

State Review Framework

District of Columbia Department of the
Environment Round 2 Report
Federal Fiscal Year 2010

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I. EXECUTIVE SUMMARY

Major Issues

The Environmental Protection Agency (EPA) review team for the air enforcement program found continuing problems with:

- data quality, timely entry and completeness
- a substantial bottleneck in the completion of existing enforcement and permitting backlogs.

To address these issues, the DDOE's Environmental Enforcement Strategy for the air enforcement program's stated intent is to revise staff performance plans, job descriptions, and create a second managerial position in the Air Quality Division (AQD). These intended changes will ultimately include core competency measures which will be designed to improve the staff's ability to implement regulatory programs.

Summary of Programs Reviewed

I. Clean Air Act Program

The problems which necessitate state improvement and require recommendations and actions include:

Element 1 – Data Completeness: Degree to which the minimum data requirements are complete. The EPA review team found a variety of data was not entered in AFS. Therefore, this missing data was not timely, accurate, or complete.

Element 2 – Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained. The vast majority of the data reviewed was not accurately entered and maintained in AFS. This deficiency was also found during the Round 1 SRF review of DDOE's program and continues to be an area for improvement.

Element 3 – Timeliness of Data Entry: Degree to which the Minimum Data Requirements area timely. DDOE is severely deficient in entering MDR Data into AFS in a timely manner. This deficiency was also found during the Round 1 SRF review of DDOE's program and continues to be an area for improvement.

Element 4 Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements area met and any products or projects are completed. DDOE has met its Fiscal Year (FY) 2010 Compliance Management Strategy (CMS) commitments. However, DDOE has not met the timeliness and accuracy commitment for MDRs as stated in the current EPA/DDOE Memorandum of Understanding (MOU).

Element 6 — Quality of Inspection or Compliance Evaluation Reports: Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations. Original CMRs written by inspectors are not completed in a timely manner, do not properly document observations and do not include an accurate description of inspection observations. Only after the Branch Chief reviews and re-writes the reports do they

meet the criteria. However, this results in extensive delays for completing the reports and not addressing violations in a timely manner.

Element 7 Identification of Alleged Violations: Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information. Although the majority of the compliance determinations reviewed were found to be accurate, they were not reported timely in AFS. Although the accuracy of the compliance determinations was at 90%, the EPA review team believes this high degree of accuracy is attributed to the work completed by the PEB Chief.

Element 8 Identification of SNCE and HPV: Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner. HPVs are not consistently reported to AFS in a timely manner.

Element 10 Timely and Appropriate Action: Degree to which state takes timely and appropriate enforcement actions in accordance with policy relating to specific media. DDOE takes appropriate enforcement actions consistent with the HPV policy. However, DDOE does not consistently take timely enforcement actions in accordance with the HPV policy.

Areas meeting SRF program requirements or with minor issues for correction include:

Element 5 Inspection Coverage: Degree to which state completed the universe of planned inspection/compliance evaluations.

Element 9 Enforcement Actions Promote Return to Compliance: enforcement actions include required corrective action that will return facilities to compliance in a specific time frame.

Element 11 — State documents in its files that initial penalty calculation includes both gravity and economic benefit calculations.

Element 12 — Documenting differences between initial and final penalty in the file along with a demonstration in the file that the final penalty was collected.

II. Resource Conservation and Recovery Act Program

The problems which necessitate state improvement and require recommendations and actions include:

Element 9 - Enforcement Actions Promote Return to Compliance: enforcement actions include required corrective action that will return facilities to compliance in a specific time frame. Seven enforcement actions were reviewed. Two of the actions included corrective action.

Element 11 — State documents in its files that initial penalty calculation includes both gravity and economic benefit calculations. DDOE has a Schedule of fines. The schedule appears to include gravity, but does not include a requirement for economic benefit.

Element 12 — Documenting differences between initial and final penalty in the file along with a demonstration in the file that the final penalty was collected. DDOE documents initial penalty assessments, however there is no supporting documentation for final penalty assessments.

Areas meeting SRF program requirements or with minor issues for correction include:

Element 1 – Data Completeness: Degree to which the minimum data requirements are complete.

Element 2 – Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

Element 3 – Timeliness of Data Entry: Degree to which the Minimum Data Requirements area timely.

Element 4 Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements area met and any products or projects are completed.

Element 5 Inspection Coverage: Degree to which state completed the universe of planned inspection/compliance evaluations.

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

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

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

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

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

The State Review Framework (SRF) is a program designed to ensure EPA conducts oversight of state and EPA direct implementation compliance and enforcement programs in a nationally consistent and efficient manner. Reviews look at 12 program elements covering data (completeness, timeliness, and quality); inspections (coverage and quality); identification of violations; enforcement actions (appropriateness and timeliness); and penalties (calculation, assessment, and collection).

Reviews are conducted in three phases: analyzing information from the national data systems; reviewing a limited set of state files; and development of findings and recommendations. Considerable consultation is built into the process to ensure EPA and the state understand the causes of issues, and to seek agreement on identifying the actions needed to address problems.

The reports generated by the reviews are designed to capture the information and agreements developed during the review process in order to facilitate program improvements. The reports are designed to provide factual information and do not make determinations of program adequacy. EPA also uses the information in the reports to draw a “national picture” of enforcement and compliance, and to identify any issues that require a national response. Reports are not used to compare or rank state programs.

The U.S. Environmental Protection Agency, Region 3 conducted the State Review Framework (SRF) of DC Department of the Environment (DDOE). The SRF reviewed DDOE's enforcement programs performance for the Clean Air Act, Stationary Source, and the Resource Conservation and Recovery Act Subtitle C. This report summarizes findings from the review and planned actions to facilitate program improvements. The review evaluated enforcement data and files from Fiscal Year 2010.

GENERAL PROGRAM OVERVIEW

Agency structure: In Fiscal Year 2006, the environmental programs, then in the District Department of Health (DDOH), were consolidated under a new District Department of the Environment. This brought greater emphasis to the environmental programs that were sometimes overshadowed by other programs within the Health Department.

The divisions are organized into branches and programs that address specific environmental areas. The Office of the Director and the managers of these divisions, in conjunction with the Director of the Office of Enforcement and Environmental Justice and the Office of the General Counsel, determine DDOE's enforcement priorities. DDOE division and branches with environmental mandates are as follows:

Environmental Protection Administration

Air Quality Division

- Permitting and Enforcement Branch (PEB)
- Monitoring and Assessment Branch

Toxic Substances Division

- Land Remediation and Development Branch
- Hazardous Materials Branch

Lead and Healthy Housing Division

- Compliance and Enforcement Branch
- Childhood Lead Poisoning Prevention Branch

Natural Resources Administration

Water Quality Division

- Planning and Enforcement Branch
- Monitoring and Assessment Branch

Watershed Protection Division

- Inspection and Enforcement Branch
- Planning and Restoration Branch
- Technical Service Branch

Fisheries & Wildlife Division

- Fisheries Management Branch
- Wildlife Management Branch

Stormwater Management Division

Energy Division

- Conservation Division
- Energy Assistance Division

Compliance/Enforcement Structure: The Offices of Environmental Protection, Natural Resources and Energy are the three primary offices within DDOE with environmental enforcement responsibility. Inspectors in these offices are assigned to divisions and serve as the primary contacts for the regulated community and the public. These inspectors are the Department's first responders to instance of environmental noncompliance. This SRF reviewed the air enforcement program including the Permitting and Enforcement Branch (PEB) which is housed in the Air Quality Division. The RCRA-C enforcement program is housed in the Toxic Substances Division, Hazardous Materials Branch. The Air portion of the review focused on the PEB since it is responsible for compliance and enforcement activities.

Roles and responsibilities: The mission of the Hazardous Material Branch (HMB) is to enforce the provisions of the District of Columbia Hazardous Waste Management Act of 1977. This law is based on the federal Resource Conservation and Recovery Act (RCRA), which was enacted by Congress in 1976. The District of Columbia received authorization to implement its own hazardous waste management program, in lieu of the federal program, in 1985. The HMB's primary goals are to protect human health and the environment from the potential hazards of waste disposal, to conserve energy and natural resources, to reduce the amount of waste generated, and to ensure the generated wastes are managed in an environmentally sound manner.

The RCRA Waste Management Program activities include inspections and enforcement; processing notifications of regulated waste activity by generators of hazardous waste; identifying non-notifier violators; preparing for new EPA regulations; providing support for continuing program authorization from EPA; and bringing the DC program current with the federal program.

The PEB is responsible for Clean Air Act compliance monitoring activities which include conducting compliance inspections, initiating enforcement actions, where appropriate, and reporting compliance monitoring and enforcement information into the national database. They are also responsible for management and oversight of all air permits (constructing and operating). They review stack tests performed and conduct oversight of continuous emission monitors in the District of Columbia. The PEB also responds to citizen complaints, bus idling, and odor problems. During the on-site file review, DDOE informed EPA that approval and funding for an additional Branch Chief had been approved by the Director. The PEB will be divided into two Branches, each with a Branch Chief reporting directly to the AQD Director. As of the date of this SRF report, this additional Branch Chief position has been filled.

The Office of Enforcement and Environmental Justice (OEEJ) supports DDOE's environmental programs and coordinates enforcement related activities. OEEJ provides guidance to the divisions regarding enforcement matters by developing appropriate enforcement authorizations, policies and procedures. OEEJ assists the program offices by providing case-by-case strategies on key enforcement matters and by facilitating training of staff on enforcement and case management matters.

The Office of the General Counsel (OGC) provides legal advice to DDOE's enforcement programs, including legal sufficiency reviews of documents such as correspondence, contracts, settlement agreements, rules, and legislation. OGC also provides litigation support and representation for administrative cases initiated by inspectors, cases referred to the Environmental Protection Agency (EPA) and case referred to the Office of the Attorney General for civil or criminal judicial prosecution.

Resources:

The primary sources of funding for DDOE/AQD are the EPA Section 105 grant and the funds from the District of Columbia's General Fund used for the maintenance of effort requirement. Other federal sources of funding used by DDOE/AQD are the EPA Section 103 grant and the EPA State Indoor Radon Grant. Prior to FY 2012, DDOE/AQD had three special purpose revenue funds for the permit fees and fines collected by the program: (1) Title V; (2) asbestos; and (3) air quality fines, and penalties. Starting in FY 2012, the asbestos and fines and penalties funds have been abolished by the Mayor's office and instead DDOE/AQD receives additional funding from the District of Columbia's General Fund. The Title V revenue fund remains and is used solely for Title V purposes. DDOE/AQD also receives funds from the District of Columbia, Department of Motor Vehicles (DMV) through an Intra-District MOU to provide auditing, oversight, and reporting of the vehicle emissions inspection and maintenance program run by DMV.

The Hazardous Material Branch has one senior inspector, two junior inspectors, a program assistant, and one Branch Chief. The Branch currently has one inspector vacancy and is actively recruiting to fill that position. Inspectors are responsible for conducting inspections, making compliance determinations in coordination with the Branch supervisor and inputting compliance monitoring data into RCRAInfo.

Staffing/training:

All inspectors are required to take Basic RCRA Inspector Training within six months of hire before performing inspections on their own. All current inspectors have completed this training and have attended the annual Region 3 RCRA Inspector's Workshop each year since they have been hired. The staff has also taken "The Case Development Process" training offered by NETI. All inspectors have attended the initial 40 hour HAZWOPER training as well as the 8 hour refresher course each year.

In October 2010 a DC Mayor's Order outlined a freeze on all travel and training except training that is required by law to maintain certification necessary to carry out the employees District government duties. The freeze is still in effect.

At the time of this review, the PEB is not experiencing turnover with staff. The asbestos program, which is also in the PEB, has two vacancies. As of December 2011, the PEB had one Branch Chief, four air quality inspectors, four permit writers, and one administrative support person. As of the date of this SRF report, this additional Branch Chief position has been filled.

As of August 18, 2011, DDOE had a source universe of 37 major sources, no synthetic minors, and approximately 361 minors. Inspectors stated that they believe their workload to be heavy. However, the review found the workload was mostly comprised of engine idling cases or minor source inspections, which take minimal time to document and support. Inspectors stated that they had the necessary equipment to perform their job responsibilities. They did not mention any constraints that would present obstacles. DDOE Management is unaware of any training for staff that has been denied due to budgetary constraints. AQD's very limited travel budget does not allow for much travel or registration fees, however staff have been encouraged to take as much free, local and online training as possible for both technical and basic skills. For example, the Community College of the District of Columbia (DC) recently started offering semester-long courses to DC employees for free on subjects such as writing and computer skills. In addition, AQD takes advantage of any training that is sponsored by the Mid-Atlantic Regional Air Management Association (MARAMA).

During interviews, EPA found the staff to be argumentative and resistant to change. New inspection templates, that comply with the CMS, were developed and implemented as recommended during Round 1 of the SRF. Staff did not understand why the former one page, checklist-style inspection report could not be used. They believe the new template is too long, repetitive, and unnecessarily lists each permit condition. EPA explained that it is necessary to determine compliance with each permit condition in order for the inspection to be considered a FCE and to determine the compliance status of the facility. As of the date of this SRF report, DDOE has undertaken the development of a series of standard operating procedures (SOP) for inspectors to follow including completing the new inspection templates.

Data reporting systems/architecture: DDOE is the Implementor of Record for RCRAInfo. Inspectors are responsible for inputting compliance and enforcement information. The Program Manager maintains separate tracking systems containing the fiscal year's inspection plan along with status of inspections and a system to track enforcement cases. Due to the shortage of personnel, the Program Manager also conducts QA/QC of RCRAInfo data.

The District of Columbia is a direct user of AFS. All reporting to AFS is the responsibility of the AQD, Permitting and Enforcement Branch. An AQD staff engineer has the primary responsibility

for AFS. As AFS Data Steward¹ he is responsible for entering all compliance and enforcement data which may include FCEs, partial compliance evaluations (PCEs), HPVs and action linking etc. It is also the data steward's responsibility to quality assure and maintain the data being entered into AFS.

