities designation changed after the initial data pull which resulted in an increase in SNC counts as well as penalties. ODEQ believes that the delays were due to a lack of knowledge on the part of new employees as to when data should be entered into RCRAInfo. Accordingly, ODEQ has augmented its standard training for new staff on the requirements for data entry and will be focusing more attention to this area. ODEQ was aware of this issue prior to the onsite review and was already taking steps to ensure that this issue was resolved. The Region and State will review timeliness of data entry on a monthly basis and will have ongoing discussions. No additional recommendations are required.
	Metric(s) and Quantitative Values	Metric: 3a - Timely entry of SNC data. Value ODEQ = 50% Metric: 1e1 – number of sites with new SNC Value: 4/09 data 3, frozen data 2 Metric: 1e2 – number sites in SNC Value: 4/09 data 4, frozen data 3 Metric: 1f1 – number sites with formal action Value: 4/09 data 2, frozen data 3 Metric: 1f2 – number forma actions taken Value: 4/09 data 3, frozen data 4
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA Element 4 – 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	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	
	Explanation (If area for State attention, describe	The State compliance and enforcement priorities for Fiscal Year 2008 were established considering EPA national priorities, tips/complaints and resource prioritization focusing on facilities with greater risk potential. The priorities included conducting 100 hazardous waste inspections including: 5 Federal Facilities; 5 TSDF's; 18 large quantity generators (LOGs);

	why action not required, if area for improvement, provide recommended action)	34 small quantity generators (SQGs); 38 conditionally exempt small quantity generators (CESQGs). The Region approved these projections since they were consistent with RCRA program goals (100% TSDs every 2 years and 20% LQGs every year substituting 2 SQG:1 LQG). Data metric 1b1 shows a total inspection count of 168. Data metric 5b shows an LQG inspection count of 21. These are based upon the federal FY. ODEQ inspection commitments are based upon the State's FY 2008 (7/1/07 – 6/30/08). According to RCRAInfo and ODEQ counts for State FY 2008, ODEQ completed 156 inspections at 8 TSDFs, 8 Federal Facilities; 17 LQG's; 38 SQG;s; 47 CESQG's; 2 Transporters and 36 Non-notifiers. The difference between the projected (18) and actual (17) LQG count was accounted for considering the dynamics of the universe (e.g., status shift from LQG to SQG) and compensatory increases in the numbers of SQG and CESQG inspections.
	Metric(s) and Quantitative Values	File Metric: 4a - Planned inspections completed Value: 100% File Metric: 4b - Planned commitments completed Value: 100% Metric 1b1 - Compliance monitoring: number of inspections (1 FY) Value: 168, (corrected to State FY) 156
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA Element 5 – Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).		
5 -1	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	ODEQ projects inspection coverage by State FY (7/1/07-6/30/08). For State FY 2008 ODEQ met agreed-to inspection commitments as discussed in finding 4-1 above. Data metrics 5a, 5b and 5c indicate shortfalls in TSD and LQG coverage in Federal FY 2008. These apparent shortfalls are due to the difference between the Federal and State fiscal years and variations in the LQG universe. The Region and ODEQ determine coverage based upon the universe size at the beginning of the State FY for which projections are being made. Inspection coverage numbers from RCRAInfo for State FY 2008 are provided in finding 4-1 above.
	Metric(s) and	Metric: 5a - Inspection coverage for operating TSDFs (2 FYs)

	Quantitative Values	Value: Goal 100%, Nat. Avg. 87.5%, ODEQ 84.6% Metric: 5b - Inspection coverage for LQGs (1 FY) Value: Goal 20%, Nat. Avg. 23.3%, ODEQ 15.4% Metric: 5c - Inspection coverage for LQGs (5 FYs) Value: 100%, Nat. Avg. 67.8%, ODEQ 79.4%
	State Response	<p>TSDFs: We only have five commercial TSDFs in Oklahoma and we inspect them all every year. We have other facilities that may have storage permits or possibly other types of permits that put them in a TSD universe, but not 'commercial' TSDFs (they don't receive wastes from offsite). These types of TSDs are inspected regularly, but not necessarily every year.</p> <p>LQGs: This category includes facilities that may fit into multiple categories. The best example is Tinker AFB. It is an LQG but is also a TSD and a Federal facility (and possibly others). In FY 2008 we inspected them as a federal facility. The 18 number represents 15% of our LQG universe, which only has about 120 facilities in total. Many of those are intermittent generators, i.e. pipeline terminals, which may only generate LQG waste once every five years, etc. So our 'actual' universe is less than 120 facilities. Another factor is that in the past three years or so we have focused our inspection efforts on LQGs and have basically inspected the entire universe at least once. For mainly that reason, I'm trying to shift the focus for this year and probably the next two, to smaller sized generators (SQGs and CESQGs). In Oklahoma, our biggest source of environmental problems and violations come from these smaller generator categories, which contain numerous facilities that have never been inspected.</p> <p>SQG/CESQG's: As mentioned above, there is a significant number of SQGs that have never been inspected so this generator category was a focus for our group this year. There is an even larger universe of never inspected facilities in this generator category. We often find facilities that are notified CESQG that are actually SQG or even sometimes LQG and are therefore sources for multiple violations and/or SNC status.</p>
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA Element 6 – 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	This finding is a(n):	<p>Good Practice</p> <p>X Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendation Required</p>
	Finding	Inspection reports properly document observations are completed in a timely manner, and include accurate description of observations.
	Explanation (If area for State attention, describe	All 31 inspection reports reviewed were very well written and appeared to accurately describe the events and findings of the inspection. The inspection files contained photos, inspector notes, copies of pertinent facility records and checklists. ODEQ primarily uses very detailed universe specific checklists for inspections that contain carbon copies which allow the State to

	why action not required, if area for improvement, provide recommended action)	leave a copy of the inspection findings with the facility at the time of the inspection. All inspection reports and files reviewed were complete and provided excellent documentation to determine compliance of the facility being inspected.
	Metric(s) and Quantitative Values	File Metric: 6b - % of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility. Value: 100% File Metric: 6a - Inspection reports completed within a determined time frame. Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA Element 7 – 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	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	All compliance determinations were accurately made and were timely reported to RCRAInfo.
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	Of the 31 inspection reports and associated documentation reviewed, 25 inspections identified violations. All compliance determinations were consistent with State and EPA Enforcement Response Policy and Guidance. 100% of violation determinations in the files reviewed were reported to the national database within 150 days.
	Metric(s) and Quantitative Values	File Metric: 7a - % of accurate compliance determinations based on inspection reports. Value: 100% File Metric: 7b - % of violation determinations in the files reviewed that are reported timely to the national database (within

		150 days). Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA Element 8 – 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	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	The state accurately identified significant noncompliance and entered that information into RCRAInfo timely.
Explanation	(If area for State attention, describe why action not required, if area for improvement, provide recommended action)	Data metrics indicate that ODEQ timely identified and reported SNCs. Metric 3a indicates some lag between SNC designation and data entry. All files reviewed with identified violations were accurately determined to be SNC's or secondary violations (SV), based on EPA ERP Guidance and Policy. Of the 25 enforcement actions reviewed, 3 were SNC and 22 were SV. Of the 31 inspections reviewed, 25 identified violations, of those 25, 3 were SNCs and 22 were SVs.
	Metric(s) and Quantitative Values	Metric: 8a - SNC identification rate at sites with inspections (1 FY). Value: Goal 1/2 Nat. Avg.; Nat. Avg. 3.5%; ODEQ 2.4%. Metric: 8b - Percent of SNC determinations made within 150 days (1 FY). Value: Goal 100%; Nat. Avg. = 80.6%; ODEQ = 100%. Metric 8c. Percent of formal actions taken that received a prior SNC listing (1 FY). Value: National Goal = ½ of National Average; Nat. Avg. 58.1%; ODEQ 100% File Metric: 8d - % of violations in files reviewed that were accurately determined to be SNC. Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round	NA

	1 that address this issue.)	
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RCRA Element 9 – 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	This finding is a(n):	<p>Good Practice</p> <p>X Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendation Required</p>
	Finding	ODEQ enforcement actions included required corrective action that did or will return facilities to compliance within a specific time.
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	25 enforcement actions were reviewed with a mix of 23 informal and 2 formal enforcement. Three actions were reviewed that addressed SNC violations. All three SNC actions reviewed were informal actions – Notices to Comply. They contained corrective or complying action provisions, but were not coded in RCRAInfo as formal actions since they did not meet the criteria for formal enforcement actions under the RCRA enforcement response policy. The 3 SNCs ultimately received formal enforcement actions, however, those actions were issued outside of the FY08 review period. All 22 SV actions reviewed included complying actions that have or will return the facilities to compliance within specified time periods.
	Metric(s) and Quantitative Values	<p>File Metric: 9b – % of enforcement responses that have returned or will return a source in SNC to compliance. Value: 100%</p> <p>File Metric: 9c – % of enforcement responses that have returned or will return Secondary Violators (SV's) to compliance. Value: 100%</p>
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA Element 10 – Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.

10 -1	This finding is a(n):	<p>Good Practice</p> <p><input type="checkbox"/> Meets SRF Program Requirements</p> <p>X Area for State Attention</p> <p>Area for State Improvement – Recommendation Required</p>
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	Finding	ODEQ takes appropriate enforcement actions, however, not all are timely.
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	<p>In the original data set, Metric 10a (SNC's with formal action/referral taken within 360 days) showed 3 SNCs identified in FY08 and 2 addressed within 360 days. Subsequent to the original 4/09 data metric pull and on-site file review, ODEQ identified an additional SNC (SV not returned to compliance) bringing the total to 4 for FY08. ODEQ also corrected the data to reflect 1 SNC addressed within 360 days (rather than 2). This was attributed to human error in data entry. According to ODEQ the SNC actions that exceeded the timeframes outlined in the ERP were due to the difficult nature of the cases. In the 2 instances, the 360 day timeframe was exceeded by less than 20 days.</p> <p>Twenty-five enforcement actions issued during FY08 were reviewed. Of those, 2 were formal actions and both addressed SVs. No formal actions reviewed addressed SNC.</p> <p>Of the 23 informal actions reviewed, 3 addressed SNC. These ultimately received appropriate formal actions (outside the review period), all exceeded the 360 day time frame by less than 20 days. ODEQ attributes exceeding the 360 days to the complexity of the regulatory issues involved. In addition, ODEQ enforcement policy prefers consent settlements over unilateral action if practicable.</p> <p>The other 22 informal actions reviewed addressed SVs and were appropriate and taken in a timely manner.</p>
	Metric(s) and Quantitative Values	<p>Metric: 10a - Percent of SNCs with formal action/referral taken within 360 days (1 FY) Value: Goal 80%; Nat. Avg. 27.5%; ODEQ 66.7%</p> <p>File Metric: 10c - % of enforcement responses reviewed that are taken in a timely manner. Value: 98.8%</p> <p>File Metric: 10d - % of enforcement responses reviewed that are appropriate to the violations Value: 100%</p>
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA Element 11 – Degree to which state documents in its files that initial penalty calculation include both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.		
11 -1	This finding is a(n):	<p>Good Practice</p> <p>X Meets SRF Program Requirements</p> <p>Area for State Attention</p> <p>Area for State Improvement – Recommendation Required</p>
	Finding	

	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	One formal enforcement action was reviewed that included an initial penalty, that penalty included gravity and economic benefit and was documented in the file.
	Metric(s) and Quantitative Values	File Metric: 11a - % of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit. Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA Element 12 – Degree to which differences between the initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.		
12 -1	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	No final penalty assessments during the review period.
Explanation	(If area for State attention, describe why action not required, if area for improvement, provide recommended action)	There were no final assessed penalties nor penalties due for collection at the time of review. The files included documentation that final penalties, preceding the review period, had been collected.
	Metric(s) and Quantitative Values	File Metric: 12a - % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.