On a monthly basis the DDOE Field Inspectors/Engineers are responsible for reporting all AFS related activity as listed in the MDRs. However, the EPA Review Team has found discrepancies in what has been found in the DDOE's files compared to the data that has been reported to AFS.

Unfortunately, the Region continues to have significant concerns with the DDOE reporting consistent, accurate, complete and timely data to AFS as will be seen in Section IV of this report in Elements 2 and 3. It is necessary for the DDOE to take serious measures to ensure that staff understand and report all relevant activity completely and provide that information to the Data Steward as required by the Information Collection Rule (ICR) and as outlined in the DDOE's SOP entitled, "AFS Data Reporting Standard Operating Procedures" dated April 6, 2010.

B. MAJOR STATE PRIORITIES AND ACCOMPLISHMENTS

Priorities:

- Continue to reestablish the air quality minor source inspection program.
- Improve the quantity and quality of air quality inspection and enforcement activities.
- Develop and implement the use of templates to improve efficiency and completeness of compliance and enforcement activities.

Accomplishments:

- The second review of DDOE's compliance monitoring and enforcement files had considerably improved since the first review. The files contained the inspector's field notes, pictures, the new RCRA Inspection Report and Enforcement Review and the final inspection report. The previous review found carbon copies of checklist used during inspections which were considered their inspection reports. The RCRA Inspection Report and Enforcement Review contained a list of potential violations with their classification as defined in DDOE's Environmental Enforcement Guideline, along with a recommended penalty. The Branch supervisor meets with the inspector and initials all violation and penalty determinations. This review form is sent to the Office of Enforcement and Environmental Justice where the case is then assigned to an attorney. The final inspection reports now include facility information, facility history, a description of operations at the facility, inspection observations, pictures and compliance determinations.
- All of the District's Large Quantity Generators (LQG) facilities have been inspected in the last three years. The Branch now has a baseline of LQG facilities documenting facility operations and compliance history.

¹ AFS Data Steward refers to the State/Local person responsible for AFS.

- AQD continued the multi-year effort to revitalize the inspection of minor sources, inspecting 28 gas stations in the District and initiating numerous enforcement actions as a result. The inspection checklist for gas stations was revised as inspectors gained more experience using the checklist.
- In FY 2010, numerous enforcement-related changes took place within DDOE that affected all programs. AQD worked on developing many of these changes and began implementing them in FY 2010:
 - AQD began implementing the Department's new Enforcement Guidelines, developed the previous year with input from all programs and EPA Region 3.
 - DDOE developed a policy on how to conduct enforcement against District and federal facilities, giving AQD the clear authority, conditions, and process to take such actions.
 - DDOE developed a final memorandum detailing the delegation of authorities from the Mayor to the DDOE Director, Deputy Director of the Environmental Services Administration, and to AQD managers. Again, this helped to clarify for AQD the process for taking enforcement actions.
 - The DC Council doubled the amount of all of the fines in the schedule of fines used by DDOE, including AQD. The reasoning was that the higher fines would help encourage facilities to come into and stay in compliance to avoid the fines.
- The following are enforcement-related actions taken by AQD in FY 2010:
 - Issued 49 Notice of Infraction (NOIs) and 6 NOVs.
 - Conducted inspections at 125 locations (21 Title V FCEs, 28 gas stations, and 76 complaint responses).
 - In late FY 2009 and throughout FY 2010, AQD pursued enforcement cases against five Title V facilities (Providence Hospital, Omni Shoreham Hotel, L'Enfant Plaza, Howard University, Marriott Wardman Park Hotel) for submitting late permit renewal applications. Though settlement agreements in principle were reached with the facilities in question, the cases have continued due to court jurisdiction issues. AQD believes these cases are precedent setting because it was unable to locate similar enforcement cases of this magnitude elsewhere in the nation.
 - Issued NOI for \$17,000 (settled for \$10,000) to the U.S. Department of Treasury, Bureau of Engraving and Printing, for failure to maintain a control device and failure to report. This began a multi-year effort to settle the case that has been completed except for final issuance of the renewed Title V permit, which is delaying closure of the case.
 - Continued the investigation and enforcement case begun in January 2008 against Anthony Spanos Inc. dry cleaner for releasing perchloroethylene into the Quickie

Becky Day Care Center. EPA took over this case due to better authorities and resources to respond to the issues at hand, but AQD continued to assist throughout 2010.

- Developed and implemented a template for inspectors to use when reviewing the annual certifications from Title V facilities.
- Developed and implemented an Enforcement Justification Form for use in larger enforcement cases.

- **Element 13:** DDOE did not provide an Element 13 submission.

C. PROCESS FOR SRF REVIEW

Describe key steps in the reviews of each media program, including:

- **Review period:** FY2010
- **Key dates:** Kick-off Letter sent on 11/16/11, RCRA PDA sent 10/21/11, On-site Review week of 11/29/11; Kick-off meeting held 10/18/11
The Preliminary Data Analysis (PDA) data pull from EPA's Online Tracking Information System (OTIS) was completed on 08/18/11.
On 11/07/11, EPA provided the file selection list to DDOE for review.
On 11/07/11, EPA Region III met with DDOE to discuss the data metrics and EPA's PDA, and to discuss the selection of files to be reviewed as part of the file review metrics.
On 11/28/11 through 11/30/11, EPA Region III conducted the on-site file review at the DDOE Office in Washington, DC.
On 12/20/11, EPA Region III met with DDOE via a conference call to complete an exit conference and to discuss remaining issues.
A preliminary draft report was sent to the DDOE for comment on 02/07/12.
DDOE comments on the preliminary draft report were received at EPA on 02/28/12.

Communication with the state: Kick-off meeting was held on 10/18/11 with the Director of DDOE along with their Air and Hazardous Waste Management Staff. The Region 3 Deputy Regional Administrator, Director of the Office of Enforcement, Compliance and Environmental Justice, Division Directors from Land and Chemical Division, Air protection Division along with their first line managers participating in the review and the Region's SRF coordinator participated in the kick-off meeting via video conference. The Region's review teams met with their DDOE counterparts throughout the file reviews. The meetings were to obtain information from DDOE program managers and provide preliminary findings.

On 11/07/11, personnel from EPA met with DDOE to discuss in detail the SRF process, with special emphasis on how the DDOE review will attempt to incorporate SRF Round 2 metrics and processes. In addition, EPA's PDA was discussed and EPA provided a list of the selected files to DDOE for the EPA onsite review.

During the on-site file review the Review Team interviewed the Associate Director, AQD; the PEB Chief; Legal Counsel; and a representative of the Human Resources Division. Discussions were also held with the DDOE Inspectors as individual files were reviewed. Subsequent to the on-site review, the Review Team communicated via telephone or e-mail with DDOE to resolve specific

questions/concerns.

List state and regional lead contacts for review.

Samantha Beers, Director Office of Enforcement, Compliance and Environmental Justice

Betty Barnes, RCRA-C lead reviewer

Marcia L. Spink, Associate Director for State Relations, Air Protection Division – Air lead reviewer

District of Columbia

Department of the Environment Lead(s):

Cecily Beall

Stephen Ours

Mary Begin, Chief, Hazardous Materials Branch

III STATUS OF OUTSTANDING RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of DDOE's compliance and enforcement programs, EPA Region 3 identified a number of actions to be taken to address issues found during the review. The table below shows the actions that have not been completed at the time of the current SRF review. (Appendix A contains a comprehensive list of completed and outstanding actions for reference.)

Status	Due Date	Media	Title	Finding	Recommendation
Working	10/1/2009	CAA, RCRA	Analytical Services	DDOE lacks analytical service Recommendation 23 in 60 day study and MOU.	DDOE should acquire the ability to perform analyses for all critical regulatory sampling. DDOE agrees to provide necessary analytical services. EPA has agreed to provide specific analytical service to DDOE in FY-08. DDOE agrees to have analytical services
Working	4/1/2008		Transfer of Delegations	Since the creation of DDOE most long-standing EPA delegations, agreements and grants have not been formally transferred to DDOE. MOU	Submit requests and information necessary to complete the transfer of all EPA's delegations, authorizations, agreements, grants and other commitments to DDOE. DDOE agrees to do so by 4/1/08.

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:

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, processes, or policies that have the potential to be replicated by other states and 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.	<p>This describes activities, processes, or policies that the SRF data metrics and/or file reviews show are being implemented with minor deficiencies. The state needs to pay attention to these issues in order to strengthen performance, but they are not significant enough to require the region to identify and track state actions to correct.</p> <p>This can describe a situation where a state is implementing either EPA or state policy in a manner that requires self-correction to resolve concerns identified during the review. These are single or infrequent instances that do not constitute a pattern of deficiencies or a significant problem. These are minor issues that the state should self correct without additional EPA oversight. However, the state is expected to improve and maintain a high level of performance.</p>
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, and they must have well-defined timelines and milestones for completion. Recommendations will be monitored in the SRF Tracker.

Clean Air Act Program

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.		
1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	All metrics under element 1 were found to be complete and conform to the MDRs.
	Explanation	The number of operating majors (1a1) and Title V majors (1a2) were found to be identical Also, the three data metrics related to HPV Day Zeros (i.e., 1h1, 1h2, 1h3) were found to be at the national goal and/or well above the national average. DDOE was found to be at the national goal for entering New Source Performance Standards (NSPS) subparts. Although DDOE was found to be slightly below the national average in entering Maximum Available Control Technology (MACT) subparts, the EPA Review Team believes this to be an isolated incident. Finally, note that DDOE does not currently have any National Emission Standards for Hazardous Air Pollutants (NESHAP) facilities.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> ● 1a1 AFS Operating Majors (Current): 37 <ul style="list-style-type: none"> ● National Goal: NA ● National Average: NA ● 1a2 AFS Operating Majors with Air Program Code = V (Title V) (Current): 37 <ul style="list-style-type: none"> ● National Goal: NA ● National Average: NA ● 1c4 - CAA Subprogram Designation: % NSPS facilities with FCEs conducted after 10/1/05: 8/8 = 100% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: 89.0% ● 1c5 - CAA Subprogram Designation: % NESHAP facilities with FCEs conducted after 10/1/05: 0/0 <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: 55.1% ● 1c6 - CAA Subprogram Designation: % MACT facilities with FCEs conducted after 10/1/05: 55/60 = 91.7% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: 94.1% ● 1h1 - HPV Day Zero (DZ) Pathway date: % DZs with discovery action/date: 2/2 = 100% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: 59.2% ● 1h2 - HPV Day Zero (DZ) Pathway date: % DZs with violating pollutant: 2/2 = 100% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: 96.4%

		<ul style="list-style-type: none"> ● 1h3 - HPV Day Zero (DZ) Pathway date: % DZs with HPV Violation Type Code(s): 2/2 =100% ● National Goal: 100% ● National Average: 91.3%
	State Response	
	Recommendation(s)	

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.

1-2	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 – Recommendations Required
	Finding	When reviewing the files, the review team found a variety of data was not entered in AFS. Therefore, this missing data was not timely, accurate, or complete.
	Explanation	<p>Only 45% of the files reviewed were found to have accurate data when the files were compared to what data was reported in AFS. In particular, 60% of the minor source files reviewed were found to be accurate while only 37% of the major source files reviewed were found to be accurate. For the minor source files reviewed, there were three enforcement actions that were found in the files but not reported in AFS. According to the files, there was a facility shut down but this was not reported in AFS. In another instance, an FCE was erroneously reported as a PCE.</p> <p>For the major source files reviewed, there were a variety of data found to be inaccurate or missing when comparing the files with what was reported in AFS. This was found to occur on numerous occasions and include but are not limited to: Inaccurate compliance statuses; Notices of Violations (NOVs) and settlement agreements found in the files but not reported in AFS; Title V Annual Certifications with unknown review dates and/or compliance results; Visible Emissions (VE) - (Method 9) readings that were entered in AFS as a stack test; Addresses that differ in AFS vs. the files; FCEs entered in AFS but missing from file, and applicable Air Programs not reported in AFS.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> ● 2c - MDR data accurately reflected in the national data system (AFS): 13/29 = 45% ● National Goal: 100% ● National Average: NA
	State Response	
	Recommendation(s)	DDOE has recently developed new SOPs. The SOP – Inspecting Title V Facilities requires the inspector to submit a monthly report to the Compliance & Enforcement Branch Chief on all activity. The Branch Chief will review the submitted data to ensure timeliness, completeness and accuracy before giving it to the AFS data steward for entry in AFS. DDOE needs to finalize the draft SOPs and EPA Region III will continue to review DDOE data for completeness, accuracy, and timeliness on a quarterly basis at the Timely & Appropriate meetings. Once DDOE has accurately entered all of its MDRs for four consecutive quarters, from the date of this final report, EPA will close out this recommendation.

Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

2-1	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 – Recommendations Required
	Finding	The vast majority of the MDRs were not accurately entered and maintained in AFS. This deficiency was also found during the Round 1 SRF review of DDOE’s program and continues to be an area for improvement.
	Explanation	<p>Only 45% of the files reviewed were found to have accurate data when the files were compared to what data was reported in AFS. In particular, 60% of the minor source files reviewed were found to be accurate while only 37% of the major source files reviewed were found to be accurate.</p> <p>For the minor source files reviewed, there were three enforcement actions that were found in the files but not reported in AFS. According to the files, there was a facility shut down but this was not reported in AFS. In another instance, an FCE was erroneously reported as a PCE.</p> <p>For the major source files reviewed, there were a variety of data found to be inaccurate or missing when comparing the files with what was reported in AFS. This was found to occur on numerous occasions and include but are not limited to: Inaccurate compliance statuses; Notices of Violations (NOVs) and settlement agreements found in the files but not reported in AFS; Title V Annual Certifications with unknown review dates and/or compliance results; Visible Emissions (VE) - (Method 9) readings that were entered in AFS as a stack test; Addresses that differ in AFS vs. the files; FCEs entered in AFS but missing from file, and applicable Air Programs not reported in AFS.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> ● 2b1 - Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY): 0/7 = 0% <ul style="list-style-type: none"> ● National Goal: 0% ● National Average: 1.3% ● 2c - MDR data accurately reflected in the national data system (AFS): 13/29 = 45% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: NA
	State Response	
	Recommendation(s)	The recommended action for this element is for DDOE to complete the recommended action under Element 1-2.

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

3-1	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 – Recommendations Required
	Finding	DDOE is severely deficient in entering MDR Data into AFS in a timely manner. This deficiency was also found during the Round 1 SRF review of DDOE’s program and continues to be an area for improvement.
	Explanation	For the review period, DDOE is well below the national goals and averages for all three data metrics under element 3. In particular, no HPVs or enforcement related MDR actions were entered into AFS in a timely manner. In addition, less than 50% of the compliance monitoring related MDRs were entered into AFS in a timely manner.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> ● 2c - MDR data accurately reflected in the national data system (AFS): 13/29 = 45% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: NA ● 3a - Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY): 0/2 = 0% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: 32.0% ● 3b1 - Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1FY): 31/78 = 39.7% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: 56.9% ● 3b2 - Percent Enforcement related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY): 0/5 = 0% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: 66.7%
	State Response	
	Recommendation(s)	The recommended action for this element is for DDOE to complete the recommended action under Element 1-2.

Element 4 — Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements are met and any products or projects are completed.

4-1	This finding is a(n)	<input type="checkbox"/> Good Practice Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	DDOE has met its FY 2010 CMS commitments. However, DDOE has not met the timeliness and accuracy commitment for MDRs as stated in the current EPA/DDOE MOU.
	Explanation	DDOE has met all of the FY 2010 commitments but has not met the commitments related to MDR accuracy and timeliness as described in the current EPA/DDOE MOU. See the Explanation of Findings for Elements 2, 3 and 6.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> • 4a Planned evaluations (FCEs), partial compliance evaluations (PCEs), investigations completed for the review year pursuant to a negotiated CMS plan): 21/17 = 123.5% • 4b (Planned commitments completed): 9/9 = 100%
	State Response	
	Recommendation(s)	<ol style="list-style-type: none"> 1. EPA recommends that the DDOE’s “AFS Data Reporting Standard Operating Procedures (SOP)” dated April 6, 2010 be consistently applied in daily staff routines to ensure that MDR data is accurately maintained and entered in a timely manner as described in the DDOE SOP, as well as, written in the current EPA/DDOE MOU. 2. DDOE staff should be held accountable to ensure the quality of the CMRs. CMRs should properly document observations, be completed in a timely manner and include an accurate description of all observations. 3. EPA, Region III will continue to review DDOE data for completeness, accuracy, and timeliness on a quarterly basis. Once DDOE has accurately entered all of its MDRs for four consecutive quarters, from the date of this final report, EPA will close out this recommendation.

Element 5 — Inspection Coverage: Degree to which state completed the universe of planned inspections/compliance evaluations.

5-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention Area for State Improvement – Recommendations Required
	Finding	DDOE is below the national goal for all planned inspections/compliance evaluations.
	Explanation	<p>While DDOE is above the national average for FCE coverage, DDOE did not conduct 100% of their planned FCE commitments for the most recent completed CMS cycle (FY 08-09). DDOE missed 5 planned commitments for FY 2009. This was due in part to miscommunications between the Branch Chief and the inspection staff during FY 2009 and a procedural misunderstanding on the part of one staff member. The SRF team noted the facilities were inspected within the first quarter of FY 2010 and that all commitments were met for FY 2010 & FY 2011.</p> <p>DDOE was also late in reviewing their Title V Annual Certifications. This was due to the review and approval process in place at the time. In 2009, a new template was developed by the PEB Branch Chief to ensure that the inspectors were reviewing the Title V Annual Certifications correctly. The Branch Chief wanted to review and approve each completed template. Unfortunately, due to an excessive workload, the Title V Annual Certification reviews did not get reviewed and approved timely. As a result, the review date of the Title V Annual Certification was the date that the PEB Branch Chief reviewed the template and not the date of the inspector’s original review. This process has since changed and now the inspector's review date is entered into AFS.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> ● 5a1 - Compliance Monitoring Strategy (CMS) Major FCE Coverage (2 FY CMS Cycle): 29/34 = 85.3% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: 89.6% ● 5b1 - Clean Air Act (CAA) Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle): 0/0 <ul style="list-style-type: none"> ● National Goal: 80% ● National Average: 92.5% ● 5e - Number of Sources with Unknown Compliance Status (Current): 0 <ul style="list-style-type: none"> ● National Goal: 0 ● National Average: NA ● 5g - Review of Self-Certifications Completed (1 FY): 22/27 = 81.5% <ul style="list-style-type: none"> ● National Goal: 100%
	State Response	
	Recommendation(s)	

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

6-1	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 – Recommendations Required
	Finding	<p>Original CMRs written by inspectors for major sources are not completed in a timely manner, do not properly document observations and do not include an accurate description of inspection observations. Only after the Branch Chief reviews and re-writes the reports do they meet the criteria. However, this results in extensive delays for completing the reports and not addressing violations in a timely manner.</p>
	Explanation	<p>There was a significant deficiency noted in completing the CMRs at major sources in a timely manner. However, all of the eleven major source FCEs reviewed had documentation in the files to show that they contained all of the elements of the FCE, per the CMS and included all elements required under § IX of the CMS. However, the average time to complete the eleven CMRs for major sources reviewed was 357 days. In addition, there were nine CMRs for which a report did not exist at the time of the file review. Appendix I contains a table detailing the comparison of when the FCE for major sources was performed and when the CMR was written.</p> <p>It should be noted that there were six draft CMRs completed at the time of the file review and these were reviewed for completeness under file review metrics 6b and 6c. Because they were draft CMRs at the time of the file review, they are not reflected in the quantitative values. All six draft CMRs reviewed met the definition of an FCE per the CMS (metric 6b). Four of the six draft CMRs reviewed appeared to include all of the elements required under § IX of the CMS. Refer to Appendix J for additional details on the EPA reviewer comments for the six draft CMRs reviewed.</p> <p>Based on a recommendation from the Round 1 SRF of DDOE, the Permitting and Enforcement Branch Chief had developed inspection and CMR templates for use by the inspectors in FY 2009/2010, which EPA Region III reviewed and approved. However, staff do not consistently use the new templates because they find them too long and requiring too much detail. Thus, to date, many of the CMR reports have been drafted and redrafted numerous times prior to completion. This has caused a delay in moving the inspection process through to the final CMR report in a timely manner.</p> <p>As noted in the Executive Summary of this report, the EPA review team examined the files of ten minor sources. All of the minor sources were gas stations and nine of them had an FCE completed in FY2010. All minor CMRs were completed in a timely manner. Each FCE at the gas stations consisted of a Stage 2 Vapor Recovery inspection. DDOE developed a one page Stage 2 Vapor Recovery inspection template which is used while conducting an inspection at a gas station. Despite the use of the DDOE Stage 2 Vapor Recovery inspection template for the minor sources reviewed, eight of the nine files reviewed were missing some element required on the inspection template, but it did not interfere with determining compliance. The remaining file was not missing information from the template because the gas station was closed at the time of the inspection. Refer to Appendix K for additional details on the EPA reviewer comments for the nine minor FCEs reviewed.</p>

	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> ● 6a - # of files reviewed with FCEs: 20 <ul style="list-style-type: none"> ● National Goal: NA ● National Average: NA ● 6b - % of FCEs that meet the definition of an FCE per the CMS policy: 20/20 = 100% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: NA ● 6c - % of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility: 12/20 = 60% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: NA
	State Response	
	Recommendation(s)	<p>DDOE staff must follow the new SOP which requires use of the inspection templates. CMRs should properly document observations, be completed in a timely manner and include an accurate description of all observations. EPA Region III will provide training on inspection report writing to DDOE staff within six months of the final report.</p> <p>Within six months of this final report, create a comprehensive Inspector Manual to include all newly developed SOPs, training requirements, and DDOE and EPA policies/guidance. SOPs must be followed by DDOE staff, as inspection report timeliness affects HPV identification timeliness.</p>

Element 7 — Identification of Alleged Violations: Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information.

7-1	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 – Recommendations Required
	Finding	While the majority of the compliance determinations reviewed were found to be accurate, they were not reported timely in AFS. Although the accuracy of the compliance determinations was at 90%, the EPA review team believes this high degree of accuracy is attributed to the work completed by the PEB Chief.
	Explanation	<p>Compliance determinations for two major source facilities were found to be inaccurate. Both facilities were reported to have pending enforcement actions against them and also, includes the only facility in the universe for data metric 7c2 that had a failed stack which was not put into noncompliance.</p> <p>Seven of nine violations reviewed were not reported timely in AFS. The timeliness issue was discussed in Element 1-2 and 3, and corrective actions developed under Element 1-2 will include corrective actions for entering compliance determinations into AFS in a timely manner under Element 7.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> ● 7a - Accuracy of compliance determinations: 19/21 = 90% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: NA ● 7b - Timely reporting of violations of non-HPVs: 22% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: NA ● 7c1 - Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY): 12/22 = 54.5% <ul style="list-style-type: none"> ● National Goal: > ½ National Average ● National Average: 22.1% ● 7c2 - Percent facilities that have had a failed stack test and have noncompliance status (1 FY): 0/1 = 0% <ul style="list-style-type: none"> ● National Goal: > ½ National Average ● National Average: 41.6%
	State Response	
	Recommendation(s)	<p>DDOE should implement the DDOE Standard Operating Procedure (SOP), entitled “AFS Data Reporting” dated April 6, 2010 to ensure that MDRs are entered in AFS in a timely manner and as included in the SOP, DDOE should be entering timely compliance determinations.</p> <p>Additionally, the recommended action for this element is for DDOE to complete the recommended action under Element 1-2.</p>

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

8-1	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)
	Finding	The Permitting and Enforcement Branch (PEB) Chief does a thorough job in making HPV determinations. However, HPVs are not consistently reported to AFS in a timely manner.
	Explanation	<p>The metrics that measure a state's/local agency's ability to identify HPVs (i.e., metrics 8a, 8b., 8c, 8d, 8e, and 8f) indicated that the PEB Chief does a thorough job in making HPV determinations. For metric 8e, there was one failed stack test action included in the universe for this metric. It was determined that the facility was not a major source for the pollutant which failed the stack test. Also, it should be noted that DDOE does not have a synthetic minor source universe.</p> <p>Data metric 3a indicates that DDOE does not consistently enter HPVs into AFS in a timely manner. This timeliness issue was discussed in Element 3, and corrective actions developed under Element 3 (i.e., Finding 3.1) will include corrective actions for entering HPVs into AFS in a timely manner.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> ● 8a - High Priority Violation Discovery Rate - Per Major Source (1 FY): 2/37 = 5.2% <ul style="list-style-type: none"> ● National Goal: - > ½ National Average ● National Average: 6.8% ● 8b - High Priority Violation Discovery Rate - Per Synthetic Minor Source (1FY): 0/0 <ul style="list-style-type: none"> ● National Goal: > ½ National Average ● National Average: 0.5% ● 8c - Percent Formal Actions With Prior HPV - Majors (1 FY): 1/1 = 100% <ul style="list-style-type: none"> ● National Goal : > ½ National Average ● National Average: 68.3% ● 8d - Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY): 0/0% <ul style="list-style-type: none"> ● National Goal: < ½ National Average ● National Average: 48.8% ● 8e - Percent Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY): 0/1 = 0% <ul style="list-style-type: none"> ● National Goal: > ½ National Average ● National Average: 41.0% ● 8f - % of violations in files reviewed that were accurately determined to be HPV or non-HPV: 11/11 = 100% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: NA
	State Response	

	Recommendation(s)	The recommended action for this element is for DDOE to complete the recommended action under Element 1-2.
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Element 9 — Enforcement Actions Promote Return to Compliance: Degree to which 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 <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	DDOE includes corrective actions in formal enforcement responses, where appropriate.
	Explanation	All formal responses reviewed (5 at major sources and 2 at minor sources) contained the documentation that required the facilities to return to compliance, if they had not already done so, at the time of the execution of the Consent Agreement.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> ● 9a - # of formal enforcement responses reviewed: 7 <ul style="list-style-type: none"> ● National Goal: NA ● National Average: NA ● 9b - Formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame (HPVs and non HPVs): 7/7 = 100% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: NA
	State Response	
	Recommendation(s)	

Element 10 — Timely and Appropriate Action: Degree to which 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 type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	DDOE takes appropriate enforcement actions consistent with the HPV policy. However, DDOE does not consistently take timely enforcement actions in accordance with the HPV policy.
	Explanation	Both HPV related enforcement actions reviewed indicated that DDOE takes appropriate enforcement actions for HPVs (see metric 10c). However, both metrics 10a and 10b indicate that DDOE is deficient in addressing HPVs in a timely manner (i.e., within 270 days of Day Zero). DDOE has exceeded the national average in not addressing HPVs in a timely manner as per the HPV policy. HPVs have not been identified in a timely manner. DDOE is unable to address HPVs within 270 days because they do not identify them in a timely manner. Frequently, HPVs are identified and reported to EPA when Day 270 is approaching or has passed. As previously documented in Element 6, this is due to the staff not properly documenting the violation and the PEB Chief being overburdened. This causes additional work for the PEB Chief to be certain a violation truly exists and that DDOE has proper documentation to move forward with an enforcement action.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> ● 10a - Percent HPVs not meeting timeliness goals (2 FY): 5/9 = 55.6% <ul style="list-style-type: none"> ● National Goal: 0% ● National Average: 37.7% ● 10b - Enforcement responses at HPVs (formal & informal) taken in a timely manner as documented in the enforcement files reviewed: 0/2 = 0% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: NA ● 10c -Enforcement responses for HPVs that are appropriate to the violations: 2/2 = 100% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: NA
	State Response	
	Recommendation(s)	<p>DDOE must complete the Recommendations under Elements 1 and 6. DDOE must also follow its newly created SOP – Inspecting Title V Facilities which requires adherence to EPA’s HPV Policy and its own Enforcement Guidelines.</p> <p>Staff must improve and be held accountable for information gathering techniques and case development processes. If a well documented violation is presented to the PEB Chief, the HPV will be identified and reported in a timely manner.</p> <p>EPA, Region 3 will continue to monitor the quality and timeliness of DDOE data on a quarterly basis during the timely and appropriate meetings. Once DDOE has taken timely enforcement against HPVs in at least four consecutive quarters, from the date of this final report, EPA will close out this recommendation.</p>