		Value: NA File Metric: 12b - % of files that document collection of penalty. Value: NA Metric: 12b - Percent of final formal actions with penalty (1 FY) Value: Nat. Avg. 80.6%, ODEQ 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CWA

CWA Element 1 – Degree to which the Minimum Data Requirements are Complete		
1-1	Finding	ODEQ exceeded the national goals for minimum data requirements in coding permits and entering DMR data. There was discrepancy between the state tracking list and the Data Metrics for formal and informal enforcement actions. The Region is aware that part of the reason for the discrepancy may be due to the data migration process which occurred in June 2008 for Oklahoma when the PCS data migrated into ICIS. The discrepancies were resolved and the State has updated ICIS with the enforcement action data.
	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 Area for State Improvement – Recommendation Required
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	<p>For data metric 1a4, ODEQ noted a potential discrepancy regarding 57 of the non-major general permittee universe. All had permit coverage that expired in 1989 and were administratively extended (preceeds ODEQ program assumption). It appears that some of these facilities' permit(s) have since been reissued by DEQ under new general permit numbers so that the permit numbers listed may not be current. The Region will work with ODEQ to correct the data for these facilities.</p> <p>Three (3) of the data metrics in Element 1 had nationally established performance goals – data metrics 1b1, 1b2, and 1b3. A discussion on each follows:</p> <p>Data metric 1b1: % of NPDES major facilities with permit limits in ICIS – ODEQ had 99% (102 of 103) of their major individual permits correctly coded with one showing up as not coded correctly (The City of Enid). The permit was reviewed during the file review and the reason the facility did not show up on the metric as being coded was because the effective date is December 1, 2008, which is after the review period. The result is that 100% of the major individual permits are coded correctly. ODEQ exceeded the National Goal of more than 95% and exceeded the National average of 95.3%.</p> <p>Data metric 1b2: % of outfalls for which DMR data is in ICIS – ODEQ had 95.4% DMR data entry rate for the Major individual permits which exceeded the National Goal of more than 95% and exceeded the National average of 92.3%. In addition, DMR data was complete and accurate in the database for the twelve (12) major facilities reviewed during the file</p>

		<p>review.</p> <p>Data metric 1b3: % NPDES major facilities with permits that had DMRs in PCS – ODEQ had 98.1% DMR data entry rate for the Major individual permits and exceeded the National Goal of more than 95% and exceeded the National average of 91% of all NPDES major facilities with individual permits, the percent that had DMRs present in the national database.</p> <p>Data metric 1e1: Informal actions; number of major facilities – For fiscal year 2008, the data metric reflected fifty-six (56) for the number of NPDES major facilities which received informal enforcement actions (1e1); ODEQ provided a state tracking list with a corrected number of seventy-seven (77), an additional twenty-one (21) facilities received informal enforcement actions. The discrepancy is primarily due to the ICIS data migration which occurred in 2008. ODEQ has since updated ICIS.</p> <p>Data metric 1e2: Informal actions; number of actions at major facilities: The data metric reflected sixty-eight (68) for the total number of state informal enforcement actions issued to major facilities. ODEQ provided a state tracking list with a corrected number of ninety (90) informal enforcement actions, an additional twenty-two (22) informal actions issued to NPDES major facilities. EPA provided a list of the twenty-two (22) actions that were not reflected in the database for ODEQ to review and update the data base. The update was completed by ODEQ therefore no action is required. As mentioned above, the reason for the discrepancy in data is primarily due to the ICIS data migration and ODEQ has since updated ICIS.</p> <p>Data metric 1f1: Formal Action NPDES Majors # of facilities – For fiscal year 2008, the data metric reflected forty-four (44) NPDES major facilities which received formal enforcement actions. ODEQ provided a state tracking list with a corrected number of forty-six (46). Data discrepancies were due to ICIS data migration, ICIS has been updated.</p> <p>Data metric 1f2: Formal Action NPDES Majors # of actions – The data metric reflected sixty-two (62) state formal enforcement actions issued to major facilities. ODEQ provided a state tracking list with a corrected number of sixty-seven (67) formal enforcement actions; an additional five (5) formal actions issued to NPDES major facilities. The discrepancies were primarily due to the ICIS data migration. EPA requested that ODEQ review and update the database for the five (5) actions if appropriate that were not reflected in the national database. The update was completed by the ODEQ so no further action is required.</p>
	Metric(s) and Quantitative Values	<p>Metric: 1b1 - % correctly coded major permit limits Value: Goal >= 95%, Nat. Avg. 95.3%, ODEQ 99%</p> <p>Metric: 1b2 - % major DMR Entry Rate Value: Goal >= 95%, Nat. Avg. 92.3%, ODEQ 95.4%</p> <p>Metric: 1b3 -% major FMR entry rate based on DMRs expected Value: Goal 95%, Nat. Avg. 91%, ODEQ 98.1%</p> <p>Metric: 1e1 – # of majors receiving informal actions Value: initial 56, corrected 77</p> <p>Metric: 1e2 - # of informal actions issued to majors Value: initial 68, corrected 90</p> <p>Metric: 1f1 - # of majors receiving formal actions Value: initial 44, corrected 46</p> <p>Metric: 1f2 - # of formal actions issued to majors Value: initial 62, corrected 67</p>
	State Response	

	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA
1-2	Finding	Data for 92-500 (construction grant) non-majors are not being entered into ICIS as required by the PCS policy statement and this is an area for State attention.
	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 Required
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	<p>Data Metric 1f3: Formal Action NPDES non-majors # of facilities – For fiscal year 2008, the number of NPDES non-major facilities which received formal enforcement actions reflected on the data metric was zero (0). ODEQ provided a list of enforcement actions, reporting that one hundred-six (106) non-major facilities were issued formal enforcement action. The Region reviewed the state tracking list of formal enforcement actions supplied by the ODEQ and identified approximately fifteen (15) of those listed as receiving formal enforcement action were possible 92-500 facilities.</p> <p>Data Metric 1f4 – Formal actions Non-majors # of actions – The total number of state formal enforcement actions issued to NPDES non-major facilities reflected on the data metric was zero (0). ODEQ provided a state tracking list and reported that one hundred twenty-eight (128) formal enforcement actions were issued to non-major facilities. The Region reviewed the state tracking list of formal enforcement actions supplied by the State and identified that approximately twenty (20) formal enforcement actions were issued to non-major 92-500 facilities.</p> <p>As discussed below in finding 5-1, ODEQ did not enter inspection data for non-majors into ICIS.</p> <p>In providing corrected data for the program review, ODEQ stated that according to ODEQ's delegated NPDES program, enforcement actions taken against non-major facilities and inspections at non-majors are not tracked in PCS (now ICIS-NPDES).</p> <p>The PCS Policy Statement, as amended, requires the data entry of inspections, compliance schedules and enforcement actions on publicly-owned treatment works (POTWs) if they were 92-500 facilities (i.e., received some federal grant assistance under the Clean Water Act), whether or not they are NPDES major facilities. The ICIS Addendum to the PCS Policy Statement, effective January 2008 and not in place for the SFY 2008 review period, does not restrict non-major inspection data entry to 92-500s.</p> <p>ODEQ and EPA Region 6 agree that non-major enforcement and inspection data entry into ICIS is not precluded in ODEQ's program assumption documents. In consideration of resource constraints and current Agency guidance for data entry, ODEQ and Region 6 will, by April 30, 2011, develop a prioritized approach for entering non-major enforcement and inspection data into ICIS. Prioritization will consider State and EPA environmental priorities and initiatives as well as current and historic data.</p>
	Metric(s) and Quantitative Values	Metric: 1f3 - # of non-majors receiving formal actions Value: initial 0, corrected 128

		Metric: 1f4 - # of formal actions issued to non-majors Value: initial 0, corrected 106
	State Response	(Metrics 1f3 and 1f4) EPA recommended that ODEQ resume the practice of entering enforcement actions for 92-500 facilities into ICIS-NPDES. This practice had been halted by ODEQ enforcement coordinators some time ago. While ODEQ agreed to resume this practice, it would still like EPA to consider the utility of the request, especially in light of the fact that a number of the facilities still identified as 92-500 facilities have undergone major upgrades or total replacement since originally receiving the federal funding that led to the 92-500 designation. In the revised draft report, EPA proposes an April 2011 milestone to prioritize how this information will begin to be coded into ICIS-NPDES. This seems like a reasonable time to revisit this issue, with the understanding that any effort to migrate this data into ICIS-NPDES will not be complete by April 2011. ODEQ is exploring options using existing data systems to migrate this data as efficiently as possible, but this process is not likely to be complete by April 2011, though we hope to make significant progress by that time.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	By April 30, 2011, develop a prioritized approach by which enforcement and inspection data for non-majors can begin to be coded into ICIS-NPDES. In conjunction with this, Region 6 will work with ODEQ to determine the proper coding for the routine inspections of non-majors conducted by ODEQ's Environmental Complaints and Local Services Division (see finding 5.1).

CWA Element 2 – Degree to which Minimum Data Requirements are Accurate		
2-1	Finding	Data reported in the national system is accurately entered and maintained.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	Data Metric 2a reports the percent of enforcement actions linked to violations for major facilities. The National goal is >80%. ODEQ exceeded the goal with 87.1%. Fifty-four (54) of the sixty-two (62) major facilities evaluated had enforcement actions linked to violations in ICIS. Files were reviewed to further examine the accuracy of data between the information in the files and data in ICIS (file metric 2b). Twenty-three (23) enforcement/inspection files were randomly selected for this review. Twenty (20) of the twenty-three (23) required data to be entered into ICIS and all twenty (20) of the files reviewed (100%) contained documents that the minimum data requirements (MDR) were reported accurately in ICIS. Three (3) files reviewed were storm water construction penalties and had no MDRs.
	Metric(s) and Quantitative Values	Metric: 2a – actions linked to violation - major facilities Value: Goal >= 80%, ODEQ 87.1% File Metric: 2b - % of files reviewed where data is accurately reflected in the national data system. Value: 100%
	State Response	
	Action(s) (include	

	any uncompleted actions from Round 1 that address this issue.)	NA
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CWA Element 3 – Degree to which Minimum Data Requirements are Timely

3-1	Finding	PCS data migration into ICIS occurred in June 2008 for Oklahoma. Taking this under consideration, overall timeliness of data entry for ODEQ was adequate.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	There were no significant data changes from the FY2008 frozen data set and the FY2008 data metrics for Oklahoma. There were some data changes made in ICIS based upon entering information listed in the State tracking list. The required changes were discussed with ODEQ during the review and updates were made to ICIS. The only area where the timeliness of data entry may be in question is in evaluating the results of the review regarding the data entry requirements for 92-500 (construction grant) non-majors. As discussed in Element 1 and Element 5 of this report, there were fifteen (15) enforcement actions and sixty (60) inspections that appeared to involve these types of facilities in FY2008. See findings on element (1f3, 1f4) and Element 5 (5b1) for more details regarding data entry for 92-500 non-majors.
	Metric(s) and Quantitative Values	
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CWA Element 4 – 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	Oklahoma met and exceeded the majority of the CWA § 106 commitments.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Explanation (If area for State	The CWA § 106 grant or FOCUS document for ODEQ described the planned inspections, data requirements, reports, and other enforcement and compliance commitments for the State fiscal year. ODEQ completed the commitments required by

	attention, describe why action not required, if area for improvement, provide recommended action)	<p>the Water Quality Division FOCUS 2008 document for enforcement and compliance monitoring. For a more detailed discussion on compliance monitoring activities, see CWA Element 5, Inspection Coverage.</p> <p>ODEQ's Focus document included the following compliance and enforcement provisions – by June 30, 2008: compliance evaluation or sampling inspections at each major facility of which 40 CEIs and 1 CSI funded by EPA. 312 wastewater technical assistance visits, 35 of which funded by EPA. 23 pretreatment compliance inspections and 5 audits. 3 audits and 10 PCIs funded by EPA.</p> <p>During State fiscal year 2008, ODEQ inspected 98 majors, performed 128 technical assistance visits and performed 6 pretreatment compliance inspections, 22 pretreatment audits and 15 CWA non-approved pretreatment program (significant industrial users) inspections.</p>
	Metric(s) and Quantitative Values	<p>File Metric: 4a % of planned inspections completed Value: initial 68%, corrected 98%</p> <p>File Metric: 4b Other Commitments. Delineate the commitments for the FY under review and describe what was accomplished. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The commitments should be broken out and identified. Value:</p>
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CWA Element 5 – Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).		
5-1	Finding	ODEQ completed the universe of planned inspections. ODEQ's compliance monitoring plan met national program goals.
	This finding is a(n):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	<p>Element 5 measures the degree to which core and priority inspection coverage is completed. Annual program guidance since FFY2003 had required a commitment that 100% of the majors be inspected annually, and had included a caveat that this percentage be lowered to 70%, as long as for each major that is not inspected, two (2) additional minor permittees are inspected. In the Oklahoma Focus/Grant document, the commitment for FY2008 was to complete a compliance evaluation inspection (CEI) or compliance sampling inspection (CSI) on EPA major wastewater facilities with a target of 100%. For State FY2008, ODEQ projected 100% majors coverage with a majors universe of 98. In the middle of the year, 3 new majors were permitted for the first time (total of 101 by the end of FY2008).</p> <p>Metric 5a Inspection coverage – NPDES Majors – Indicates a majors universe of 103. This includes 2 MS4 facilities not projected for annual inspection. The metric reflected that ODEQ inspected 68% of major facilities based upon federal FY</p>

		<p>2008. An ICIS-NPDES inspection data retrieval based on the State’s Fiscal Year reflected that ODEQ inspected 83 majors. For the same time period ECHO reflected 92 majors inspected. An inspection tracking list supplied by ODEQ reflected 98 major facilities inspected. The discrepancy between ODEQ’s tracking list and ICIS/ECHO is likely due to the data migration from PCS to ICIS and/or data entry. ODEQ will update ICIS to reflect actual inspection coverage.</p> <p>As indicated by the numbers in the inspections metrics listed below, ODEQ also has an aggressive compliance monitoring program for non-majors. For the file review a total of twenty-five (25) inspections were reviewed. Documents reviewed during the file review indicate that ODEQ utilizes their inspection program effectively to conduct routine and required facility inspections, to monitor compliance with schedules resulting from enforcement actions, to provide technical assistance or site visits, and to follow-up on recommendations made from previous inspections to ensure that deficiencies and violations are corrected.</p> <p>Metric 5b1 – Qualifying inspections at NPDES non-majors with individual permits, excluding those permits which address solely storm water, pretreatment, CAFOs, CSOs, or SSOs. The data metric reflected that the State did zero (0) inspections for non-majors. ODEQ supplied a tracking list that showed out of three hundred sixty-five (365) non-major facilities, two hundred twenty-four (224) (66%) were inspected, which exceeded the program authorization requirement. According to ODEQ, the non-major inspection data was not entered into ICIS because of resource constraints and because the inspections were not determined to be qualifying compliance inspections for coverage purposes (i.e., not CEI or CSI equivalent). ODEQ and Region 6 will work together to determine the proper coverage credit for the routine inspections of non-majors conducted by the Environmental Complaints and Services Division.</p> <p>The Region reviewed the state tracking list of inspections for non-majors facilities supplied by ODEQ and identified that approximately sixty (60) non-major 92-500 facilities received inspections and as such required data to be entered into the national database of record. The Region supplied ODEQ with the list of facilities to review and update ICIS if appropriate. ODEQ does not believe that entering inspection data for non-major 92-500s into PCS (now ICIS) is covered by the NPDES program assumption agreement. Inspection data entry for non-majors is discussed in finding 1-2 above.</p> <p>Metric 5b2 – Inspections at NPDES non-majors with general permits. The data metric reflected that the State did zero (0) inspections. ODEQ supplied a tracking list that showed out of one hundred thirty-three (133) non-major general permits, sixty-seven (67) (66%) were inspected.</p> <p>Metric 5c – Other inspections performed (beyond facilities indicated in 5a and 5b.) The data metric reflected that the state did zero (0) inspections. ODEQ supplied a state tracking list that showed a total of one thousand three hundred ninety-eight (1,398) inspections were conducted for CWA. The inspections consisted of one thousand three hundred fifty-five (1,355) storm water and forty-three (43) pretreatment.</p>
	Metric(s) and Quantitative Values	<p>Metric: 5a Inspection coverage – NPDES majors. Value: Goal 100%, Nat. Avg. 57.6%, ODEQ initial 68.3% corrected (State FY) 98%</p> <p>Metric: 5b1 – Inspections at NPDES non-majors with individual permits Value: initial 0 corrected 224</p> <p>Metric: 5b2 – Inspections at NPDES non-majors with general permits Value: initial 0 corrected 67</p> <p>Metric 5c - Other inspections performed Value: initial 0 corrected 1,398*</p> <p>*(CWA Storm water = 1,355; CWA Pretreatment (PCI and PA) = 28; CWA Pretreatment (SIU) = 15).</p>

	State Response	(Metric 5b1) Discussion of ICIS-NPDES coding of inspection data for 92-500 facilities similar to that regarding Metrics 1f3 and 1f4 above. We are awaiting a determination from EPA as to how our routine inspections conducted by the Environmental Complaints and Local Services Division might qualify for the purposes of inspection coverage of non-major facilities. Inspection forms were provided to Region 6 in April 2010 for EPA's determination. If we are going to begin coding these inspections into ICIS-NPDES, we want to know what to call them so we get proper credit.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CWA Element 6 – 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	Oklahoma's inspection reports properly documented observations and included accurate description of observations. Of the twenty-five (25) inspection reports reviewed, Twenty-one (21) were completed in a timely manner.
	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	ODEQ was thorough in the documentation of inspection observations and findings so proper compliance determinations could be made. Twenty-five (25) inspection reports were reviewed under this element and all contained sufficient documentation and observations that were critical in making a compliance determination as well as determining whether a follow-up inspection was necessary to insure compliance in correcting the observed deficiencies. This SRF element also evaluated the completeness of the inspection reports. With respect to analyzing the completeness of state inspections reports, an inspection report completeness checklist was developed for SRF. Of the twenty-five (25) inspections reviewed and evaluated against this checklist, all were complete for the type of inspection performed. The SRF CWA File Review Plain Language Guide states that the timeline for completing inspection reports should be the timeline in the state-specific Enforcement Management System (EMS). According to Oklahoma's Memorandum of Agreement (MOA) with EPA, Revised August 4, 2007, inspection reports are to be available within forty-five (45) days of the date of inspection. As to the timeliness of competing inspection reports, 84% (21 of 25) were completed in a timely manner, and 16% (4 of 25) of the inspection reviewed were not completed in a timely manner. Three (3) inspections took from forty-nine (49) to fifty-six (56) days, and one (1) inspection took two hundred thirty-six (236) days to complete. According to ODEQ, the 236 day gap was an anomaly involving the performance on an individual that has been addressed. DEQ's employee evaluation process requires that all inspectors complete their CEI reports within 45 days of the inspection date. This goal is generally met.
	Metric(s) and Quantitative Values	File Metric: 6b -% of inspection reports reviewed that are complete. Value: 100% File Metric: 6c - % of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.

		Value: 100% File Metric: 6d - % of inspection reports reviewed that are timely. Value: 84%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CWA Element 7 – 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	Compliance determinations are accurately made and promptly reported in the national database for the majority of the files reviewed and unresolved compliance schedules are addressed appropriately.
	This finding is a(n):	<input checked="" 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 Required
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	<p>Data Metric 7a1 and 7a2 track SEVs in ICIS (7A1 tracks SEVs for active majors and 7a2 tracks SEVs for non majors. Pursuant to <i>May 22, 2006 Final SEV Data Entry Guide for PCS</i>, SEVs are a required data element for NPDES major and PL-500 (construction grant) non-majors in PCS (the guidance says that EPA strongly encourages entry of SEV’s for non-major facilities, however, at this time, there is not a requirement for such entry).</p> <p>All 25 inspection reports reviewed led to accurate compliance determinations. Seven (7) of the 25 facility files reviewed had single event violations. All were accurately identified as SNC or Non-SNC. Five (5) facilities reviewed had single event violations identified as SNC and all 5 were linked to enforcement actions in ICIS. Two (2) of the facilities were minors and ICIS data entry was not required. One (1) of the minors evaluated consisted of enforcement action with a penalty for a fish kill and although the enforcement action and the SEV were not required to be entered into ICIS, ODEQ is encouraged to enter the inspection, the enforcement actions and the SEV for violations of this nature into the national data base of record in order to assure the public and stakeholders that violations of this nature are being addressed. In evaluating SEVs linked to inspections, the file review revealed that on two (2) of the major facilities reviewed, the violations were linked to the enforcement action but were not linked to the inspection in ICIS, as required.</p> <p>For data metric 7b, sixteen (16) of fifty-six (56) facilities had unresolved compliance schedule violations with a percentage rate of 28.6% which was under the national average of 37%. For the file review, five (5) facilities were reviewed which had compliance schedules from enforcement actions. Three (3) of the five (5) facilities were on the data metric list and the compliance schedule violations had been addressed so there were no unresolved compliance schedule violations remaining for the facilities in question for FY 2008. The compliance schedule data was in ICIS and coded correctly.</p>

		Twenty-five of 25 inspection files reviewed led to accurate compliance determinations.
	Metric(s) and Quantitative Values	Metric: 7a1 – Single Event Violations at majors Value: 64 Metric 7b – Unresolved compliance schedule Violations: Value: Nat. Avg. 37%, ODEQ 28.6% File Metric: 7e -% of inspection reports or facility files reviewed that led to accurate compliance determinations. Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CWA Element 8 – 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	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	Significant noncompliance was accurately identified and entered into the database for all enforcement actions for the files reviewed. SNC was identified from inspections for two (2) files were not linked to inspection in ICIS.
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	The data metric for 8c showed that in FY2008, 29% (30 of 103) of the major facilities were SNC which indicated that Oklahoma is diligent in identifying SNC. An evaluation of the facilities in SNC on the data metric revealed that 70% (21 of 30) of the facilities in SNC were issued formal enforcement actions that returned them to compliance or provided a mechanism for them to return to compliance Seven (7) facility files reviewed had single event violations that were accurately identified as SNC or Non-SNC. Five (5) of these had single event violations identified as SNC and were reported timely and linked to the enforcement action in ICIS. Two (2) of the facilities were minors and ICIS data entry was not required; nonetheless, the SNCs were accurately identified and addressed by enforcement actions. In evaluating SNC for SEVs, the file review revealed that on two (2) of the major facilities reviewed, the SNCs were accurately identified in the inspections, but as mentioned in finding 7-1 above, the SEVs were not linked to the inspections in ICIS, as required.
	Metric(s) and Quantitative Values	Metric: 8a2 – % major facilities in SNC Value: Nat. Avg. 23.8%, ODEQ 29.1% File Metric: 8b – % of single event violation(s) that are accurately identified as SNC or Non-SNC. Value: 100%

		File Metric: 8c – % of single event violation(s) identified as SNC that are reported timely. Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CWA Element 9 – 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	This finding is a(n):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	Oklahoma's enforcement strategy met the guidelines and followed EMS procedures established in their program authorization documents. The findings in this area for the files reviewed showed they followed good practices.
Explanation	(If area for State attention, describe why action not required, if area for improvement, provide recommended action)	<p>Ten (10) formal enforcement responses were reviewed and all contained corrective action requirements with specified time frames that returned or will return the source in SNC to compliance. The enforcement responses in all of the files reviewed usually consisted of a notice of violation (NOV) being issued first, followed by a Consent Order with a compliance schedule and/or a penalty and SEP. A Consent Order with a penalty was issued within sixty (60) days minimum and one hundred-twenty (120) days maximum after the issuance of a notice of violation.</p> <p>Twelve (12) facilities were reviewed with informal enforcement responses for non-SNC violations. The enforcement responses were warning letters with a thirty-day (30) response due for a marginal or unsatisfactory inspection. In 100% of the files the response was received back from the facility with deficiencies and violations corrected and/or addressed. In the case where follow-up compliance monitoring inspections (CMIs) were needed to determine compliance, CMIs were conducted. Once compliance was attained the facility was sent a letter notifying them that the response was adequate.</p> <p>For fiscal year 2008, according to the data metrics the number of enforcement actions with penalties (1g1) and the total state penalty in dollars were zero (0). As penalty data is not required to be entered by the state into the national database, ODEQ provided a penalty tracking list with twenty-nine (29) penalty enforcement actions with a total state penalty amount in dollars of \$1,369,041.. Judicial penalty amount is required data for states, however, there were no penalties collected pursuant to civil judicial settlements for FY2008. The three (3) year average dollar amount of total penalties collected pursuant to administrative actions (1g4) reported by the State via the tracking list was \$641,163.56.</p>