		<p>Note: In August 2012, OECA - Office of Compliance provided training to the DDOE staff and managers on the HPV and CMS policies, as well as MDR data entry into AFS.</p>
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Element 11 — Penalty Calculation Method: Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using 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 <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required <input type="checkbox"/>
	Finding	DDOE includes both gravity and economic benefit considerations in initial penalty calculations per CAA Civil Penalty Policy.
	Explanation	All seven files reviewed included considerations for both gravity and economic benefit per the CAA Civil Penalty Policy and the EPA/DDOE Memorandum of Understanding which requires DDOE follow the national guidelines.
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> ● 11a - % of reviewed penalty calculations that consider and include gravity and economic benefit, where appropriate: 7/7 = 100% <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: NA
	State Response	
	Recommendation(s)	

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

12-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding	All major source files reviewed contained documentation for the rationale between the initial and the final assessed penalty along with penalty collection documentation.
	Explanation	<p>Both major source files reviewed for this metric contained documentation for the rationale between the initial and the final assessed penalty along with penalty collection documentation.</p> <p>A review of the minor sources for this metric showed one of two files reviewed lacked documentation between the initial and final assessed penalties. In addition, one of five minor source files reviewed did not contain penalty collection documentation. The EPA review team believes that these are isolated incidences, and further believes that DDOE does not have an issue with documenting the differences between the initial and final penalties and/or documenting that the final penalties were collected.</p>
	Metric(s) and Quantitative Value(s)	<ul style="list-style-type: none"> ● 12c - % of penalties reviewed, that document the difference and rationale between the initial and final assessed penalty: $3/4 = 75\%$ <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: NA ● 12d - % of files that document collection of penalty: $6/7 = 86\%$ <ul style="list-style-type: none"> ● National Goal: 100% ● National Average: NA
	State Response	
	Recommendation(s)	

Resource Conservation and Recovery Act Program

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.		
1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
Finding		DDOE enters minimum data requirements into RCRAInfo. However, 10 inspections were not entered and penalty information was not entered in four instances out of seven.
Explanation		DDOE is the Implementor of Record for RCRAInfo. DDOE enters facility information, inspections, enforcement actions, violation citations, responsible agency, etc into RCRAInfo. Three of the seven penalty amounts were included in RCRAInfo. Final penalty amounts are negotiated by DDOE's Office of Enforcement and Environmental Justice (OEEJ). It appears the final penalty amounts are not communicated with the program in all instances. DDOE's end of year report for the RCRA-C program identified 49 inspections completed for the year, but only 39 inspections were entered into RCRAInfo
Metric(s) and Quantitative Value(s)		1BS;-39 1g;-\$19,000 2c- 88%
State Response		DDOE's OEEJ Division has now developed a Daily Notice that contains all penalty update information for all enforcement cases at DDOE. Over the past six months we have been able to ensure what final penalty amounts have been negotiated with OEEJ and therefore are able to enter final penalty amounts within the required RCRAInfo timeline.
Recommendation(s)		DDOE should develop guidance to assure OEEJ communicates final penalty amounts to the program office for input to national database within 6 months of issuance of this SRF report.

Element 2 — Data Accuracy: Degree to which data reported in the national system is accurately entered and maintained.

2-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding	Penalty information was not entered in four instances out of seven. With the exception of the penalty information, all other information was accurate.
	Explanation	DDOE is the Implementor of Record for RCRAInfo. DDOE enters facility information, inspections, enforcement actions, violation citations, responsible agency, etc into RCRAInfo. Three of the seven penalty amounts were included in RCRAInfo Final penalty amounts are negotiated by DDOE's Office of Enforcement and Environmental Justice (OEEJ). It appears the final penalty amounts are not communicated with the program in all instances.
	Metric(s) and Quantitative Value(s)	2a-0, 2b-1, 2c- 88%
	State Response	
	Recommendation(s)	DDOE should develop guidance to assure OEEJ communicates final penalty amounts to the program office for input to national database within 6 months of issuance of this SRF report.

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

3-1	This finding is a(n)	<input type="checkbox"/> <input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding	Penalty information was not entered in four instances out of seven. With the exception of the penalty information, all other data is entered on a timely basis
	Explanation	Inspectors enter data for each inspection along with follow-up enforcement. Procedures for data entry and responsibility are included in DDOE’s Environmental Enforcement Guidelines. Additionally, discussions with DDOE management indicated management review of data on a quarterly basis.
	Metric(s) and Quantitative Value(s)	3a- 0, 2c-88%
	State Response	
	Recommendation(s)	DDOE should develop guidance to assure OEEJ communicates final penalty amounts to the program office for input to national database within 6 months of issuance of this SRF report.

Element 4 — Completion of Commitments: Degree to which all enforcement/compliance commitments in relevant agreements are met and any products or projects are completed.

4-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	DDOE met their enforcement commitments in FY10.
	Explanation	DDOE committed to conducted 45 inspections in FY10. DDOE completed 49 inspections. DDOE completed 23 inspections at LQG; 21 inspections at SQG; 5 inspections at CESQG and one inspection at the one TSD in DC.
	Metric(s) and Quantitative Value(s)	4a-100%, 4b-100%
	State Response	
	Recommendation(s)	

Element 5 — Inspection Coverage: Degree to which state completed the universe of planned inspections/compliance evaluations.

5-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> X Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	DDOE exceeded their inspection commitment. DDOE completed 49 inspections, however, their commitment was to conduct 45 inspections.
	Explanation	In addition to meeting their inspection commitment for FY2012, DDOE has inspected all of the District’s Large Quantity Generators (LQG) facilities in the last three years. The Branch now has a baseline of LQG facilities documenting facility operations and compliance history.
	Metric(s) and Quantitative Value(s)	5a-100%; 5b-82%; 5c-91.3%
	State Response	
	Recommendation(s)	

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

6-1	This finding is a(n)	<input checked="" type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The inspection reports reviewed during the round 2 SRF follow a new comprehensive template. In addition to meeting the requirements of this element, the inspection reports document a comprehensive description of the facility’s operations, RCRA status, waste generated and compliance history.
	Explanation	During the first SRF review, DDOE used a checklist as the final inspection report. A new template for final inspection report was developed since the last review. The new reports are comprehensive report of the facility’s status, operations and compliance history. The new template includes facility name and id number, type of facility, purpose of inspection, opening conference notes, waste codes and waste streams, facility description, site history, compliance history, inspection narrative, records reviewed, compliance determination and pictures. Files also include checklist and field inspector notes.
	Metric(s) and Quantitative Value(s)	6a-18, 6b-100%, 6c-100%
	State Response	
	Recommendation(s)	

Element 7 — Identification of Alleged Violations: Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring information.

7-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	All 18 inspection reports reviewed were written such that an accurate compliance determination could be made. Alleged violations identified in the reports were reported to RCRAInfo.
	Explanation	Alleged violations are identified in inspection reports and reported in RCRAInfo.
	Metric(s) and Quantitative Value(s)	7a-100%, 7b-100%, 7c- 20.5%
	State Response	
	Recommendation(s)	

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

8-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	DDOE did not identify any SNC in FY2010. Two of 18 files reviewed indicated SNC violations. These violations were not entered into RCRAInfo as SNC.
	Explanation	<p>Violations are identified in inspection reports and reported in RCRAInfo. Two files indicate SNC violations, but were not identified in the data base. Violations were addressed with NOIs including appropriate penalties.</p> <ul style="list-style-type: none"> • One facility had hazardous waste that was not labeled and hazardous waste stored for greater than 90 days. This facility received an NOI with penalties, but continued to be in violation. The case was discussed with the Branch manager. She indicated the program was discussing the violations and would be designating this facility as SNC in RCRAInfo. The determination by DDOE as a SNC in this particular instance is based on seriousness, but more so on recidivism. Penalty = \$16,500 • The second facility was autoclaving (type of treatment) and sending listed waste to a landfill., failed to make hazardous waste determinations. Penalty = \$14,000 <p>Although DDOE inspector and supervisor reviewed both files they did not determine the violations to meet the definition of SNC. Violations in both cases were addressed with NOIs including appropriate penalties. One of the facilities receiving an NOI with penalties continued to be in violation. The case was discussed with the Branch manager. She indicated the program was discussing the violations and would be designating this facility as SNC in RCRAInfo. The determination as a SNC in this particular instance is based on seriousness and recidivism. Identification of SNC was discussed with program management. Manager has extensive experience in the RCRA program dealing with SNC violations and communicates often with EPA manager. The reviewer in this instance has determined that due to the subjective definition of SNC in this particular program, DDOE’s inspector and manager make every effort to determine SNC and appropriately address non-compliance.</p>
	Metric(s) and Quantitative Value(s)	8a-0%; 8c-0%; 8d-0%
	State Response	As stated in the explanation above, the definition of a SNC is subjective and as such can be interpreted as but not limited to the seriousness of a violation, repetitive violations or the probability of the violation recurring. The Hazardous Waste program will develop a decision table/matrix in order to evaluate each site that has been inspected and found to have violations requiring enforcement action. Those facilities that meet the criteria established by the program will be classified as SNC’s and entered into the RCRAInfo database as such. Prior to completion of the table/matrix DDOE will consult with Region 3 enforcement staff to ensure all possible scenarios are included in the decision table/matrix. This will ensure further confusion and create consistency when designating SNC’s at DDOE.

	Recommendation(s)	EPA's regional RCRA enforcement program manager will continue to discuss SNC determinations during quarterly management calls.
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Element 9 — Enforcement Actions Promote Return to Compliance: Degree to which 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 type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> X Area for State Improvement – Recommendations Required
	Finding	Seven enforcement actions were reviewed. Two of the actions included corrective action.
	Explanation	Five of the actions collected penalties, two actions were NOVs. The penalty actions which DDOE refers to as Notice of Infractions do not include corrective actions. However, NOVs do contain require corrective actions.
	Metric(s) and Quantitative Value(s)	9a-7; 9b-0%; 9c-100%
	State Response	The OEEJ Division coordinates enforcement-related initiatives and activities for DDOE’s environmental divisions and programs. OEEJ manages DDOE’s civil infractions program. At this time the Notices of Infraction (NOI) do not include corrective action plans; however NOI’s are associated with a fine. The Notices of Violation (NOV) are not associated with a fine but do detail each violation and require both a corrective action plan and a return to compliance. The Branch/Program does not have the authority to change this procedure.
	Recommendation(s)	DDOE should develop a new template for Notice of Infractions to include injunctive relief/corrective actions within six months of issuance of this SRF report. DDOE should begin using the new template upon completion.

Element 10 — Timely and Appropriate Action: Degree to which 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 <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	DDOE takes timely and appropriate enforcement actions.
	Explanation	Violations are identified in inspection reports and reported in RCRAInfo. The reviewer determined in two instances, inspection files indicate SNC violations. Although DDOE inspector and supervisor reviewed both files they did not determine the violations to meet the definition of SNC. Violations in both cases were addressed with NOIs including appropriate penalties.
	Metric(s) and Quantitative Value(s)	10e -100%; 10d – 100%
	State Response	
	Recommendation(s)	

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

11-1	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"/> X Area for State Improvement – Recommendations Required
	Finding	DDOE has a Schedule of fines. The schedule includes gravity, but does not include a requirement for economic benefit.
	Explanation	DDOE program staff complete enforcement worksheets which include violations and penalty associated with each violation. DDOE has a schedule of fines for violations which the program follows and accurately documents.
	Metric(s) and Quantitative Value(s)	11a-0%
	State Response	The OEEJ division coordinates enforcement-related initiatives and activities for DDOE’s environmental divisions and programs. The Schedule of Fines currently utilized by the programs does not include an analysis for economic benefit. There is a plan by OEEJ to update the Schedule of Fines for all programs and the programs can provide input regarding requirements for economic benefit.
	Recommendation(s)	DDOE should include an economic benefit component to their penalty guidance within six months of issuance of this SRF report. DDOE should begin using the new economic benefit guidance upon completion.

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

12-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> X Area for State Improvement – Recommendations Required
	Finding	DDOE documents initial penalty assessments, however there is no supporting documentation for final penalty assessments.
	Explanation	DDOE program staff complete enforcement worksheets which include violations and penalty associated with each violation. DDOE has a schedule of fines for violations which the program follows and accurately documents. Changes to penalties are made by OEEJ and are not always documented in the file. All of the files contained copies of invoices for penalty payment.
	Metric(s) and Quantitative Value(s)	12a-0%; 12b-100%
	State Response	
	Recommendation(s)	DDOE should develop a process for documenting final penalty assessments and include in the enforcement file within six months of issuance of this SRF report. DDOE should implement this process upon completion.