	Metric(s) and Quantitative Values	File Metric: 9b - % of enforcement responses that have returned or will return a source in SNC to compliance. Value: 100% File Metric: 9c - % of enforcement responses that have returned or will returned a source with non-SNC violations to compliance. Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CWA Element 10 – Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.		
10-1	This finding is a(n):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	Oklahoma takes timely and appropriate actions in accordance with CWA policies.
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	<p>For the file review, six (6) enforcement responses were reviewed that addresses SNC. The enforcement responses were all timely and addressed SNC appropriately. All six (6) of the SNC violations were addressed with formal enforcement actions. The majority of the formal actions consisted of Consent Orders with compliance schedules and a penalties. The enforcement responses had the effect of bringing the facilities into compliance or contained schedules of activities to achieve compliance. Therefore, the SNC violations were appropriately addressed by the enforcement responses.</p> <p>The data metric for Element 10 showed six (6) facilities without timely actions in FY2008 and as such they appeared on the Watch List. ODEQ stated that all 6 had been previously addressed by enforcement and were on compliance schedules when the new violations occurred (i.e., the new violations, which appeared to be unaddressed, were continuations of the violations already addressed by enforcement actions and compliance schedules). Typically, ODEQ addresses this kind of situation by issuing notices of violation or with an addendum to the enforcement action. ODEQ asked if there was a mechanism whereby ICIS could recognize a pre-existing addressing action to avoid the appearance of an unaddressed violation. We indicated that there is currently no such mechanism. New violations need to be linked to new enforcement actions.</p> <p>Data metric 10a indicates that ODEQ is above the national average in the timeliness of enforcement, but it is marginally below the national goal primarily due to the reasons stated in the previous paragraph. ODEQ addresses new violations for facilities that are SNC and on the Watch List by issuing a notice of violation (NOV) and/or an addendum to a Consent Order to add a new schedule or change an existing schedule taking into account that the facility is already under an enforcement</p>

		order. In most cases this removes the facility from the Watch List but does not prevent a facility on a compliance schedule from showing back up on the Watch List and giving the appearance that timely and appropriate action is not being taken.
	Metric(s) and Quantitative Values	Metric: 10a – % major facilities without timely action Value: Goal < 2%, Nat. Avg. 16.8%, ODEQ 5.8% File Metric: 10b - % of enforcement responses reviewed that address SNC that are taken in a timely manner. Value: 100% File Metric: 10c - % of enforcement responses reviewed that address SNC that are appropriate to the violations. Value: 100% File Metric: 10d - % of enforcement responses reviewed that appropriately address non-SNC violations. Value: 100% File Metric: 10e - % enforcement responses for non-SNC violations where a response was taken in a timely manner. Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CWA Element 11 – Degree to which state documents in its files that initial penalty calculation include both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.

11-1	This finding is a(n):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	ODEQ penalty calculations included gravity and economic benefit.
	Explanation (If area for State attention, describe why action not required, if area for improvement, provide recommended action)	100% (4 of 4) of the Oklahoma program files reviewed with penalty actions contained documentation that gravity and economic benefit were considered. The documentation for these penalties were not in the program files, but were in the files maintained by the attorneys and these were provided to the file review team.
	Metric(s) and Quantitative Values	Metric: 11a - % of penalty calculations that consider and include where appropriate gravity and economic benefit. Value: 100%
	State Response	

	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CWA Element 12 – Degree to which differences between the initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.

12-1	This finding is a(n):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendation Required
	Finding	ODEQ penalty calculations included initial and final penalties.
Explanation	(If area for State attention, describe why action not required, if area for improvement, provide recommended action)	100% (4 of 4) of the files reviewed with penalty actions contained documentation for the difference and rationale between the initial and final assessed penalty. Copies of documentation such as checks were in file to show the final penalty was collected.
	Metric(s) and Quantitative Values	Metric: 12a - % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty. Value: 100% Metric: 12b - % of enforcement actions with penalties that document collection of penalty. Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

V. Element 13 Submission

ODEQ provided the following material describing successful projects for informational purposes.

CAA

AQD C/E developed a policy for more quickly addressing violations identified through on-site evaluations. This policy, known as Alternate Enforcement Procedure, provides a facility found in violation a way to address violations expeditiously. The on-site evaluation report details the violations and is sent to the facility with a cover letter summarizing the violations. If the facility stipulates to the violation and submits a compliance-plan the enforcement proceeds from there. In the event of a Level 1 violation (which includes HPV) the facility and ODEQ negotiate settlement through a Consent Order, which is a bi-lateral agreement, and includes an appropriate penalty. In Level 2 or Level 3 cases the compliance plan is tracked until completion, whereupon the case is resolved. This saves ODEQ time and resources, notifies the facility of compliance issues sooner, and reduces contentiousness associated with traditional enforcement documents.

RCRA

Pollution Prevention (P2) Program activities during this period related to compliance assistance, pollution prevention, and similar activities were:

1. Promotion and recruitment of OKStar participants in general manufacturing, automotive service and food handling facilities
 - a. Possible recruits attended workshops on FOG management and “How to Inventory Waste for Environmental Compliance.”
 - b. Site assistance visits (SAV) for compliance and technical assistance were provided on request.
2. SAVs to facilities referred by inspectors and pretreatment operators — These provided compliance assistance and identified possible applications of P2 strategies.
3. Presentations with the OK Safety Council on Lean Manufacturing and Safety — This provided an introduction to the 5S principles.
4. Workshops co-sponsored by the OK Small Business Development Centers for “How to Inventory Waste for Environmental Compliance.” (*in addition to those mentioned above*)
5. FOG workshops with the city of Tulsa Partnership for a Clean Environment (PACE) (*in addition to those mentioned above*)

CWA

Municipal Wastewater Enforcement

In March of 2008, ODEQ began a new initiative, known as “Our Facility,” to focus some attention and coordinate interdivisional efforts toward solving some long-standing problems bringing small municipal wastewater facilities into compliance with discharge and construction standards. This initiative was encouraged at the highest levels of ODEQ management: Executive Director Steve Thompson and the Division Directors Jon Craig of the Water Quality Division (WQD), Gary Collins of the Environmental Complaints and Local Services (ECLS) Division, and Judy Duncan of the Customer Services Division (CSD).

Facilities for inclusion in the Our Facility program were identified from the Level One enforcement list as well as discussions of personnel from the three divisions. Eventually, through a process of prioritization, twenty-five facilities were selected, representing a blend of small discharging and total retention wastewater systems. Mr. Thompson led a kick-off meeting attended by staff from the three divisions. He articulated his vision that this initiative was a new way of doing business and targeting resources to assist small communities achieve compliance and foster the perception in small towns that ODEQ can be a partner rather than an adversary. This initiative did not replace enforcement since the communities all were under enforcement orders, but to guide the communities through the process of complying with those orders and coming into compliance.

The primary goal of the initiative was to help the selected communities achieve compliance using a variety of tools provided by ODEQ personnel. In order to do this, ODEQ pooled agency resources to assist communities through technical assistance from ECLS, WQD and CSD, as well as contract assistance from Oklahoma Municipal League and Oklahoma Rural Water Association. ODEQ personnel refine the use of tools for assistance including funding support, operation and maintenance training, personal attention to help towns function to make decisions, and use of Supplemental Environmental Projects (SEPs) to fund small community assistance. In the process, ODEQ piloted processes that can be incorporated in the routine way that we do business in the future. Success was defined not merely by having an enforcement order in place, providing technical assistance, or providing funding support, but by having the facility on a path to attaining compliance.

The following is a brief summary of the progress to date made by some of the Our Facility communities.

Town	Status
Caddo	Completed construction of total retention lagoon system to replace a failing mechanical plant, i.e., achieved compliance through ceasing to discharge.
Pensacola	An adjacent rural water district, which already supplied water to residents of Pensacola, assumed operation of the activated sludge plant. Success near through finally having competent operations.
Kiowa	ODEQ assisted the town to obtain grant funds. The town hired a contractor to construct land application system and construction is underway.
Fairland	Contract awarded and construction required by Consent Order is now underway.

Town	Status
Hitchcock	On the way towards a fix: contractor has closed old lagoon cell, is in the process of closing the other, and sealing the new cell will be complete in July 2009 pending cooperative weather.
Quapaw	The new force main to the discharge point on the Spring River is under construction.
Boynton	Grant funding was awarded. Progress has been made identifying the problem at the lagoon, ODEQ staff still helping to identify the solution. ODEQ helped arrange support from City of Muskogee to inspect and jet the lines to remove the blockage.
Wilson	Progress made – Declare success with all that we have targeted.
Hardesty	SEP funding used to buy land and get project started
Geronimo	Well on the way to solution – Still addressing some erosion on the dikes.
Covington	Contract to remove sludge from the #2 primary cell, repair and rip-rap all lagoon dikes has been awarded. The funding for the project will through a combination of grants, sales tax increase, and a loan. The project start date is July 16, 2009, and it will take 180 days to complete. This phase of the final repairs to the lagoon system would address all the violations in the Consent Order.

As the current facilities achieve success, other communities that need this type of focused assistance will be incorporated into Our Facility.

Industrial Wastewater and Storm Water Enforcement

ODEQ staff began to conduct Municipal Separate Storm Sewer System (MS4) evaluations/audits in FFY 2007. In FFY 2008, the following evaluations were completed:

- City of Oklahoma City (Phase I) – November 5-9, 2007
- City of Broken Arrow (Phase II) – February 14, 2008
- City of Edmond (Phase II) – April 2, 2008
- Oklahoma Turnpike Authority (Phase II) – June 30 & July 1, 2008

Evaluation reports for these MS4s have already been submitted to EPA Region 6. MS4 evaluations have and will continue to be conducted in FFY 2009.

In addition to conducting MS4 evaluations/audits, ODEQ personnel have performed other activities in support of MS4 permittees. We conduct annual coordination meetings with the Phase I MS4 cities in order to keep in touch with MS4 staff and stay informed as to

their activities. ODEQ personnel also assist MS4 permittees through technical assistance visits, consultations, referrals, and cooperative training efforts.

Two advocacy groups have also been active and proactive in the development of stormwater activities for MS4 permittees: Green Country Storm Water Alliance (GCSWA) and the Central Oklahoma Stormwater Coalition (COSC). GCSWA is located in the Tulsa metropolitan area and has been providing training and other developmental activities for its 14 members since 2006, with the Indian Nations Council of Governments, a local substate planning district, as an advisor/producer. The COSC is a more recently formed group in the Oklahoma City metropolitan area. MS4 communities, both Phase I and Phase II, in the Oklahoma City metropolitan area formed this group to promote the objectives of MS4 communities and have undertaken proactive efforts by writing, funding, and broadcasting promotional messages on metropolitan Oklahoma City radio stations. These announcements have been made by elected officials and staff from the MS4 group.

The objective of ODEQ, the MS4 permittees, and the ad hoc groups is to improve water quality through the promotion of Best Management Practices and meeting the objectives of OPDES requirements for storm water management.

Appendix A: Status of Recommendations From Previous Review

Status	Due Date	Media	Title	Finding	E#	Element
Completed	10/1/2003	CAA	Implement report completeness checklist	Some inspection reports omit enforcement history or excess emissions	E2	Violations ID'ed Appropriately
Completed	10/1/2004	CAA	ODEQ effort to meet goal	Some air enforcement actions are not taken within 270 days of violation determination	E6	Timely & Appropriate Actions
Completed	10/1/2004	CAA	ensure clear penalty documentation	Some penalty documentation did not cover the consideration of economic benefit. In some instances, it was difficult, from penalty documentation, the link between penalty amounts and violation counts.	E7	Penalty Calculations
Completed	10/1/2004	RCRA	Implement inspection/enforcement history	ODEQ archives files after 5 yrs. Inspectors need historic inspection/enforcement information.	E2	Violations ID'ed Appropriately
Completed	10/1/2004	RCRA	assign appropriate inspection type	Inactive facility was coded in RCRAInfo as having received a CEI.	E11	Data Accurate
Completed	9/30/2005	RCRA	implement new records management system.	Unable to locate missing portions of inspection files	E2	Violations ID'ed Appropriately
Completed	10/1/2004	RCRA	enforcement staff needs inspection/enforcement history.	On instance - Inspection identified violation as secondary violation - repeat violation, should have been coded as SNC	E4	SNC Accuracy

Status	Due Date	Media	Title	Finding	E#	Element
Completed	9/30/2005	RCRA	implement system for records management	3 of 5 files reviewed were missing penalty calculations	E7	Penalty Calculations
Completed	9/30/2005	RCRA	implement system for records management	2 final penalty calculations reviewed - missing documentation on final economic benefit and gravity components and mitigation amounts.	E8	Penalties Collected
Completed	4/1/2005	RCRA	determine/implement additional QA/QC measures	13 of 29 files reviewed indicated at least one data errors	E11	Data Accurate