APPENDIX A: STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

Status	Due Date	Media	Title	Finding	Recommendation
Completed	9/30/2008	CAA, RCRA	Management and Staff Vacancies	DDOE needs to fill management and staff vacancies to begin addressing the deficiencies identified in the SRF and the 60 day study Region 3 conducted to identify deficiencies in all enforcement programs. Recommendations 1 through 7, action items 1 through	DDOE has agreed to fill management and staff vacancies with appropriate knowledge skills and/or program experience in their enforcement programs. DDOE has hired front office staff, promoted 8 DDOE staff, and advertised 25 new positions. DDOE expects to
Completed	9/30/2008	CAA, RCRA	Administrative Hiring Processes	Expedite administrative hiring processes to fill critical vacancies	DDOE's administrative hiring process should be expedited in order to fill critical vacancies. If DDOE's hiring processes cannot be expedited, DDOE should seek a waiver from current requirements. DDOE has expedited its administrative hiring processes. DD
Completed	9/30/2008	CAA, RCRA	Developing Future Managers and Staff Career Paths	DDOE's current grade-level and promotion system prevent DDOE's enforcement staff from advancing beyond the journeyman inspector position.	EPA recommends that senior enforcement staff have the potential for advancement to a grade level that is at least one level below branch managers, allow and encourage program personnel to complete for branch management positions and allowed to compete for I
Completed	1/31/2008	CAA, RCRA	Enforcement Program Management	Many DDOE programs do not appear to have strong systems for managing program activities and directing personnel in meeting program goals. Recommendation 13 in 60 day study.	EPA recommends that DDOE emulate and employ "best management practices" exemplified by the Inspection and Enforcement Branch in DDOE's Watershed Protection Division. DDOE will draft a paper outlining and explaining management practice and submit to EPA
Completed	4/1/2008	CAA, RCRA	Core Program Responsibilities Analyses	Numerous deficiencies identified in SRF and other core programs evaluated in the 60 day study. DDOE has some overlapping responsibilities that are difficult to plan and schedule. Recommendation 14 & 15 in 60 day study.	EPA recommends DDOE conduct analyses of the Air Quality, RCRA C, LUST, UST and Water Quality enforcement programs. EPA recommends DDOE consider re-evaluating how it responds to public calls and complaints. DDOE agrees to complete core program responsibility
Completed	4/1/2008	CAA, RCRA	Program Specific Directives and Documents	Many of DDOE programs have specific fill-in-the-blank inspection forms and other forms used by inspectors in the field. However, some programs lack these type of forms. Recommendation 16 in 60 day study.	Programs that lack fill-in-the-blank inspection forms and other forms should develop such forms in consultation with OGC. DDOE agrees to create program specific directives and documents. Will complete analysis by 11/6/07 and provide documents to EPA by

Completed	4/1/2008	CAA, RCRA	Uniform Enforcement and Compliance Policy	Lack of policies and/or SOPs for compliance and enforcement actions. Recommendation 17 in 60 day study.	DDOE management, working with OGC, develop policy for compliance and enforcement actions. DDOE agrees to create a uniform Enforcement and Compliance Policy. DDOE will submit draft policy to EPA by 11/6/07 and implement across all programs by 4/1/08. Rec
Completed	4/1/2008	CAA, RCRA	Compliance Tracking	DDOE has no current system to uniformly track compliance.	DDOE should ensure that it complies with EPA enforcement compliance tracking requirements, including but not limited to updating EPA national reporting databases regularly and keeping such EPA national databases current. DDOE agrees to perform complian
Completed	4/1/2008	CAA, RCRA	Streamlining Administrative Management Systems	When DDOE was formed from DDOH they did not receive an administrative management structure. Recommendation 19 60 day study, 19 MOU	DDOE should evaluate its administrative management systems to prevent delays or otherwise prevent timely performance. DDOE agrees to streamline administrative management systems. Providing a report by 4/1/08. Recommendation 19 60 day study, 19 MOU.
Completed	6/1/2008	CAA, RCRA	Training and Mentoring for New Inspectors	Inspectors lack training Recommendation 20 60 day study	New inspectors should be trained in program responsibilities. Training should include office training, field training under experienced staff, and monitoring by supervisors. DDOE agrees to provide adequate training and mentoring for new employees. DDOE
Completed	6/1/2008	CAA, RCRA	Minimum Training Requirements	Basic and ongoing training program needs to be developed. Recommendation 21 in 60 day study and MOU	DDOe should review basic and ongoing training requirements for its programs. DDOe agrees to provide all necessary basic training, provide ongoing developmental training for all inspectors and all necessary program specific training and certifications for
Completed	6/1/2008	CAA, RCRA	Adequate Field Equipment	DDOE needs necessary equipment and supplies to perform core program responsibilities. Recommendation 22 in 60 day study and MOU.	DDOE should assure that inspectors have all necessary and equipment to perform core program responsibilities. DDOE agrees to provide necessary equipment and supplies. DDOE will assess it needs and provide to EPA by 12/1/07, develop a plan and schedule b
Working	10/1/2009	CAA, RCRA	Analytical Services	DDOE lacks analytical service Recommendation 23 in 60 day study and MOU.	DDOE should acquire the ability to perform analyses for all critical regulatory sampling. DDOE agrees to provide necessary analytical services. EPA has agreed to provide specific analytical service to DDOE in FY-08. DDOE agrees to have analytical servi
Completed	10/1/2008	CAA, RCRA	Security Plan	DDOE lacks security procedues. Recommendation 24 in 60 day plan, 25 in MOU	DDOE should develop and implement security procedures for inspectors. DDOE agrees to review security issues and to create and implement these procedures by 10/1/08. EPA will provide EPA procedure to DDE by 10/31/07.

Completed	10/31/2007	CAA, RCRA	Cross Programmatic Communication and Coordination	DDOE lacks cross programmatic Communication and Coordination. Recommendation 25 in 60 day study, 24 in MOU.	DDOE should enhance internal communication and coordination. DDOE agrees to provide cross-programmatic communication and coordination within DDOE. DDOE has instituted a program of senior level briefings and will institute one for staff by 10/31/07.
Completed	10/1/2010	CAA, RCRA	Central Filing System	DDOE lacks central data base for tracking permits, inspections, compliance, enforcement and other facility information across all programs. Recommendation 26 in 60 day study, Recommendation 26 in MOU	EPA recommends DDOE develop and implement one central filing system for all DDOE program files and provide administrative staff to support it. DDOE agrees that a central filing system for enforcement files is a long term objective. In short term DDOE wa
Completed	5/30/2008	CAA, RCRA	Compliance Approach for City Owned Facilities	DDOE needs a strategy to address City owned facilities. Recommendation 28 in 60 day study and 28 in MOU	DDOE to develop a specific plan and strategy to assure compliance at city owned facilities. DDOE agrees to develop a specific plan and strategy that will address compliance first, aggressive enforcement for continued non-compliance and notification to EP
Completed	9/10/2009	CAA, RCRA	Environmental Crimes Coordination	District Police Department disbanded its Environmental Crimes Unit and DDOE personnel are concerned about how criminal enforcement will be pursued. Recommendation 29 & 30 in 60 day study, Recommendation 29 & 30 in MOU.	EPA recommends DDOE work with District Police to establish a procedure for DDOE inspectors to notify the police of potential environmental crimes. Also recommend that DDOE inspectors who believe an environmental crime has occurred should notify EPA immediately.
Completed	4/1/2008	CAA, RCRA	Action Plans	Program specific action plans are needed to improve the compliance and enforcement programs at DDOE.	Develop action plans for the Air and Waste enforcement programs to address deficiencies identified in the SRF and 60 day study. DDOE agrees to meet with EPA Region 3 Air Enforcement and Waste and Chemical Management enforcement programs to identify and
Working	4/1/2008		Transfer of Delegations	Since the creation of DDOE most long-standing EPA delegations, agreements and grants have not been formally transferred to DDOE. MOU	Submit requests and information necessary to complete the transfer of all EPA's delegations, authorizations, agreements, grants and other commitments to DDOE. DDOE agrees to do so by 4/1/08.
Completed	9/30/2007	CWA	Inspection Coverage	Region3 was not covering 100% of the NPDES major sources in the District of Columbia.	Region 3 needs to inspect 100% of the NPDES major sources in the District. Commitments should be included in the Annual Commitment System.
Completed	9/10/2009	CWA	Inspection Procedures	Incomplete inspection reports.	The Region needs to finalize and document an SOP for writing inspection reports and managing inspection files. The SOP should include: management review, followed-up and enforcement response, data management in ICIS-NPDES, and file management. It should
Working		CWA	Inspection Procedures	Incomplete inspection reports.	The Region needs to provide training in the SOP and in NPDES inspections for all EPA and DOE inspectors.

Completed	11/30/2007	CWA	Inspection Procedures	Inspection reports are not completed in a timely manner	The Region needs to establish a 30 day standard for completing CEI inspection reports and 45 days for sampling inspection reports.
Completed	11/30/2007	CWA	SNC Identification and SEV Data	Region 3 is not entering Single Event Violations	The Region needs to begin entering single event violations into ICIS-NPDES. However, at this time, this requirement is pending the issuance of the ICIS-NPDES Policy Statement.
Completed	11/30/2007	CWA	SNC Follow-Up	Facilities with SNC that are unaddressed for long periods of time.	The Region needs to review facilities with long term SNC determinations to assess what enforcement actions may be required to bring them into compliance.
Completed	2/29/2008	CWA	Data Accuracy	Not all data is entered accurately.	Region 3 needs to have a better understanding of non-major non-compliance and increase attention on non-major DMR and non-compliance data. This will lead to more accurate annual non-compliance reports and will allow for better inspection targeting and pr

Appendix B Official Data Pull – Air

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	DDOE Metric	Count	Universe	Not Counted
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			37	NA	NA	NA
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			37	NA	NA	NA
A01B1S	Source Count: Synthetic Minors (SMs) (Current)	Data Quality	State			0	NA	NA	NA
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			0	NA	NA	NA
A01B3S	Source Count: Active Minor facilities or otherwise Fed Rep, not including NESHAP Part 61 (Current)	Informational Only	State			97	NA	NA	NA
A01C1S	CAA Subprogram Designation: NSPS (Current)	Data Quality	State			16	NA	NA	NA
A01C2S	CAA Subprogram Designation: NESHAP (Current)	Data Quality	State			0	NA	NA	NA
A01C3S	CAA Subprogram Designation: MACT (Current)	Data Quality	State			8	NA	NA	NA

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	DDOE Metric	Count	Universe	Not Counted
A01C4S	CAA Subprogram Designation: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	89.00%	100%	8	8	0
A01C5S	CAA Subprogram Designation: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	55.10%	0.0%	0	0	0
A01C6S	CAA Subprogram Designation: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	94.10%	91.70%	55	60	5
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			20	NA	NA	NA
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			20	NA	NA	NA
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			8	NA	NA	NA
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			31	NA	NA	NA
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			0	NA	NA	NA
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			0	NA	NA	NA
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			2	NA	NA	NA

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	DDOE Metric	Count	Universe	Not Counted
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			2	NA	NA	NA
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	59.20%	100.0%	2	2	0
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	96.40%	100.0%	2	2	0
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	91.30%	100.0%	2	2	0
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			5	NA	NA	NA
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			5	NA	NA	NA
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$224,000	NA	NA	NA
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State			2	NA	NA	NA
A02A0S	Number of HPVs/Number of Non Compliant Sources (1 FY)	Data Quality	State	≤ 50%	47.8%	41.7%	5	12	7
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	0	7	7

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	DDOE Metric	Count	Universe	Not Counted
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			1	NA	NA	NA
A03A0S	Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	32.0%	0.0%	0	2	2
A03B1S	Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	56.9%	39.7%	31	78	47
A03B2S	Percent Enforcement related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	66.7%	0.0%	0	5	5
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (Most recent 2 FY CMS Cycle (FY08/09))	Goal	State	100%	89.6%	85.3%	29	34	5
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY (FY09/10))	Review Indicator	State	100%	84.4%	86.5%	32	37	5
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle) (FY07 - FY10)	Review Indicator	State	20% - 100%	92.5%	0.0%	0	0	0

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	DDOE Metric	Count	Universe	Not Counted
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY - FY06 - FY10)	Informational Only	State	100%	90.5%	0.0%	0	0	0
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		78.40%	0.0%	0	0	0
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		28.60%	18.6	92	494	402
A05E0S	Number of Sources with Unknown Compliance Status (1 FY)	Review Indicator	State			0	NA	NA	NA
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.3%	81.5%	22	27	5
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	22.1%	54.5%	12	22	10
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	44.0%	0.0%	0	1	0
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	6.8%	5.2%	2	37	35

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	DDOE Metric	Count	Universe	Not Counted
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.5%	0.0%	0	0	0
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	68.3%	100.0%	1	1	0
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	48.8%	0.0%	0	0	0
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and SMs (2 FY)	Review Indicator	State	> 1/2 National Avg	41.0%	0.0%	0	1	1
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		37.7%	55.6%	5	9	4
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			5	NA	NA	NA
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	Greater or equal to 80%	89.9%	100.0%	1	1	0

APPENDIX B: OFFICIAL DATA PULL - RCRA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Metric Froz	Count Froz	Universe Froz	Not Counted Froz
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			1	NA	NA	NA
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			25	NA	NA	NA
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			87	NA	NA	NA
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			535	NA	NA	NA
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			23	NA	NA	NA
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			39	NA	NA	NA
R01B1E	Compliance monitoring: number of inspections (1 FY)	Data Quality	EPA			3	NA	NA	NA
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			39	NA	NA	NA
R01B2E	Compliance monitoring: sites inspected (1 FY)	Data Quality	EPA			3	NA	NA	NA
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			16	NA	NA	NA
R01C1E	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA			4	NA	NA	NA
R01C2S	Number of sites with violations determined during the FY	Data Quality	State			8	NA	NA	NA
R01C2E	Number of sites with violations determined during the FY	Data Quality	EPA			1	NA	NA	NA
R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State			2	NA	NA	NA
R01D1E	Informal actions: number of sites (1 FY)	Data Quality	EPA			1	NA	NA	NA
R01D2S	Informal actions: number of actions (1 FY)	Data Quality	State			2	NA	NA	NA
R01D2E	Informal actions: number of actions (1 FY)	Data Quality	EPA			1	NA	NA	NA
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			0	NA	NA	NA
R01E1E	SNC: number of sites with new SNC (1 FY)	Data Quality	EPA			0	NA	NA	NA
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State			0	NA	NA	NA
R01E2E	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA			0	NA	NA	NA
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			5	NA	NA	NA

R01F1E	Formal action: number of sites (1 FY)	Data Quality	EPA				0	NA	NA	NA
R01F2S	Formal action: number taken (1 FY)	Data Quality	State				6	NA	NA	NA
R01F2E	Formal action: number taken (1 FY)	Data Quality	EPA				0	NA	NA	NA
R01G0S	Total amount of final penalties (1 FY)	Data Quality	State				\$19,500	NA	NA	NA
R01G0E	Total amount of final penalties (1 FY)	Data Quality	EPA				\$0	NA	NA	NA
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State				0	NA	NA	NA
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State				0	NA	NA	NA
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State				1	NA	NA	NA
R02B0E	Number of sites in violation for greater than 240 days	Data Quality	EPA				2	NA	NA	NA
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State				0 / 0	0	0	0
R03A0E	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	EPA				0 / 0	0	0	0
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.4%	100.0%	1	1	0	0
R05A0C	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100%	92.7%	100.0%	1	1	0	0
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.1%	82.6%	19	23	4	4
R05B0C	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	25.8%	87.0%	20	23	3	3
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	61.7%	91.3%	21	23	2	2
R05C0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	66.5%	91.3%	21	23	2	2
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State				32.2%	28	87	59
R05D0C	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined				40.2%	35	87	52
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only	State				17	NA	NA	NA
R05E1C	Inspections at active CESQGs (5 FYs)	Informational Only	Combined				22	NA	NA	NA
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State				0	NA	NA	NA
R05E2C	Inspections at active transporters (5 FYs)	Informational Only	Combined				0	NA	NA	NA
R05E3S	Inspections at non-notifiers (5 FYs)	Informational	State				1	NA	NA	NA

		Only								
R05E3C	Inspections at non-notifiers (5 FYs)	Informational Only	Combined				1	NA	NA	NA
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State				0	NA	NA	NA
R05E4C	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	Combined				0	NA	NA	NA
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State				20.5%	8	39	31
R07C0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA				33.3%	1	3	2
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	2.6%	0.0%	0	39	39	
R08A0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 National Avg	2.8%	0.0%	0	41	41	
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	83.2%	0 / 0	0	0	0	0
R08B0E	Percent of SNC determinations made within 150 days (1 FY)	Goal	EPA	100%	71.2%	0 / 0	0	0	0	0
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	62.3%	0.0%	0	5	5	
R08C0E	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	EPA	1/2 National Avg	71.9%	0 / 0	0	0	0	0
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	46.5%	0 / 0	0	0	0	0
R10A0C	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	Combined	80%	42.3%	0 / 0	0	0	0	0
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State				5	NA	NA	NA
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State				\$19,500	NA	NA	NA

R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	80.6%	40.0%	2	5	3
R12B0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 National Avg	78.7%	40.0%	2	5	3

APPENDIX C: PDA TRANSMITTAL LETTER

Preliminary Data Analysis was transmitted via e-mail to the state. Discussions of the data took place during calls and meetings during the file reviews.

APPENDIX D: PRELIMINARY DATA ANALYSIS CHART

Air

Metric	Metric Description	Metric Type	National Goal	National Average	DDOE Metric	Initial Findings
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	State	NA	NA	0	No informal enforcement actions issued in FY2010
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	State	NA	NA	0	No informal enforcement actions issued in FY2010
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	State	100%	59.20%	100.0%	Well above national average and at the national goal of 100%.
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	State	100%	96.40%	100.0%	Well above national average and at the national goal of 100%.
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	State	100%	91.30%	100.0%	Well above national average and at the national goal of 100%.
A03A0S	Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY)	State	100%	32.0%	0.0%	Both HPVs identified in FY 2010 were entered into AFS significantly > 60 days after discovery (i.e., 216 and 239 days respectively)
A03B1S	Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	State	100%	56.9%	39.7%	Well below national average. "3A" 5 untimely; 2 timely (29%) "CB" - 17 untimely; 3 timely

Metric	Metric Description	Metric Type	National Goal	National Average	DDOE Metric	Initial Findings
						(15%) "FS" - 13 untimely; 11 timely (46%) "SR" - 12 untimely; 15 timely (56%) "TR" - 0 untimely; 0 timely Avg. Untimely actions: 167 days Avg. of all Actions: 110 days
A03B2S	Percent Enforcement related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	State	100%	66.7%	0.0%	"7C" - 0 untimely; 0 timely "8C" - 5 untimely; 0 timely "9C" - 0 untimely; 0 timely Avg. Untimely actions: 144 days
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (Most recent 2 FY CMS Cycle (FY08/09))	State	100%	89.6%	85.3%	Below National Average
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY (FY09/10))	State	100%	84.4%	86.5%	See A05A1S
A05G0S	Review of Self-Certifications Completed (1 FY)	State	100%	94.3%	81.5%	Below National Goal and Average.
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	State	> 1/2 National Avg	22.1%	54.5%	Well above National Goal.
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	State	> 1/2 National Avg	41.6%	0.0%	Well Below National Goal. See A08D0S

Metric	Metric Description	Metric Type	National Goal	National Average	DDOE Metric	Initial Findings
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	State	< 1/2 National Avg	48.8%	0.0%	No informal enforcement actions in FY2010.
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	State	> 1/2 National Avg	41.0%	0.0%	No failed stack test received an HPV listing. Pull supplemental file to determine if failed stack test included in this data metric should have been an HPV.
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	State	0.0%	37.7%	55.6%	Below National Goal. Pull supplemental files to determine possible causes of no addressing HPVs timely.

RCRA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Metric Froz	Count Froz	Universe Froz	Not Counted Froz	Evaluation
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			1	NA	NA	NA	N/A
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			25	NA	NA	NA	N/A
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			87	NA	NA	NA	N/A
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			535	NA	NA	NA	N/A
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			23	NA	NA	NA	N/A
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			39	NA	NA	NA	
R01B1E	Compliance monitoring: number of inspections (1 FY)	Data Quality	EPA			3	NA	NA	NA	N/A
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			39	NA	NA	NA	Potential concern
R01B2E	Compliance monitoring: sites inspected (1 FY)	Data Quality	EPA			3	NA	NA	NA	N/A
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			16	NA	NA	NA	Potential concern

R01C1E	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA			4	NA	NA	NA	N/A
R01C2S	Number of sites with violations determined during the FY	Data Quality	State			8	NA	NA	NA	Potential concern
R01C2E	Number of sites with violations determined during the FY	Data Quality	EPA			1	NA	NA	NA	N/A
R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State			2	NA	NA	NA	Potential concern
R01D1E	Informal actions: number of sites (1 FY)	Data Quality	EPA			1	NA	NA	NA	N/A
R01D2S	Informal actions: number of actions (1 FY)	Data Quality	State			2	NA	NA	NA	Potential concern
R01D2E	Informal actions: number of actions (1 FY)	Data Quality	EPA			1	NA	NA	NA	N/A
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			0	NA	NA	NA	N/A
R01E1E	SNC: number of sites with new SNC (1 FY)	Data Quality	EPA			0	NA	NA	NA	N/A
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State			0	NA	NA	NA	N/A
R01E2E	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA			0	NA	NA	NA	N/A
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			5	NA	NA	NA	Appears acceptable
R01F1E	Formal action: number of sites (1 FY)	Data Quality	EPA			0	NA	NA	NA	N/A
R01F2S	Formal action: number taken (1 FY)	Data Quality	State			6	NA	NA	NA	Appears acceptable
R01F2E	Formal action: number taken (1 FY)	Data Quality	EPA			0	NA	NA	NA	N/A
R01G0S	Total amount of final penalties (1 FY)	Data Quality	State			\$19,500	NA	NA	NA	Potential concern
R01G0E	Total amount of final penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA	N/A
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	N/A
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	N/A

R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			1	NA	NA	NA	Minor issue
R02B0E	Number of sites in violation for greater than 240 days	Data Quality	EPA			2	NA	NA	NA	N/A
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			0 / 0	0	0	0	N/A
R03A0E	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	EPA			0 / 0	0	0	0	N/A
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.4%	100.0%	1	1	0	Appears acceptable
R05A0C	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100%	92.7%	100.0%	1	1	0	Appears acceptable
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.1%	82.6%	19	23	4	Appears acceptable
R05B0C	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	25.8%	87.0%	20	23	3	Appears acceptable
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	61.7%	91.3%	21	23	2	Appears acceptable
R05C0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	66.5%	91.3%	21	23	2	Appears Acceptable
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			32.2%	28	87	59	Potential concern
R05D0C	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined			40.2%	35	87	52	Potential concern
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only	State			17	NA	NA	NA	Potential concern
R05E1C	Inspections at active CESQGs (5 FYs)	Informational Only	Combined			22	NA	NA	NA	Potential concern
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			0	NA	NA	NA	Potential concern
R05E2C	Inspections at active transporters (5 FYs)	Informational Only	Combined			0	NA	NA	NA	Potential concern

R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			1	NA	NA	NA	Potential concern
R05E3C	Inspections at non-notifiers (5 FYs)	Informational Only	Combined			1	NA	NA	NA	Potential concern
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			0	NA	NA	NA	Potential concern
R05E4C	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	Combined			0	NA	NA	NA	Potential concern
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			20.5%	8	39	31	Inconclusive
R07C0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA			33.3%	1	3	2	Inconclusive
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	2.6%	0.0%	0	39	39	Potential concern
R08A0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 National Avg	2.8%	0.0%	0	41	41	Potential concern
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	83.2%	0 / 0	0	0	0	N/A
R08B0E	Percent of SNC determinations made within 150 days (1 FY)	Goal	EPA	100%	71.2%	0 / 0	0	0	0	N/A
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	62.3%	0.0%	0	5	5	N/A
R08C0E	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	EPA	1/2 National Avg	71.9%	0 / 0	0	0	0	N/A
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	46.5%	0 / 0	0	0	0	N/A
R10A0C	Percent of SNCs with formal action/referral taken within 360 days	Review Indicator	Combined	80%	42.3%	0 / 0	0	0	0	N/A

	(1 FY)									
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			5	NA	NA	NA	Appears acceptable
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$19,500	NA	NA	NA	Potential concern
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	80.6%	40.0%	2	5	3	Appears acceptable
R12B0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 National Avg	78.7%	40.0%	2	5	3	Appears acceptable

Appendix E PDA Worksheet (EPA and State Comments)

No comments provided by DDOE.

APPENDIX F: FILE SELECTION

Files to be reviewed are selected according to a standard protocol (available here: http://www.epa-otis.gov/srf/docs/fileselectionprotocol_10.pdf) and using a web-based file selection tool (available here: http://www.epa-otis.gov/cgi-bin/test/srf/srf_fileselection.cgi). The protocol and tool are designed to provide consistency and transparency in the process.

Air File Selection:

There were 76 compliance/enforcement records in FY 2010. These included 37 major sources and 0 SM-80 sources. From the Table on page 2 in the SRF File Selection Protocol Version 2.0 (September 30, 2008), the range of facilities to select for review is from 15 to 30. Thirty (30) files were selected for this file review. Note that 20 files were reviewed in Round 1.

Representative Major Source File Selection (20 files)

1) Major Sources with FCE (20 sources total):

For FY 2010, there was only one major source that had any enforcement activity (formal or informal). Because of the limited enforcement activity, the EPA Review Team decided that all major sources with an FCE during FY 2010 needed to be reviewed. From Data Metric A01D1S (Compliance Monitoring: Major Sources with FCEs in FY 2010), there were 20 major sources that had an FCE in 2010. All of these files will be selected.

2) Major Sources with Enforcement (1 source total)

As stated above, only one major source had enforcement activity (formal or informal) in FY2010. From Data Metric A01I1S (Formal Action: Number Issued in FY2010), the lone facility was Providence Hospital. Since Providence Hospital also had an FCE in FY 2010, it is already included in Section II.1.

Supplemental Major Source File Selection (3 files)

Supplemental files are used to ensure that the Region has enough files to review in order to understand whether a potential problem pointed out by data analysis is in fact a problem. The preliminary data analysis showed the following 2 data metrics of potential concern (i.e., they were short of the National Goal) where supplemental files could help to understand whether a potential problem pointed out by data analysis is in fact a problem:

Data Metric No's A08E0S and A10E0S.

Data Metric No. A08E0S measures the % of sources with failed Stack Test Actions that received an HPV listing @ Major and SM sources. According to the data pulled for this SRF, the lone failed stack test action in the universe for this metric did not receive an HPV listing. Therefore this source was chosen for review. The lone source in this data metric, the Bureau of Engraving was already included in Section II.1 because it received an FCE in FY 2010.

Data Metric No. A10A0S measure a state's ability to address an HPV within in the timely or appropriate goals of the HPV policy. For this metric, DDOE had 55.6% of HPV cases which did not meet timely or appropriate goals of the HPV policy. Two of the five files (i.e., St. Elizabeth

Hospital and Providence Hospital) that did not meet timely of appropriate goals of the HPV police received an FCE in FY 2010 and were thus, already included in Section II.1 for review.

The table below shows the major source files that were reviewed (20 total):

AFS ID No. (11-001-)	Source Name	FCE in FY 2010	Formal Enforcement in FY 2010	Failed Stack test in FY 2010, not listed as an HPV	HPV Not Addressed in a Timely Manner in FY 2010
00001	Pepco Benning Road Station	Yes	No	No	No
00009	St. Elizabeth Hospital	Yes	No	No	Yes
00011	Armed Forces Retirement Home	Yes	No	No	No
00014	Washington Hospital Center	Yes	No	No	No
00021	Gallaudet University	Yes	No	No	No
00025	U.S. GSA Central Heating Plant	Yes	No	No	No
00029	Fort Meyer II	Yes	No	No	No
00032	Walter Reed Army Medical Center	Yes	No	No	No
00037	Joint Base-Meyer-Henderson Hall	Yes	No	No	No
00052	Providence Hospital	Yes	Yes	No	Yes
00054	Sibley Memorial Hospital	Yes	No	No	No
00057	American University	Yes	No	No	No
00061	Bolling Air Force Base	Yes	No	No	No
00102	Marriot Wardman Park	Yes	No	No	No
00103	Omni Shoreham Hotel	Yes	No	No	No
00122	U.S. Government Printing Office	Yes	No	No	No

AFS ID No. (11-001-)	Source Name	FCE in FY 2010	Formal Enforcement in FY 2010	Failed Stack test in FY 2010, not listed as an HPV	HPV Not Addressed in a Timely Manner in FY 2010
00134	Bureau of Engraving and Printing	Yes	No	Yes	No
00146	Watergate Central Plant	Yes	No	No	No
05007	Fort Meyer Construction Plant I	Yes	No	No	No
09001	Washington Metro Area Transit Authority	Yes	No	No	No

Minor Source Selection (10 files)

According to OTIS, as of September 2010, DDOE had no synthetic minor (SM) of SM80 sources. The majority of the compliance monitoring and enforcement activity was at minor sources. In addition, according to DDOE, a significant portion of the workload was geared toward minor sources. Therefore, the EPA review team decided to review 10 minor source files.