Appendix B: Official Data Pull

CAA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			323	NA	NA	NA	NO - Same number as of 3-30-09		TEAM	
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			323	NA	NA	NA	NO - Same number as of 3-30-09		TEAM	
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			1,041	NA	NA	NA	YES - OK has 1064 for a difference of 23	N/A as usual updates	TEAM	See notes in drilldowns
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			16	NA	NA	NA	NO - Same number as of 3-30-09		TEAM	
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			722	NA	NA	NA	YES - No exact report to check numbers but rough review indicated numbers are very close	N/A as usual updates	TEAM	See notes in drilldown hardcopies
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			445	NA	NA	NA	YES - No exact report to check numbers but rough review indicated numbers are very close	N/A as usual updates	TEAM	See notes in drilldowns

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			32	NA	NA	NA	NO - Same number as of 4-3-09		TEAM	
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			549	NA	NA	NA	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	77.6%	100.0%	290	290	0	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	34.8%	100.0%	21	21	0	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	91.4%	100.0%	285	285	0	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			364	NA	NA	NA	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			373	NA	NA	NA	NO - Same number as of 4-9-09			

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			1,551	NA	NA	NA	No drilldown report available to check this - Closest number from TEAM was 1430		TEAM	
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			327	NA	NA	NA	Yes - Ok has several more	N/A as usual updates	TEAM	See notes in drilldowns
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			50	NA	NA	NA	NO - Same number as of 4-10-09			
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			49	NA	NA	NA	NO - Same number as of 4-10-09			
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			48	NA	NA	NA	NO - Same number as of 4-10-09			
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			46	NA	NA	NA	NO - Same number as of 4-10-09			
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	50.8%	100.0%	48	48	0	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	66.6%	100.0%	48	48	0	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	66.5%	100.0%	48	48	0	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			27	NA	NA	NA	NO - Same number as of 4-13-09			
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			27	NA	NA	NA	NO - Same number as of 4-13-09			
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$332,177	NA	NA	NA	NO - Same number as of 4-13-09			
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		0	NA	NA	NA	NO CMS policy applicability is checked every month			
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	62.4%	24.5%	35	143	108	Count number is OK; universe number Ok has several more	N/A as usual updates	TEAM	See notes in drilldowns
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	0	78	78	Universe number OK and cannot batch from TEAM without results code			

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			11	NA	NA	NA	NO - Same number as of 4-13-09			
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	33.9%	33.3%	16	48	32	NO - Same number as of 4-10-09			
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	62.4%	94.6%	1,016	1,074	58	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	71.9%	98.5%	67	68	1	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	59.3%	56.6%	175	309	134	YES - minor difference explained * EPA explained this was for last cycle which started in FY08-FY09 but metric only pulled FY08 data	N/A as usual updates	TEAM	See notes in drilldowns
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	State	100%	81.5%	82.8%	275	332	57	NO - Same number as of 4-15-09 * EPA explained this was for last two complete fiscal years which were FY07-FY08			
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	68.7%	42.7%	183	429	246	Count and not counted numbers are off - see drilldown notes	N/A as usual updates	TEAM	See notes in drilldowns
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	100.0%	100.0%	96	96	0	This metric seems to pull data for FY08 and FY09 only. Armie L. with EPA has been contacted to fix this. With this the case numbers are OK			

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		80.8%	86.2%	914	1,060	146	Count and not counted numbers are OK but TEAM pull shows lower due to not having enf. actions - also see notes in drilldown	N/A as usual updates	TEAM	See notes in drilldowns
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		30.3%	54.5%	728	1,335	607	Count and not counted numbers are OK but TEAM pull shows lower due to not having enf. actions - also see notes in drilldown	N/A as usual updates	TEAM	See notes in drilldowns
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			28	NA	NA	NA	Count OK. Unknown were due to fiscal year overlap and all unknown at this time were scheduled for next SFY and were completed.			
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA	N/A as Oklahoma has never conducted an investigation per CMS policy			
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	92.9%	98.7%	306	310	4	NO - Same number as of 4-17-09			

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	21.2%	63.6%	267	420	153	Universe number is OK but counted number is skewed high due to showing all violations during fiscal year but may not be related to action pulled from fiscal year. TEAM cannot pull accurate data but data reviewed in drilldowns. Actual numbers are x=172 and x-y=247. Percent = 41%	N/A as usual updates	TEAM	See notes in drilldowns
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	43.5%	100.0%	6	6	0	NO - Same number as of 4-22-09			
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	7.9%	9.0%	29	323	294	Count has minor discrepancies and universe is OK	N/A as usual updates	TEAM	See notes in drilldowns
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.7%	1.5%	16	1,041	1,025	Count and universe have minor discrepancies	N/A as usual updates	TEAM	See notes in drilldowns

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	74.6%	85.7%	12	14	2	Count and Universe is OK. Not counted are Level 1 non-HPVs			
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	40.1%	66.7%	18	27	9	Count and Universe is OK.			
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 National Avg	43.8%	30.8%	4	13	9	Count and Universe is OK.			
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		37.1%	54.2%	58	107	49	Small discrepancies with both count and not count but very close.	N/A as usual updates	TEAM	See notes in drilldowns
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			27	NA	NA	NA	NO - Same number as of 4-23-09			
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	86.5%	100.0%	19	19	0	NO - Same number as of 4-23-09			

RCRA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			13	NA	NA	NA	N
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			131	NA	NA	NA	N
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			523	NA	NA	NA	N
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			2,108	NA	NA	NA	N
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			136	NA	NA	NA	N
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			168	NA	NA	NA	N
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			164	NA	NA	NA	N
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			95	NA	NA	NA	N
R01C2S	Number of sites with violations determined during the FY	Data Quality	State			79	NA	NA	NA	N
R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State			79	NA	NA	NA	N
R01D2S	Informal actions: number of actions (1 FY)	Data Quality	State			80	NA	NA	NA	N
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			3	NA	NA	NA	N
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State			4	NA	NA	NA	N
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			2	NA	NA	NA	N
R01F2S	Formal action: number taken (1 FY)	Data Quality	State			3	NA	NA	NA	N

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)
R01G0S	Total amount of final penalties (1 FY)	Data Quality	State			\$103,750	NA	NA	NA	N
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	N
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	N
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			3	NA	NA	NA	N
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			50.0%	2	4	2	N
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.5%	84.6%	11	13	2	N
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	23.3%	15.4%	21	136	115	N
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	67.8%	79.4%	108	136	28	N
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			30.6%	160	523	363	N
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only	State			220	NA	NA	NA	N
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			56	NA	NA	NA	N
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			1	NA	NA	NA	N
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			22	NA	NA	NA	N

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			48.2%	79	164	85	N
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	3.3%	1.8%	3	164	161	N
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	78.6%	100.0%	3	3	0	N
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	58.8%	100.0%	3	3	0	N
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	27.5%	66.7%	2	3	1	N
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			3	NA	NA	NA	N
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$103,750	NA	NA	NA	N
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	80.6%	100.0%	1	1	0	N

CWA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			103	NA	NA	NA				
P01A2C	Active facility universe: NPDES	Data Quality	Combined			0	NA	NA	NA				

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
	major general permits (Current)												
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			361	NA	NA	NA				
P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			176	NA	NA	NA	Y	119		Data set contains 57 general permits beginning with OKG34... All listed as administratively continued, having expired on July 12, 1989. ODEQ is not aware of the origin of these permits. It would appear that these should be removed from the facility universe
P01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	95.3%	99.0%	102	103	1	Y			On what basis was Enid's permit (OK0021628) identified as being incorrectly coded?
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	92.3%	95.4%	309	324	15				
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=; 95%	91.0%	98.1%	101	103	2				
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			24.2%	8	33	25				

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			91.1%	329	361	32	Y			Same as PO1B1C
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			93.1%	981	1,054	73				
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			96.1%	347	361	14				
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			77.0%	278	361	83				
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	0	0	0				
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			104	NA	NA	NA				
P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			56	NA	NA	NA	Y			According to ODEQ's delegated NPDES program, enforcement actions taken against non-major facilities are not tracked in PCS (now ICIS-NPDES). For the evaluation period (assumed

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
													to be Federal fiscal Year 2008, October 1, 2007 through September 30, 2008), ODEQ issued a total of 143 NOVs and entered into a total of 84 Consent Orders or Addenda thereto involving both major, non-major, and non-NPDES municipal and industrial wastewater facilities.
P01E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA				
P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			68	NA	NA	NA				
P01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA				
P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			1	NA	NA	NA				
P01E3E	Informal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA				
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			1	NA	NA	NA				
P01E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA				

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			44	NA	NA	NA				
P01F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA				
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			62	NA	NA	NA				
P01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA				
P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA				
P01F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			16	NA	NA	NA	Y			Of the 16 formal enforcement actions listed as being taken by EPA against non-major facilities in Oklahoma, 15 were taken against CAFOs, which are not regulated by ODEQ. The other action, against the Town of Skiatook, was taken for a SDWA issued unrelated to the NPDES program
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA				
P01F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			16	NA	NA	NA				
P01G1S	Penalties: total number of	Data Quality	State			0	NA	NA	NA	Y			see P01G5S

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
	penalties (1 FY)												
P01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			0	NA	NA	NA				
P01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$0	NA	NA	NA	Y			see PO1G5S
P01G2E	Penalties: total penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA				
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA	NA	Y			see PO1G5S
P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$105,000	NA	NA	NA				As with PO1F3E, the penalties listed as collected by EPA involve CAFOs, which are not regulated by ODEQ.
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$0	NA	NA	NA	Y			see PO1G5S
P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$133,800	NA	NA	NA				Same as PO1G3E
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$0	NA	NA	NA	Y		ODEQ Penalty list	The entire group of metrics involving penalties does not reflect any of the penalties collected by ODEQ during Federal fiscal year 2008 (October 1, 2007, through September 30, 2008), or over the three-year period used for trend evaluation. ODEQ maintains a tracking list of

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
													Administrative Penalties (including cash penalties and SEPs). This tracking list is provided to EPA on a periodic basis and can be provided for review during the file selection process or sooner, if necessary.
P01G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA				
P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		87.1%	54	62	8				Unable to view the list of 8 major facilities list as having enforcement action not properly linked to violations. Ideally, all enforcement actions coded into PCS (now ICIS-NPDES) should be linked to violations, so it would be useful for ODEQ to know which facilities are shown as not having the proper linkage.
P02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	>=; 80%		0 / 0	0	0	0				
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	57.6%	68.3%	69	101	32	Y	100%		The discrepancies in inspection coverage reflected in these metrics is a product of the discrepancy

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
													between Federal Fiscal Year 2008 (October 1, 2007, through September 1, 2008) and State Fiscal Year 2008 (July 1, 2007, through June 30, 2008). ODEQ inspects 100% of its major facilities ever State Fiscal Year.
P05A0E	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100%	5.9%	3.0%	3	101	98				
P05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	60.4%	69.3%	70	101	31				
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			0.0%	0	361	361	Y		State visit tracking list	According to ODEQ's delegated NPDES program, inspections at non-major facilities are not tracked in PCS (now ICIS-NPDES). ODEQ maintains a site visit tracking list, which can be made available to EPA during the file selection process or sooner, if necessary.
P05B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA			0.0%	0	361	361				

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
P05B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			0.0%	0	361	361				
P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			0.0%	0	176	176				
P05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA			0.0%	0	176	176				
P05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			0.0%	0	176	176				
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.0%	0	2	2				
P05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			0.0%	0	2	2				
P05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			0.0%	0	2	2				
P07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			64	NA	NA	NA				
P07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	NA	NA	NA	Y			As noted above, ODEQ does not track enforcement actions or inspections for non-major facilities in PCS (now ICIS-NPDES). This would explain the lack of single-event

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation
													violations at non majors in the metric.
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		37.0%	28.6%	16	56	40				
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		28.9%	10.9%	5	46	41				
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		55.0%	61.2%	63	103	40				
P08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			30	NA	NA	NA				
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		23.8%	29.1%	30	103	73				
P10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	16.8%	5.8%	6	103	97				

Appendix C: PDA Transmittal



ODEQ Framework review - preliminary data analysis and file selection

Mark Potts to: wendy.caperton

07/09/2009 08:52 AM

Bcc: David Garcia, Esteban Herrera, Toni Allen, Michael Michaud, Diane Taheri, Debra Berry, Ragan Broyles, Rhonda Smith, Eva Steele, Mark Potts

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Wendy, thanks to everyone for their assistance thus far in the review.

To sum up where we are:

The Region provided the data metrics out of the OTIS State Review Framework web site to ODEQ. ODEQ reviewed and provided corrected data.

Here's the spreadsheets showing the corrected data:



ODEQ 08 air data metrics.1. corrected.xls



ODEQ 08 water data metrics. corrected.xls



ODEQ 08 RCRA data metrics.corrected.xls

The Region used the corrected data to identify potential areas of concern or questions needing further discussion or research. ODEQ and Regional staff also worked together to develop file selection lists.



Here's a description of the preliminary data analysis, file selection rationale and the file selection lists for air, water and RCRA

[ODEQ PDA and file selection air, water & RCRA.doc](#)

The file reviews have been scheduled. Water is underway - 7/6-10/09. Air - week of 7/20/09. RCRA - 7/29-31/09.

I plan to be there tomorrow for the water file review exit conference. Let me know if you have questions. Thanks again.

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 the 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 a 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. The full PDA Worksheet (Appendix E) contains every metric: positive, neutral or negative. Initial Findings indicate the observed results. Initial Findings are preliminary observations and are used as a basis of further investigation that takes place during the file review and through dialogue with the State. Final 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.

Appendix D: Preliminary Data Analysis Chart

CAA

Metric	Metric Description	Metric Type	National Goal	National Average	OTIS Metric	ODEQ Provided Correction	EPA Preliminary Analysis
3A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	33.9%	33.3%		appears low, discuss with ODEQ
10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator		37.1%	54.2%		appears high, discuss with ODEQ, review SNC addressing actions in file review

RCRA

Metric	Metric Description	Metric Type	National Goal	National Average	OTIS Metric	ODEQ Provided Correction	EPA Preliminary Analysis
3A0S	Percent SNCs entered >= 60 days after designation (1 FY)	Review Indicator			50%		discuss delayed entry with ODEQ

Metric	Metric Description	Metric Type	National Goal	National Average	OTIS Metric	ODEQ Provided Correction	EPA Preliminary Analysis
5A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	100%	87.5%	84.6%		appears low, discuss with ODEQ
5B0S	Inspection coverage for LQGs (1 FY)	Goal	20%	23.3%	15.4%		appears low, discuss with ODEQ
5C0S	Inspection coverage for LQGs (5 FYs)	Goal	100%	67.8%	79.4%		appears low, discuss with ODEQ
8A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	1/2 National Avg	3.3%	1.8%		appears low, evaluate SNC identification in file review
10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	80%	27.5%	66.7%		appears low, discuss with ODEQ

CWA

Metric	Metric Description	Metric Type	National Goal	National Average	OTIS Metric	ODEQ Provided Correction	EPA Preliminary Analysis
1E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality			68	90	additional 22 on ODEQ's tracking list provided 5/29/09. Discuss difference with ODEQ.
1F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality			62	67	additional 5 on ODEQ's tracking list provided 5/29/09. Discuss difference with ODEQ.

Metric	Metric Description	Metric Type	National Goal	National Average	OTIS Metric	ODEQ Provided Correction	EPA Preliminary Analysis
1F3S	Formal actions: number of non-major facilities (1 FY)				0	106	According to ODEQ's delegated NPDES program, enforcement actions taken against non-major facilities are not tracked in PCS (now ICIS-NPDES). For the evaluation period (assumed to be Federal fiscal Year 2008, October 1, 2007 through September 30, 2008), ODEQ issued a total of 143 NOVs and entered into a total of 84 Consent Orders or Addenda thereto involving both major, non-major, and non-NPDES municipal and industrial wastewater facilities. According to PCS policy statement actions for 92-500 minor facilities should be entered into PCS/ICIS-NPDES
1F4S	Formal actions: number of actions at non-major facilities (1 FY)				0	128	Same as 1F3S.
5A0S	Inspection coverage: NPDES majors (1 FY)	Goal	100%	57.6%	68.3%	100%	ODEQ attributed to discrepancy between federal and state fiscal years. Inspection list from ODEQ indicated 87 of 101 (89%) inspected during federal FY. Discuss difference with ODEQ.
5B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal			0	224	revised number (92-500 minors) from ODEQ inspection tracking list. Discuss difference with ODEQ.
10A0C	Major facilities without timely action (1 FY)	Goal	< 2%	16.8%	5.8%		Discuss with ODEQ

Appendix E: Preliminary Data Analysis Worksheet (with State and EPA comments)

CAA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation (Preliminary)
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			323	NA	NA	NA	NO - Same number as of 3- 30-09		TEAM		
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			323	NA	NA	NA	NO - Same number as of 3- 30-09		TEAM		
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			1,041	NA	NA	NA	YES - OK has 1064 for a difference of 23	N/A as usual updates	TEAM	See notes in drilldowns	
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			16	NA	NA	NA	NO - Same number as of 3- 30-09		TEAM		
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			722	NA	NA	NA	YES - No exact report to check numbers but rough review indicated numbers are very close	N/A as usual updates	TEAM	See notes in drilldown hardcopies	
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			445	NA	NA	NA	YES - No exact report to check numbers but rough review indicated numbers are very close	N/A as usual updates	TEAM	See notes in drilldowns	
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			32	NA	NA	NA	NO - Same number as of 4-3- 09		TEAM		
A01C3S	CAA Subprogram Designations: MACT	Data Quality	State			549	NA	NA	NA	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation (Preliminary)
	(Current)													
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	77.6%	100.0%	290	290	0	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns	
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	34.8%	100.0%	21	21	0	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns	
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	91.4%	100.0%	285	285	0	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns	
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			364	NA	NA	NA	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns	
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			373	NA	NA	NA	NO - Same number as of 4-9-09				
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			1,551	NA	NA	NA	No drilldown report available to check this - Closest number from TEAM was 1430		TEAM		
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			327	NA	NA	NA	Yes - Ok has several more	N/A as usual updates	TEAM	See notes in drilldowns	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation (Preliminary)
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			50	NA	NA	NA	NO - Same number as of 4-10-09				
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			49	NA	NA	NA	NO - Same number as of 4-10-09				
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			48	NA	NA	NA	NO - Same number as of 4-10-09				
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			46	NA	NA	NA	NO - Same number as of 4-10-09				
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	50.8%	100.0%	48	48	0	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns	
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	66.6%	100.0%	48	48	0	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns	
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	66.5%	100.0%	48	48	0	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns	
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			27	NA	NA	NA	NO - Same number as of 4-13-09				
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			27	NA	NA	NA	NO - Same number as of 4-13-09				
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$332,177	NA	NA	NA	NO - Same number as of 4-13-09				

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation (Preliminary)
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		0	NA	NA	NA	NO CMS policy applicability is checked every month				
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	62.4%	24.5%	35	143	108	Count number is OK; universe number Ok has several more	N/A as usual updates	TEAM	See notes in drilldowns	
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	0	78	78	Universe number OK and cannot batch from TEAM without results code				
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			11	NA	NA	NA	NO - Same number as of 4-13-09				
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	33.9%	33.3%	16	48	32	NO - Same number as of 4-10-09				appears low, discuss with ODEQ
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	62.4%	94.6%	1,016	1,074	58	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns	
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	71.9%	98.5%	67	68	1	YES - minor difference explained	N/A as usual updates	TEAM	See notes in drilldowns	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation (Preliminary)
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	59.3%	56.6%	175	309	134	YES - minor difference explained * EPA explained this was for last cycle which started in FY08-FY09 but metric only pulled FY08 data	N/A as usual updates	TEAM	See notes in drilldowns	
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	81.5%	82.8%	275	332	57	NO - Same number as of 4-15-09* EPA explained this was for last two complete fiscal years which were FY07-FY08				
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	68.7%	42.7%	183	429	246	Count and not counted numbers are off - see drilldown notes	N/A as usual updates	TEAM	See notes in drilldowns	
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	100.0%	100.0%	96	96	0	This metric seems to pull data for FY08 and FY09 only. Arnie L. with EPA has been contacted to fix this. With this the case numbers are OK				
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		80.8%	86.2%	914	1,060	146	Count and not counted numbers are OK but TEAM pull shows lower due to not having enf. actions - also see notes in drilldown	N/A as usual updates	TEAM	See notes in drilldowns	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation (Preliminary)
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		30.3%	54.5%	728	1,335	607	Count and not counted numbers are OK but TEAM pull shows lower due to not having enf. actions - also see notes in drilldown	N/A as usual updates	TEAM	See notes in drilldowns	
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			28	NA	NA	NA	Count OK. Unknown were due to fiscal year overlap and all unknown at this time were scheduled for next SFY and were completed.				
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA	N/A as Oklahoma has never conducted an investigation per CMS policy				
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	92.9%	98.7%	306	310	4	NO - Same number as of 4-17-09				
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	21.2%	63.6%	267	420	153	Universe number is OK but counted number is skewed high due to showing all violations during fiscal year but may not be related to action pulled from fiscal year. TEAM cannot pull accurate data but data reviewed in drilldowns. Actual numbers are x=172 and x-y=247. Percent = 41%	N/A as usual updates	TEAM	See notes in drilldowns	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation (Preliminary)
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	43.5%	100.0%	6	6	0	NO - Same number as of 4-22-09				
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	7.9%	9.0%	29	323	294	Count has minor discrepancies and universe is OK	N/A as usual updates	TEAM	See notes in drilldowns	
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.7%	1.5%	16	1,041	1,025	Count and universe have minor discrepancies	N/A as usual updates	TEAM	See notes in drilldowns	
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	74.6%	85.7%	12	14	2	Count and Universe is OK. Not counted are Level 1 non-HPVs				
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	40.1%	66.7%	18	27	9	Count and Universe is OK.				
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 National Avg	43.8%	30.8%	4	13	9	Count and Universe is OK.				
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		37.1%	54.2%	58	107	49	Small discrepancies with both count and not count but very close.	N/A as usual updates	TEAM	See notes in drilldowns	appears high, discuss with ODEQ, review SNC addressing actions in file review

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count (x)	Universe (y)	Not Counted (x-y)	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation (Preliminary)
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			27	NA	NA	NA	NO - Same number as of 4-23-09				
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	86.5%	100.0%	19	19	0	NO - Same number as of 4-23-09				

RCRA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	Initial Findings
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			13	NA	NA	NA	N	
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			131	NA	NA	NA	N	
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			523	NA	NA	NA	N	
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			2,108	NA	NA	NA	N	
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			136	NA	NA	NA	N	
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			168	NA	NA	NA	N	
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			164	NA	NA	NA	N	
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			95	NA	NA	NA	N	
R01C2S	Number of sites with violations determined during the FY	Data Quality	State			79	NA	NA	NA	N	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	Initial Findings
R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State			79	NA	NA	NA	N	
R01D2S	Informal actions: number of actions (1 FY)	Data Quality	State			80	NA	NA	NA	N	
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			3	NA	NA	NA	N	
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State			4	NA	NA	NA	N	
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			2	NA	NA	NA	N	
R01F2S	Formal action: number taken (1 FY)	Data Quality	State			3	NA	NA	NA	N	
R01G0S	Total amount of final penalties (1 FY)	Data Quality	State			\$103,750	NA	NA	NA	N	
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	N	
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	N	
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			3	NA	NA	NA	N	
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			50.0%	2	4	2	N	discuss delayed entry with ODEQ
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.5%	84.6%	11	13	2	N	appears low, discuss with ODEQ
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	23.3%	15.4%	21	136	115	N	appears low, discuss with ODEQ
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	67.8%	79.4%	108	136	28	N	appears low, discuss with ODEQ

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	Initial Findings
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			30.6%	160	523	363	N	
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only	State			220	NA	NA	NA	N	
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			56	NA	NA	NA	N	
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			1	NA	NA	NA	N	
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			22	NA	NA	NA	N	
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			48.2%	79	164	85	N	
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	3.3%	1.8%	3	164	161	N	appears low, evaluate SNC identification in file review
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	78.6%	100.0%	3	3	0	N	
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	58.8%	100.0%	3	3	0	N	
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	27.5%	66.7%	2	3	1	N	appears low, discuss with ODEQ
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			3	NA	NA	NA	N	
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$103,750	NA	NA	NA	N	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	Initial Findings
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	80.6%	100.0%	1	1	0	N	

CWA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			103	NA	NA	NA					
P01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	NA	NA	NA					
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			361	NA	NA	NA					ODEQ provided a facility list of 365.
P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			176	NA	NA	NA	Y			Data set contains 57 general permits beginning with OKG34... All listed as administratively continued, having expired on July 12, 1989. ODEQ is not aware of the origin of these permits. It would appear that these should be removed from the facility universe	ODEQ provided a facility list of 133. The 176 is a combination of the State and EPA.
P01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	95.3%	99.0%	102	103	1	Y			On what basis was Enid's permit (OK0021628)	the data currently provided is inaccurate.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
													identified as being incorrectly coded?	
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	92.3%	95.4%	309	324	15					
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=; 95%	91.0%	98.1%	101	103	2					
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			24.2%	8	33	25					
P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			91.1%	329	361	32	Y			Same as PO1B1C	the data currently provided is inaccurate.
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			93.1%	981	1,054	73					
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			96.1%	347	361	14					
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			77.0%	278	361	83					