Minor Sources with Formal Enforcement in FY 2010 (4 sources total)

As per Data Metric A01I1S (Formal Action: Number Issued in FY 2010) and the OTIS File Selection Tool, there were 4 minor sources that received formal enforcement action in FY 2010. They were all chosen for the review.

Minor Sources with FCEs and Reported PCE Coverage Past 5 Years (6 sources total)

According to OTIS File Selection Tool, there were 23 minor sources with an FCE and no enforcement in FY 2010. Since 6 facilities needed to be chosen, every 4th facility in the OTIS File Selection Tool was chosen for the review.

The table below shows the minor source files that were reviewed (10 total):

AFS ID No. (11-001-)	Source Name	FCE and Reported PCE Coverage Past 5 Years	Formal Enforcement in FY 2010
G0002	Casey's BP #2	Yes	No
G0008	Bladensburg Amoco	Yes	Yes
G0012	Connecticut Ave. Amoco, Inc.	Yes	No
G0022	Capital Hill Citgo / Good Hope Citgo	Yes	Yes
G0034	East Capital Exxon	Yes	Yes
G0041	Kenilworth Amoco	Yes	No
G0055	Sammy's Shell	Yes	No
G0093	Peter & H Enterprises/ Exxon	Yes	No
G0107	Hillcrest Incorporate Exxon	Yes	No
G0142	Northeast Chevron	No	Yes

RCRA File Selection:

Files were selected using the File Selection Tool in OTIS. Files selected based on inspection and enforcement activities.

DCD003247756	National Geographic Society
DCD003259439	Gallaudet University
DC 2200907812	Bureau of Engraving and Printing
DC5470000006	National Archives and Records
DC7360010402	Veterans Hospital
DC4141700910	NPS – Brentwood Maintenance
DC4210021156	Walter Reed Army Medical Center
DC7470090013	1111 North Capitol Street
DC8170024311	Naval Research Laboratory
DCD000819516	PEPCO Benning Service Center
DC9170024310	Washington Navy Yard
DC9570090036	Joint Base Anacostia-Bolling
DCR000501270	GSA- St. Elizabeth’s West
DCD980555643	WMATA Bladensburg Bus Facility
DC8210021004	Fort Leslie J. McNair
DC2470000116	U.S. Department of Labor
DCD074845504	Childrens National Medical Center (15)
DC9141713488	NPS – East Potomac Maintenance (4)

APPENDIX G: FILE REVIEW ANALYSIS

Name of State:

Review Period:

	RCRA Metric #	RCRA File Review Metric Description:	Metric Value	Evaluation	Initial Findings
1	Metric 2c	% of files reviewed where mandatory data are accurately reflected in the national data system.	88%	Area of Attention	All of the MDRs with the exception of penalties. Seven files contained penalty information, information on 3 penalty actions in RCRAInfo, 4 missing. 18 files reviewed.
2	Metric 4a	Planned inspections completed	100%	Meets SRF	Exceeded number of inspections committed to in FY10. Committed to 45, and completed 49.
3	Metric 4b	Planned commitments completed	100%	Meets SRF	
4	Metric 6a	# of inspection reports reviewed.	18		Inspection reports are completed in a timely manner and included accurate description of observations.
5	Metric 6b	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility.	100%	Meets SRF	inspection reports are completed in a timely manner and included accurate description of observations.
6	Metric 6c	Inspections reports completed within a determined time frame.	100%	Meets SRF	Inspection reports are completed within 60 days of inspection.
7	Metric 7a	% of accurate compliance determinations based on inspection reports.	100%	Meets SRF	All inspection reports reviewed contained an accurate compliance determination.
8	Metric 7b	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days).	100%	Meets SRF	All violations identified in inspection reports were also entered into RCRAInfo.
9	Metric 8d	% of violations in files reviewed that were accurately determined to be SNC.	0%	Potential area of concern	DDOE did not identify SNC violations in FY10. Although the reviewer identified potential SNC violations in 2 instances.
10	Metric 9a	# of enforcement responses reviewed.	7		
11	Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	0%	Potential area of concern	No SNC identified. The two potential situations were resolved with penalty actions.
12	Metric 9c	% of enforcement responses that have returned or will return Secondary Violators (SV's) to compliance.	100%	Meets SRF	
13	Metric 10e	% of enforcement responses reviewed that are taken in a timely manner.	100%	Meets SRF	Nine enforcement files reviewed. All violations in these enforcement files were addressed within 120 days.
14	Metric 10d	% of enforcement responses reviewed that are appropriate to the violations.	100%	Meets SRF	
15	Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	0%	Potential area of concern	DDOE does not consider economic benefit as part of their penalty calculations. DDOE does have a penalty policy which the RCRA-C program strictly adheres to. The program also developed an enforcement review form which includes the violations and the associated penalty amount

					pursuant to their penalty policy.
16	Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	0%	Potential area of concern	NOI are the addressing action with penalty used by DDOE. NOIs are issued and negotiated by the OEEJ office. No formal documentation is provided for a change in final assessed penalty.
17	Metric 12b	% of files that document collection of penalty.	100%	Meets SRF	All of the penalty actions contained a receipt for the collection of the penalty.

Findings Criteria

No or only minor issue. Finding or recommendation may not be required in the final report.

Potential area of concern. State is expected to make corrections on their own. Finding may be required, but EPA recommendation may not be required.

Significant issues. Finding(s) and EPA recommendation(s) required.

Clean Air Act Program

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
1	Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	45%	The vast majority of the data reviewed was not accurately entered and maintained in AFS.
2	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 80% Synthetic Minors (SM-80s) 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 State/Local	100%	DDOE met its FY 2010 CMS commitments. However, DDOE has not met the timeliness and accuracy commitment for MDRs as stated in the current EPA/DDOE MOU.

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
		agency's implementation (including evaluation coverage) are to be discussed under this Metric.		
3	Metric 4b	Delineate the air compliance and enforcement commitments for the FY under review. This should include commitments in Performance Partnership Agreements (PPAs), Performance Partnership Grants (PPGs), grant agreements, Memorandum of Agreements (MOAs), or other relevant agreements. The compliance and enforcement commitments should be delineated.	NA	
4	Metric 6a	# of files reviewed with FCEs.	20	20 FCEs were reviewed
5	Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	100%	All 20 FCEs reviewed met the definition of an FCE as per the CMS policy.
6	Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	60%	All 11 major source FCEs reviewed contained sufficient information in the CMR and/or file to make a compliance determination. However, the average time to complete the 11 CMRs reviewed was 357 days. In addition, only 1 of the 9 of the

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
				minor source FCEs reviewed contained sufficient information in the CMR and/or file to make a compliance determination.
7	Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	90%	Compliance determinations for two major source facilities were found to be inaccurate. Both facilities were reported to have pending enforcement actions against them and also, includes the only facility in the universe for data metric 7c2 that had a failed stack which was not put into noncompliance.
8	Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	22%	Seven of nine violations reviewed were not reported timely in AFS. The timeliness issue was discussed in Element 3, and corrective actions developed under Element 3 (i.e., finding 3.1) will include corrective actions for entering HPVs into AFS in a timely manner under Element 7.
9	Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	100%	The PEB Chief does a thorough job in making HPV determinations.
10	Metric 9a	# of formal enforcement responses reviewed.	7	7 enforcement responses were reviewed.
11	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 of the formal responses reviewed contained the documentation that required the facilities to return to compliance.
12	Metric 10b	% of formal enforcement responses for HPVs reviewed that are addressed in a	71%	DDOE takes timely and appropriate enforcement actions consistent with the HPV policy.

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
		timely manner (i.e., within 270 days).		
13	Metric 10c	% of enforcement responses for HPVs appropriately addressed.	100%	All HPV related enforcement actions reviewed indicated that DDOE takes appropriate enforcement actions for HPVs
14	Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	DDOE includes both gravity and economic benefit calculations in initial penalty calculations.
15	Metric 12c	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	11%	Eight (8) of the nine (9) formal enforcement responses did not contain documentation for the rationale between the initial and the final assessed penalty.
16	Metric 12d	% of files that document collection of penalty.	100%	All of the files reviewed contained sufficient information documenting the collection of penalties.

APPENDIX H CORRESPONDENCE

The Honorable Christophe A.G. Tulou, Director
District Department of the Environment
1200 First Street, N.E. 7th Floor
Washington, D.C. 20002

Dear Director Tulou:

The U.S. Environmental Protection Agency (EPA) is beginning the second State Review Framework (SRF) of the District Department of the Environment (DDOE). During your October 18, 2011 video conference with Mr. William Early, EPA Region III's Deputy Regional Administrator, the expectations, procedures, and schedule for the second SRF were discussed. The initial step of the SRF is a preliminary data analysis and file selection. The EPA's Air Enforcement and Resource Conservation and Recovery Act (RCRA) Enforcement programs provided the preliminary data analysis by October 28, 2011 and will conduct file reviews beginning November 29, 2011.

The SRF is a program management tool to consistently assess EPA and state core enforcement and compliance assurance programs delegated under the RCRA Subtitle C, the Clean Water Act's National Pollutant Discharge Elimination System (NPDES), and the Clean Air Act (CAA) Stationary Source. The delegated DDOE programs under review are the CAA Stationary Source and RCRA Subtitle C, for Federal Fiscal year 2010. EPA's Headquarters office conducted a review of EPA Region III's implementation of the NPDES program in the District of Columbia. The SRF enables EPA and states to jointly assess the effectiveness of their programs, improve management practices, and ensure fair and consistent enforcement and compliance across all regions and states.

The second round of the SRF evaluation for all states began in October 2008 following an update of the protocol by a workgroup consisting of the EPA, Environmental Council of States members, national state media associations, and other state representatives. This second round of reviews is a continuation of a national effort that allows EPA to ensure that states meet agreed upon minimum performance levels in providing environmental and public health protection. The DDOE review will include:

- Discussions between Region III and DDOE program managers and staff;
- Examination of data in EPA and DDOE data systems; and
- Review of selected DDOE inspection and enforcement files and policies.

EPA assembled a cross-program team of managers and senior staff to conduct the SRF. Ms. Samantha Beers, EPA Region III's Director of the Office of Enforcement, Compliance and Environmental Justice, is our senior manager responsible for the SRF. The Region's primary contact for the SRF is Ms. Betty Barnes.

Information collected and reported for this SRF will be stored in the SRF tracker, a database which stores all SRF products including draft and final documents. This management tool is

used by EPA and the states to track the progress of a state review and to follow-up on the recommendations. The SRF tracker enables states to view and comment on their information. EPA looks forward to working with you on this project. If you have any questions, please do not hesitate to contact me or have your staff contact Ms. Amie Howell, EPA's DC Liaison at (215) 814-5722.

Sincerely,

Shawn M. Garvin
Regional Administrator

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
1650 Arch Street
Philadelphia, Pennsylvania 19103-2029

Ms. Cecily Beall
Associate
Air
District of Columbia
Department of the Environment
1200 1st Street, NE 5th Floor
Washington, D.C. 20002

October 18, 2011
Quality
Director
Division

Dear Cecily:

On September 20, 2011, EPA Region 3's Air Protection Division (APD) officially notified you at a Timely & Appropriate meeting of its intention to begin the State Review Framework. As noted, the base year for review will be federal fiscal year 2010. If you have not already done so, please provide DDOE's air enforcement policies. As the next step in the process, APD pulled the official data metrics and analyzed the data against set goals and commitments. Enclosed are the official data metrics along with APD's preliminary analysis.

Please note that the enclosed preliminary findings are largely based only on the data metrics results themselves. Final findings may be significantly different based upon the results of the file review and ongoing discussions with you and your staff. APD will discuss the data metrics along with our preliminary analysis in detail at our November 7, 2011 meeting. Your response to the official data metric results is requested upon our arrival for the on-site file review on November 29, 2011.

All information and material used in this review may be subject to federal and/or state disclosure laws. While EPA intends to use this information only for discussions with the District of Columbia, Department of the Environment, it may be necessary to release information in

response to a properly submitted request.

If you have any questions, please contact Danielle Baltera of my staff at 215-814-2342.

Sincerely,

/s/

Bernard E. Turlinski, Associate Director
Office of Air Enforcement and Permits Policy Review

Enclosure

Cc: Samantha Beers, Director OECEJ
Steven Ours, DDOE

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
1650 Arch Street
Philadelphia, Pennsylvania 19103-2029

Ms. Cecily Beall
Associate
Air
District of Columbia
Department of the Environment
1200 1st Street, NE
Washington, D.C. 20002

November 7, 2011
Quality
Director
Division
5th Floor

Dear Cecily:

EPA Region 3's Air Protection Division (APD) is preparing for the file review, which is the next step in the State Review Framework (SRF) process. The region is forwarding our selection of files to be reviewed (Enclosure 1).

The APD has followed the guidelines outlined in the "SRF File Selection Protocol – September 30, 2008" (protocol) when selecting the listed files. This guideline is available on EPA's OTIS website www.epa-otis.gov/otis.

The APD is requesting 30 files for the CAA portion of the SRF. Twenty (20) files were selected under the process for determining random, representative files for review described in the protocol. The remaining ten files were selected under the process for selecting additional files for review based on Data Metric Analysis described in the protocol. Enclosure 2 describes APD's file selection process in more detail.