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	0	0	0					Metric 1D2 (ANCR- Noncompliance Rate for Non-Majors) is not currently available for CY2008. This metric does not have data available at this time and should not be used for evaluation.
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			104	NA	NA	NA					
P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			56	NA	NA	NA	Y			This metric appears to consider Notices of Violation as informal actions. According to ODEQ's delegated NPDES program, NOV's are considered formal enforcement actions.	ODEQ provided a list reporting an additional 22 major facilities that have informal actions and is in the process of updating ICIS, if appropriate.
P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			68	NA	NA	NA					Same as 1E1S
P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			1	NA	NA	NA				According to ODEQ's delegated NPDES program, enforcement actions taken against non-major facilities are not tracked in PCS (now ICIS-NPDES). For the evaluation	According to PCS policy statement, actions for 92-500 minor facilities should be entered into PCS/ICIS-NPDES. Discuss 92-500 non-major data entry with ODEQ.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
													period (assumed to be Federal fiscal Year 2008, October 1, 2007 through September 30, 2008), ODEQ issued a total of 143 NOVs and entered into a total of 84 Consent Orders or Addenda thereto involving both major, non-major, and non-NPDES municipal and industrial wastewater facilities.	
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			1	NA	NA	NA					Same as 1E4S
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			44	NA	NA	NA					ODEQ provided a list of 46. Data corrections if necessary are being made by the ODEQ.
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			62	NA	NA	NA					ODEQ provided a list of 67. Data corrections if necessary are being made by ODEQ.
P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA					Same as 1E4S. ODEQ provided a list of 106

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
P01F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			16	NA	NA	NA	Y			Of the 16 formal enforcement actions listed as being taken by EPA against non-major facilities in Oklahoma, 15 were taken against CAFOs, which are not regulated by ODEQ. The other action, against the Town of Skiatook, was taken for a SDWA issued unrelated to the NPDES program	
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA					Same as 1E4S. ODEQ provided a list of 128
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			0	NA	NA	NA	Y			see P01G5S	ODEQ not required to enter into PCS/ICIS NPDES, however, ODEQ provided list of 29
P01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$0	NA	NA	NA	Y			see P01G5S	ODEQ not required to enter data into PCS/ICIS NPDES, however ODEQ provided list showing \$1,369,040
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA	NA	Y			see P01G5S	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$105,000	NA	NA	NA				As with PO1F3E, the penalties listed as collected by EPA involve CAFOs, which are not regulated by ODEQ.	
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$0	NA	NA	NA	Y			see PO1G5S	ODEQ not required to enter data into PCS/ICIS NPDES, however ODEQ provided list showing \$641,163
P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$133,800	NA	NA	NA				Same as PO1G3E	
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$0	NA	NA	NA	Y		ODEQ Penalty list	The entire group of metrics involving penalties does not reflect any of the penalties collected by ODEQ during Federal fiscal year 2008 (October 1, 2007, through September 30, 2008), or over the three-year period used for trend evaluation. ODEQ maintains a tracking list of Administrative Penalties (including cash penalties and SEPs). This tracking list is	Same as 1G2S

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
													provided to EPA on a periodic basis and can be provided for review during the file selection process or sooner, if necessary.	
P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		87.1%	54	62	8				Unable to view the list of 8 major facilities list as having enforcement action not properly linked to violations. Ideally, all enforcement actions coded into PCS (now ICIS-NPDES) should be linked to violations, so it would be useful for ODEQ to know which facilities are shown as not having the proper linkage.	List provided to ODEQ.
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	57.6%	68.3%	69	101	32	Y	100%		The discrepancies in inspection coverage reflected in these metrics is a product of the discrepancy between Federal Fiscal Year 2008 (October 1, 2007, through September 1, 2008) and State Fiscal Year 2008 (July 1,	ODEQ provided a list of 87 inspections done in federal FY08. Discuss discrepancy i.e., 87 vs 69 with ODEQ. Need to confirm that OTIS shows 100% majors coverage for State fiscal year (7/01/07-6/30/08)

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	OklahomaMetric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
													2007, through June 30, 2008). ODEQ inspects 100% of its major facilities ever State Fiscal Year.	
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			0.0%	0	361	361	Y		State visit tracking list	According to ODEQ's delegated NPDES program, inspections at non-major facilities are not tracked in PCS (now ICIS-NPDES). ODEQ maintains a site visit tracking list, which can be made available to EPA during the file selection process or sooner, if necessary.	ODEQ provided a list of 224. Discuss inspection data entry with ODEQ.
P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			0.0%	0	176	176					ODEQ provided a list of 67.
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.0%	0	2	2					Information Only, State not required to report. CWA Stormwater Compliance Inspection - 1355; CWA Pretreatment (PCI & PA) = 28; CWA Pretreatment (SIU) = 15; TOTAL OTHER INSPECTIONS = 1398

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Oklahoma Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Initial Findings
P07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			64	NA	NA	NA					
P07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	NA	NA	NA	Y			As noted above, ODEQ does not track enforcement actions or inspections for non-major facilities in PCS (now ICIS-NPDES). This would explain the lack of single-event violations at non majors in the metric.	
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		37.0%	28.6%	16	56	40					
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		28.9%	10.9%	5	46	41					
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		55.0%	61.2%	63	103	40					
P08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			30	NA	NA	NA					
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		23.8%	29.1%	30	103	73					
P10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	16.8%	5.8%	6	103	97					Discuss list with ODEQ (The facilities referenced in this Metric are the ones that are on the Watch List and/or remain for an extended time on the Watch List).

Program ID	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe
4014300235	0	1	4	0	0	1	0	1	5,250	SM80
4014301453	1	0	4	0	0	0	0	0	0	SM80
4009300001	1	0	9	0	2	0	1	1	6,250	MAJR
4014300172	1	2	4	0	0	1	0	1	15,000	MAJR
4004900004	1	13	10	0	2	0	0	0	0	MAJR
4008300019	1	0	0	0	0	0	0	0	0	SM80
4001300080	1	2	12	0	2	1	0	1	13,000	MAJR
4011900095	0	22	12	0	2	1	0	1	43,500	MAJR
4006900001	0	0	12	0	2	1	0	1	3,750	MAJR
4008900003	1	4	16	1	2	2	1	0	0	MAJR
4013900038	1	4	16	0	0	0	0	0	0	MAJR

RCRA

A. File Selection Process:

We are requested to review files for 33 facilities.

- We selected all 3 SNC's.
- Out of the 168 compliance evaluations we selected a representative number of 20 for file reviews. (6-LQG's, 5-TSD's, 3-SQG's, 2-CESQG's, 2-Other, 1-Transporter and 1-Non). We sorted the data in the "all data" spreadsheet by the Universe column and 2nd sort by the Evaluation column. From that data we then randomly selected the SQG's, CESQG's, Other and Transporter evaluations. For the TSD evaluations we selected every other record in the sort until I reached the total of 5. For the LQG's we selected every other record until reaching the total of 6 (no facilities were selected in more than 1 selection category, so if random selection fell on a previously selected facility, the next facility in the sort would be selected.)
- Although the data metrics indicate that 3 formal actions were taken, the actual data file only lists one formal enforcement action. We have initially selected this one record and will do research as to the other two records indicated on the PDA, if there are a total of 3 we will review all 3.

There were a total of 80 Informal Enforcement Actions listed on the PDA, we selected a representative sample total of 9 to review by sorting the "all data" spreadsheet by the Informal Action column and then secondly sorting by Facility Name column, selecting every 8th record with an Informal Enforcement Action.

B. File Selection Table

Program ID	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe
<i>SNC's:</i>							
OKD981144199	1	18	1	1	0	0	LQG
OKD987097870	1	15	1	1	0	0	LQG
OKD980867667	2	29	1	0	0	0	TRA
<i>Formal Enforcement:</i>							
OKR000015412	0	0	0	0	1	0	OTH
<i>Informal Enforcement:</i>							
OKD000402396	0	1	0	1	0	0	TSD(LDF)
OKR000003046	1	2	0	1	0	0	CES
OKR000017913	0	1	0	1	0	0	LQG
OKD981905599	1	3	0	1	0	0	CES
OKD000829523	1	3	0	1	0	0	CES
OKD987082955	1	15	0	1	0	0	SQG
OKR000018762	1	1	0	1	0	0	LQG
OKR000021535	1	2	0	1	0	0	SQG
OKD007191133	1	7	0	1	0	0	LQG
<i>Inspections:</i>							
OK4213720846	1	0	0	0	0	0	LQG
OKD000758557	1	3	0	1	0	0	LQG
OKD043440999	0	0	0	1	0	0	LQG
OKD064551880	1	3	0	1	0	0	LQG
OKD089090591	1	4	0	1	0	0	LQG
OKD987097953	1	3	0	1	0	0	LQG
OK4571524095	1	0	0	0	0	0	TSD(LDF)
OKD007233836	1	0	0	0	0	0	TSD(LDF)
OKD057705972	1	0	0	0	0	0	TSD(LDF)
OK1571724391	1	0	0	0	0	0	TSD(TSF)
OKD000763821	1	0	0	0	0	0	TSD(TSF)
OKD004861415	0	0	0	1	0	0	SQG
OKR000023390	1	7	0	0	0	0	SQG
OKR000018424	1	15	0	1	0	0	SQG
OK0000036657	1	3	0	1	0	0	CES

Program ID	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe
OKR000023440	1	0	0	0	0	0	CES
OK0000963272	1	1	0	1	0	0	OTH
OKD980868525	0	1	0	1	0	0	OTH
OKD047999396	1	7	0	1	0	0	TRA
OKR000023655	1	0	0	0	0	0	NON

CWA

A. File Selection Process:

We requested to review files for 23 facilities.

- 103 Major facilities, we selected every 10th facility. At ODEQ's suggestion to improve representation, substituted 2 with approved pretreatment programs. Total of 10.
- 365 Minor facilities, we selected every 73rd facility. Total of 5.
- 50 MS4 facilities, we selected the 25th facility. At ODEQ's suggestion to improve representation, selected 1 facility from MS4 FFY 2008 inspection list. Total of 1.
- 29 Penalties, At ODEQ's suggestion to improve representation, substituted 2 stormwater files (1 and 753 out of 1506) and 1 SSO related file. Total of 5
- 42 Pretreatment facilities, selected the 1st and 20th. At ODEQ's suggestion to improve representation, substituted 1 file. Total of 2.

B. File Selection Table

Facility Name	Permit Number	State Tracking List
Enid, City of	OK0021628	PCI-PA list
Miami, City of	OK0031798	PCI-PA list
Sun Co., Inc.-Tulsa Refinery	OK0000876	Major list
Del City Municipal Services Authority	OK0026085	Major list
Tahlequah PWA	OK0026964	Major list
Checotah PWA	OK0028100	Major list
Norman, City of	OK0029190	Major list
Fort James Operating Company	OK0034321	Major list
Terra Nitrogen Corporation-Wooward	OK0036161	Major list
Pryor Creek, City of	OK0040479	Major list
Pittsburg Co. PWA	OK0000019	Minor list

Facility Name	Permit Number	State Tracking List
Jim E. Hamilton Correctional Center	OK0022951	Minor list
Hennessey, Town of	OK0030201	Minor list
Trails End MHP	OK0037494	Minor list
APAC-Oklahoma, Inc.-Tulsa Qur.	OK0043001	Minor list
Broken Arrow, City of	OKR040001	MS4 list
Rustin Concrete Co.	OKR050020	SW-ECLS list
Montereau	OKR103157	SW-ECLS list
Madill PWA	OK0031721	Penalty list
Gary Larue	OKR108982	Penalty list
CP Kelco, U.S., Inc.	OK0044504	Penalty list
Regional Metropolitan Utility Authority	OK0034363	Penalty list
Powder River	OKP003035	Pretreatment list

APPENDIX G: FILE REVIEW ANALYSIS

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

Initial Findings indicate the observed results. Initial Findings are preliminary observations and are used as a basis for further investigation. Findings are developed only after evaluating them against the PDA results where appropriate, and dialogue with the State 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.

CAA

CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	95%	21 files were reviewed (8 enforcement and 13 inspection) One file with incorrect air program identified. That file had MACT air program which was no longer valid – co. switched from PERC to another chemical subject to NSPS JJJ.
Metric 4a	Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan were completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? Yes or no? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning evaluation coverage are to be discussed pursuant to the metrics under Element 5. If a state/local agency had negotiated and received approval for conducting its compliance monitoring program pursuant to an alternative plan, details concerning the alternative plan and the S/L agency's	100%	ODEQ Biennial CMS Plan was consistent with EPA's CAA CMS. They projected 100% majors coverage over the 2 year period (SFY 2008-2009) and 100% SM80 coverage (SFY 2008-2012)). ODEQ's inspection projections for State FY 2008: FCEs at 188 majors, 74 SM80s Metrics from AFS do not reflect the projected FCE coverage. ODEQ projects FCEs based on State FY (July 1 through June 30) and AFS uses the federal FY.

CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
	implementation (including evaluation coverage) are to be discussed under this Metric.		
Metric 4b	Delineate the air compliance and enforcement commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The compliance and enforcement commitments should be delineated.	100%	ODEQ committed to report High Priority Violations (HPVs) to EPA in a timely manner and to address HPVs consistent with the HPV Policy. The State agreed to consider economic benefit in all penalty calculations, along with a gravity component. The State also committed to entering all required data, accurately and timely, into the AIRS database. ODEQ met its commitments.
Metric 6a	# of files reviewed with FCEs.		13 (9 major, 4 SM80)
Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	100%	All 13 reports documented all the components required under the CMS Policy for FCEs
Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	100%	All reports contained sufficient documentation
Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	100%	All reports reviewed led to accurate compliance determinations: 7 identified violations (5 HPVs)
Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	100%	2 non-HPV reports reviewed - violations reported timely in AFS
Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	100%	13 FCEs reviewed, all had accurate violation determinations, 5 were HPVs. 8 enforcement actions reviewed. 5 actions addressed 7 HPVs, all accurate.
Metric 9a	# of formal enforcement responses reviewed.		8
Metric 9b	% of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame.	100%	All 8 formal actions reviewed included required corrective actions and time frames.
Metric 10b	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	57%	4 of 7 HPVs were addressed timely. 5 actions addressed 7 HPVs. One action addressed three HPVs, two of which took longer than 270 days. Range HPV response times 164 -431 days. Average time was 275 days.
Metric 10c	% of enforcement responses for HPVs appropriately addressed.	100%	All 5 actions addressing HPVs were appropriate per the HPV Policy.

CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	86%	7 penalty actions reviewed. 6 of 7 penalty worksheets reviewed documented gravity and economic benefit considerations.
Metric 12c	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	7 of 7 penalty files reviewed documented the rationale between initial and final penalty amounts.
Metric 12d	% of files that document collection of penalty.	100%	7 of 7 penalty files reviewed contained documentation on penalty collection.

RCRA

RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings
Metric 2c	% of files reviewed where mandatory data are accurately reflected in the national data system.	100%	Of the files reviewed 100% of the mandatory data was accurately reflected in RCRAInfo.
Metric 4a	Planned inspections completed	100%	The State compliance and enforcement priorities for Fiscal Year 2008 were established from the State Legislature, EPA national priorities, tips/complaints and resource prioritization focusing on facilities with greater risk potential. The priorities included conducting 100 hazardous waste inspections including RCRA 5 Federal Facilities, 5 TSDF's, 18 Large Quantity Generators, 34 Small Quantity Generators, 38 Conditionally Exempt Small Quantity Generators
Metric 4b	Planned commitments completed	100%	The State met or exceeded all commitments.

RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings
Metric 6a	# of inspection reports reviewed.	31	
Metric 6b	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility.	100%	All 31 inspection reports reviewed were very well written accurately describing the events and findings of the inspection, the inspection files contained photos, inspector notes, copies of pertinent facility records and checklists. ODEQ primarily uses very detailed universe specific checklists for inspections that contain carbon copies which allow the State to leave a copy of the inspection findings with the facility at the time of the inspection. All inspection reports and files reviewed were complete and provided excellent documentation to determine compliance of the facility being inspected.
Metric 6c	Inspection reports completed within a determined time frame.	100%	All 31 inspection reports reviewed were completed within the required time frame.
Metric 7a	% of accurate compliance determinations based on inspection reports.	100%	Of the 31 inspection reports and associated documentation reviewed, all compliance determinations were consistent with State and EPA Enforcement Response Policy and Guidance.
Metric 7b	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days).	100%	100% of violation determinations in the files reviewed were reported to the national database within 150 days.
Metric 8d	% of violations in files reviewed that were accurately determined to be SNC.	100%	All files reviewed with identified violations were accurately determined to be SNC's or SV's, based on EPA ERP Guidance and Policy.

RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings
Metric 9a	# of enforcement responses reviewed.	25	25 enforcement actions were reviewed with a mix of both informal and formal enforcement (3 actions were reviewed that addressed SNC violations).
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	All three SNC actions reviewed included some type of corrective or complying action that have returned or will return the facility to compliance within a prescribed time frame.
Metric 9c	% of enforcement responses that have returned or will return Secondary Violators (SV's) to compliance.	100%	All 22 SV actions reviewed included complying actions that have or will return the facilities to compliance within specified time periods
Metric 10c	% of enforcement responses reviewed that are taken in a timely manner.	33% for SNC 98.8% total	Of the 25 enforcement actions reviewed 23 were taken in a timely manner. The 2 SNC actions that exceeded the timeframes outlined in the ERP (untimely) were due to the difficult nature of the specific cases and only exceeded the 360 day timeframe by less than 20 days.
Metric 10d	% of enforcement responses reviewed that are appropriate to the violations.	100%	Of the 25 enforcement actions reviewed all were appropriate to the violations identified
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	One formal enforcement action reviewed included an initial penalty, that penalty included gravity and economic benefits and was documented in the file.

RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	0%	Of the files reviewed there were none that contained a final assessed penalty.
Metric 12b	% of files that document collection of penalty.	0%	Of the files reviewed there were none that contained a penalty due during this review period.

CWA

CWA Metric #	CWA File Review Metric:	Metric Value	Initial Findings
Metric 2b	% of files reviewed where data is accurately reflected in the national data system.	100%	20 of 23 files reviewed contained documentation that the MDRs were reported accurately into ICIS DMR data was reviewed for 20 of the 23 files and the data was accurately recorded in ICIS. Informal enforcement actions was reviewed for 12 files and these actions were reflected in ICIS. Formal enforcement actions were reviewed for 10 files and these actions were accurately reflected in ICIS. 3 files reviewed had no ICIS data requirements
Metric 4a	% of planned inspections completed. Summarize using the Inspection Commitment Summary Table in the CWA PLG.	100%	ODEQ committed to conducting a traditional CMS plan that inspections would be conducted at 100% of the major sources. The universe of majors was 98, ICIS and ECHO show 83 and 92 respectively. The state tracking list shows 98 inspected. Differences likely due to migration.

Metric 4b	Other Commitments. Delineate the commitments for the FY under review and describe what was accomplished. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The commitments should be broken out and identified.		Commitments made by ODEQ in the 2008 FOCUS (grant) document were completed with regard to the compliance monitoring and enforcement activities. 100% of major NPDES facilities were inspected which met SRF program requirements; 66% of the non-majors were inspected which met and exceeded both CWA § 106 (grant) commitment and the requirements of the program authorization documents of 20% of non-majors NPDES facilities inspected. In addition, wet weather inspection activity was significant. Enforcement actions were timely and appropriate.
Metric 6a	# of inspection reports reviewed.		25 inspection reports were reviewed (19 Compliance Evaluation Inspections (CEI), 3 Compliance Monitoring (CMI), 1 Compliance Sampling Inspection (CSI), and 2 Pretreatment Compliance Inspection (PCI).
Metric 6b	% of inspection reports reviewed that are complete.	100%	25 of 25 inspection reports reviewed had documentation in the files to show that they contained all of the elements of the inspection check list.
Metric 6c	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.	100%	25 of 25 inspection reports reviewed contained sufficient documentation and observations that were critical in making a compliance determinations as well as determining whether a follow-up inspection was necessary to insure compliance in correcting the observed deficiencies.
Metric 6d	% of inspection reports reviewed that are timely.	84%	21 of 25 inspection reports reviewed were timely. Only 16% (4 of 25) inspections reviewed were not timely. The time range for inspection reports was from 0 days (mostly CMIs) to 236 days. Only one report, a CEI on a Major facility, took 236 days to complete.
Metric 7e	% of inspection reports or facility files reviewed that led to accurate compliance determinations.	100%	25 of 25 inspections reports or facility files reviewed led to accurate compliance determinations.

Metric 8b	% of single event violation(s) that are accurately identified as SNC or Non-SNC.	100%	7 of 7 facility files had single event violations what were accurately identified as SNC or Non-SNC.
Metric 8c	% of single event violation(s) identified as SNC that are reported timely.	100%	7of 7 single event violations identified as SNC were reported timely and linked to the enforcement action in ICIS. However, on two of the facilities, the SEV was a result of an inspection and the SEV were not linked to the inspections in ICIS.
Metric 9a	# of enforcement files reviewed		10 (formal) enforcement files were reviewed.
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	10 (formal) enforcement responses were reviewed and all of them contained and provided mechanisms that returned or will return a source in SNC to compliance. The enforcement responses in all of the files reviewed usually consisted of a notice of violation (NOV) being issued first, followed by a Consent Order with a compliance schedule and/or a penalty and SEP. In most cases the Consent Order was issued within 45 to sixty days minimum and 90 to 120 days maximum after the NOV.
Metric 9c	% of enforcement responses that have returned or will returned a source with non-SNC violations to compliance.	100%	12 facilities were reviewed with informal enforcement responses for non-SNC violations. The enforcement responses were warning letters with a thirty-day response due as a result of a marginal or unsatisfactory inspection. In all of the files the response was received back from the facility with deficiencies and violations corrected and/or addressed. In the case where follow-up inspections (CMI) were need to ascertain compliance, the CMIs were conducted. Once compliance was attained the facility was sent a letter notifying them that the response was adequate.
Metric 10b	% of enforcement responses reviewed that address SNC that are taken in a timely manner.	100%	6 enforcement responses were reviewed that addressed SNC. The enforcement responses that addressed SNC were taken in timely manner on 6 of the enforcement responses.
Metric 10c	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	100%	6 enforcement responses were reviewed that addresses SNC. The enforcement responses addressed SNC that appropriate to the violation in 6 of the enforcement responses. 6 of the SNC violations were addressed with

			a formal enforcement action. The majority of the formal actions contained a Consent Order with a compliance schedule and a penalty. The enforcement responses had the effect of bringing the facilities into compliance or contained a schedule of activities to achieve compliance. Therefore, the SNC violations were appropriately addressed by the enforcement responses.
Metric 10d	% of enforcement responses reviewed that appropriately address non-SNC violations.	100%	12 enforcement responses were reviewed that addressed non- SNC. The enforcement responses addressed non-SNC that was appropriate to the violation in 12 of the enforcement responses. The enforcement responses that appropriately address non-SNC violations were warning letters issued a results of inspection. The warning letters cited deficiencies and observations and required a thirty-day response with corrective actions taken by the facility. Once the response was received it was reviewed as to whether compliance was achieved by the corrective actions and if they were sufficient the facility received a letter. In some cases a follow-up inspection was used to verify that the corrective actions were taken. Documentation for all enforcement responses was in the files.
Metric 10e	% enforcement responses for non-SNC violations where a response was taken in a timely manner.	100%	12 enforcement responses were reviewed that addressed non- SNC. (75%) 9 of 12 enforcement responses were taken in a timely manner. The enforcement responses that appropriately address non-SNC violations were warning letters issued a results of inspection. The warning letters cited deficiencies and observations and required a thirty-day response with corrective actions taken by the facility. 3 warning letters issued for inspections were not timely.
Metric 11a	% of penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	100% (4 of 4) of the files were reviewed had documentation that showed that ODEQ included both gravity and economic benefit in penalty calculations.

Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	100% (4 of 4) files reviewed for penalties had documentation for the difference and rationale between the initial and final penalty assessed, as well as, collection of the penalties.
Metric 12b	% of enforcement actions with penalties that document collection of penalty.	100%	100% (4 of 4) files reviewed for penalties had documentation showing the collection of the penalties.