The on-site file review will begin on November 29, 2011. Please have these files ready for review in their entirety. Files should include inspection reports, sampling if applicable, any enforcement documents, and penalty documentation. Please have someone available, either the inspector, case developer, or manager familiar with the files should there be any questions regarding the files. We will make ourselves available at the end of the file review should you have any questions for the review team. The review team may have follow-up questions regarding the files after returning to the office and conducting a more thorough review of the files. The report will contain a file review analysis chart which will include initial findings which will be a statement about the observed performance, and whether the performance indicates a potential issue.

All information and material used in this review may be subject to federal and/or state disclosure laws. While EPA intends to use this information only for discussions with the District of

Columbia, Department of the Environment, it may be necessary to release information in response to a properly submitted request.

If you have any questions, please contact Danielle Baltera of my staff at 215-814-2342.

Sincerely,

/s/

Bernard E. Turlinski, Associate Director
Office of Air Enforcement and Permits Policy Review

Enclosure 1 – File Selection DDOE SRF Round 2

Enclosure 2 – Methodology of File Selection DDOE SRF Round 2

cc: Samantha Beers, Director OECEJ
Steven Ours, DDOE

State Review Framework Round 2

District of Columbia Draft Report

Direct Implementation of the CWA/NPDES
Enforcement and Compliance Program

FINAL 10/19/2011

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I. EXECUTIVE SUMMARY

Major Issues

The SRF review of the District of Columbia identified the following major issues:

- CWA Element 9: Enforcement Actions Promoting a Return to Compliance. Some single-event violations (SEVs) are not receiving appropriate follow-up actions that would return the facilities to compliance.
- CWA Element 10: Timely and Appropriate Action. Some non-SNC violations are not being addressed in a timely and appropriate manner.

Summary of Programs Reviewed

CWA/NPDES Program

The elements which necessitate regional improvement and require recommendations and actions include the following:

- CWA Element 9: Enforcement Actions Promoting a Return to Compliance. Some single-event violations (SEVs) are not receiving follow-up actions that would return the facilities to compliance.
- CWA Element 10: Timely and Appropriate Action. Some non-SNC violations are not being addressed in a timely and appropriate manner.

The elements with findings of Meets SRF Program Requirements or Area for Regional Attention include:

- Data Completeness
- Data Accuracy
- Timeliness of Data Entry
- Completion of Commitments
- Inspection Coverage
- Quality of Inspection Reports
- Identification of Alleged Violations
- Identification of SNC and HPV
- Penalty Calculation Method
- Final Penalty Assessment and Collection

II. BACKGROUND INFORMATION ON THE DIRECT IMPLEMENTATION PROGRAM AND REVIEW PROCESS

A. GENERAL PROGRAM OVERVIEW

The State Review Framework (SRF) is a program designed to ensure EPA conducts oversight of state and EPA direct implementation, compliance and enforcement programs in a nationally consistent and efficient manner. Reviews look at 12 program elements covering data (completeness, timeliness, and quality); inspections (coverage and quality); identification of violations; enforcement actions (appropriateness and timeliness); and penalties (calculation, assessment and collection).

Reviews are conducted in three phases: analyzing information from the national data systems; reviewing a limited set of state files; and developing findings and recommendations. Considerable consultation is built into the process to ensure EPA and the state understand the causes of issues and to seek agreement on identifying the actions needed to address problems.

The reports generated by the reviews 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.

Agency Structure

Region 3 is the implementing authority for management of compliance and enforcement activities for the NPDES-CWA programs within Delaware, Virginia, West Virginia, Pennsylvania and Maryland. EPA has direct implementation authority for the District of Columbia. The Water Protection Division, Office of NPDES Permits and Enforcement, NPDES Enforcement Branch initiates enforcement (in conjunction with support from Regional Counsel) upon NPDES general and individual permittees, including wet weather sources for the District and several other delegated states.

Compliance/Enforcement Program Structure

The program is managed by the Associate Director, Office of NPDES Permits and Enforcement and the Chief, NPDES Enforcement Branch. The focus is on maintaining regulatory oversight of industrial and municipal discharges to waters of the U.S. There are 15 FTE and 1 P/T FTE in the NPDES Enforcement Branch. The Branch consists of Team Leaders for Storm Water, Concentrated Animal Feeding Operations (CAFOs), Combined Sewer Overflows (CSO), Sanitary Sewer Overflows (SSOs), and State Coordination. Staff are not organized or wedded to a particular team or state. Staff are cross trained to respond to more than one focus area.

In concert with a 106 Grant Agreement, Region 3 and the District Department of the Environment (DDOE) share coordination of the compliance monitoring activities in the

District.

Region 3's Office of Enforcement, Compliance and Environmental Justice and the office supports Region 3's water quality activities (sampling/monitoring), as well as its inspection efforts.

Roles and Responsibilities

The compliance and enforcement program conducts facility inspections and initiates enforcement in accordance with the Clean Water Act. The program is involved in planning, guidance and resource allocation activities for the District and Region 3 delegated states. This office is also responsible for coordinating strategic compliance assurance efforts, measuring progress, coordinating with EPA Headquarters on projects and initiatives.

The NPDES Enforcement Branch coordinates its enforcement activities with the Office of Regional Counsel (ORC). ORC provides legal support in the development and conclusion of enforcement cases.

Resources

Region 3 - FY09 Resources for District of Columbia CWA/NPDES Program	Number of FTEs
Compliance Monitoring and Enforcement	0.3 - Region 3 2 - DDOE
Legal Counsel	2
Data Management Support	1
Contractors	0

Staffing/Training

Region 3 does not track FTE, but estimates that 0.3 FTE is utilized for compliance monitoring and enforcement activities in the District. This accounting includes both state oversight and case specific actions.

Commissioned Enforcement Officers have been subject to program-specific training requirements for individuals who lead compliance inspections and field investigations, pursuant to EPA Order 3500.1.

DDOE employs 2 field inspectors who assist with management of the compliance monitoring component of the 106 grant agreement.

Program-specific training was provided to DDOE inspectors in FY 2008 and included inspection report writing, sampling and analysis, and field inspector training. Training is provided on an ongoing, as-needed and as-available basis. EPA Region 3 also conducts oversight inspections of DDOE's field inspection activities.

Data Reporting Systems/Architecture

The Water Protection Division, Office of Program Support manages the facility, permits, compliance and enforcement data in the national database, NPDES-ICIS.

B. MAJOR STATE PRIORITIES AND ACCOMPLISHMENTS

CWA/NPDES National Priorities

1. Concentrated Animal Feeding Operations (CAFOs)

Problem

The estimated 500 million tons of manure discharged each year from large agricultural operations are one of the leading causes of water quality impairment in rivers, lakes, streams, estuaries, and the ocean as rain and snow carry nutrients into waterways throughout watersheds.

Approach

To reduce water impairments from CAFOs, EPA established CAFOs as a national priority and developed the Clean Water Act: Combined Feeding Operations Strategy Summary of 2008 -2010 to address CAFOs.

EPA's national enforcement priority strategy is for EPA Regions to work closely with states to identify specific geographic areas where CAFOs are having, or may have, a serious environmental or human health impact. EPA expects that the targeted CAFO universe will generally consist of large and medium CAFOs that are discharging, or are designed, operated, or maintained such that a discharge to a water of the United States is likely to occur.

2. Municipal Sewer Overflows

Problem

Combined sewer overflows (CSOs) and sanitary sewer overflows (SSOs) cause environmental problems when heavy rainfall exceeds the storage capacity of pipes and/or water treatment plants, and, as a result, discharges untreated sewage, stormwater, toxic materials, and industrial wastewater into rivers, lakes, and oceans. Bacteria residing in untreated sewage overflows can contaminate the public drinking water supply, endanger human health for individuals participating in recreational activities such as swimming and boating, and limit access to beaches.

Approach

EPA's "Combined Sewer Overflow (CSO) Control Policy" set a 1997 deadline for combined sewer systems to meet nine minimum controls (NMCs). They are also required to develop and implement long-term CSO control plans (LTCPs) that will ultimately result in compliance with the requirements of the Clean Water Act. A significant number of communities with CSOs had not implemented the NMCs, nor had a LTCP in place.

To reduce water impairments from CSOs and SSOs, EPA developed the Clean Water Act: Combined Sewer Overflows Strategy Summary of 2008 - 2010 and the Clean Water Act: Sanitary Sewer Overflows Strategy Summary of 2008 - 2010.

Under the CSO and SSO strategies, EPA focuses enforcement and compliance assistance on combined and sanitary sewer systems that are near public drinking water intakes; endangered and threatened species and habitats; national marine sanctuaries; commercial fishing sites and shellfish beds; waters designated as “outstanding national resource waters;” and where waterborne recreational activities such as swimming and boating occur. Areas with prior water quality impairment also receive prioritized attention.

3. Storm Water

Problem

Stormwater runoff from construction activities and sewers in large urban areas significantly impairs water quality in rivers, lakes, streams, reservoirs, estuaries, near-shore ocean, and wetlands nationwide. Storm water picks up and transports pollutants and discharges them untreated to waterways through storm sewer systems.

Approach

To reduce water impairments from storm water, EPA developed the Clean Water Act: Storm Water Strategy Summary of 2008 - 2010. The Storm Water strategy aims to achieve maximum compliance with environmental regulations in order to protect human health and the environment. EPA uses compliance assistance, compliance monitoring and enforcement tools, as appropriate, towards achieving goals and environmental outcomes of the strategy.

During 2008-2010, EPA is focusing on homebuilding construction, big box store construction, and ready mix concrete with crushed stone and sand and gravel operations, and explore whether other sectors, e.g., ports, road building operations, contribute to impairment of water bodies.

CWA/NPDES Region 3 Priorities

Accomplishments

Blue Plains/WASA is a municipal infrastructure/wet weather regional priority. The NPDES Enforcement Branch worked in concert with the NPDES Permits Branch to finalize the newly reissued Blue Plains/WASA permit. Region 3 continues to oversee pollutant discharges under the 2003 Consent Decree for the Blue Plains Advanced Wastewater Treatment Plant.

Upgrades have resulted in improvements to water quality, and additional upgrades in the future will have a greater impact upon water quality. The Consent Decree outlines a schedule for plant modifications to be completed by July 2014, reducing pollutants discharged and achieving full compliance by 2015.

The Washington Aqueduct is taking steps to achieve compliance with the newly issued numeric discharge limitations prescribed in the March 12, 2003 permit. Because the ACOE

could not immediately comply, it was necessary to enter into an enforceable agreement. The Washington Aqueduct entered into a Federal Facility Compliance Agreement (FFCA) in September 2003.

This would allow the Aqueduct to construct residual collection facilities and reach full compliance on or before September 30, 2011.

Region 3 coordinates with DDOE to share citizen complaint referrals, identify annual inspection targets and obtain resources for the same.

Region 3 engages in quarterly compliance calls with DDOE to ensure that DDOE meets its inspection and enforcement obligations under the 106 grant.

Best Practices

As a matter of practice, DDOE identifies single event violations (SEVs) found during field inspection activity. The NPDES Enforcement Branch enters these SEVs and further determines the necessary enforcement response.

C. PROCESS FOR SRF REVIEW

Review period: Reviewed files for federal fiscal year 2009 (October 1, 2008-September 30, 2009).

Key dates: Initial regional notification was sent May 5, 2010; the PDA was sent August 11, 2010, the on-site review was August 17-18, 2010; and the draft report was electronically forwarded Region 3 on September 15, 2010.

Communication with the region: OECA and Region 3 began planning for the review in May 2010 with initial discussions and a kick-off meeting to discuss the SRF review process. After the initial discussions were held, the first step was to identify the universe of inspection and enforcement files to use in selecting the files for the on-site review. The team downloaded the data metrics and underlying data from the OTIS web site in order to analyze the data and to select the files to be reviewed. After analyzing the data and preparing the list of files for review, a formal letter was sent to the Region on May 5 that presented the data metrics, identified the files for inspection, and outlined the main data issues. The on-site review began August 17 with an entrance meeting with Region 3. On August 18 an exit meeting was conducted to provide the review team's initial findings based on the data analysis and file reviews.

EPA headquarters and regional lead contacts for review: Susan Gilbertson and Allison Landsman from EPA headquarters conducted the review. David McGuigan, Ingrid Hopkins, Martin Harrell, and Paul Dressel were the Region 3 contacts for the review.

III. STATUS OF OUTSTANDING RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the initial SRF review of the District of Columbia's compliance and enforcement program, EPA Headquarters identified a number of recommended actions to be taken to address issues found during the review.

All action items have been addressed. Appendix A contains a comprehensive list of completed actions for reference.

IV. FINDINGS

Findings represent OECA’s conclusions regarding the issue identified. Findings are based on the Initial Findings identified during the data or file review, as well as from follow-up conversations or additional information collected to determine the severity and root causes of the issue. 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 Region is expected to maintain at a high level of performance. Additionally, the report may single out specific innovative and noteworthy activities, processes, or policies that have the potential to be replicated by States or regions and that can be highlighted as a practice for other states to emulate. No further action is required by either EPA or the region.
Meets SRF Program Requirements	This indicates that no issues were identified under this Element.
Areas for Regional Attention	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 Region needs to pay attention to strengthen its performance, but are not significant enough to require the region to identify and track region actions to correct. This can describe a situation where a Region is implementing either EPA or Region 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 Region should self-correct without additional EPA oversight. However, the Region is expected to improve and maintain a high level of performance.
Areas for Regional Improvement – Recommendations Required	This describes activities, processes, or policies that the metrics and/or the file reviews show are being implemented by the region that have significant problems that need to be addressed and that require follow-up EPA oversight. This can describe a situation where a region 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 Region 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.

CWA/NPDES Program

Element 1 Data Completeness. Degree to which the minimum Data Requirements are complete.		
1-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Region 3 meets data completeness requirements for the District of Columbia program.
	Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative)	See the below metrics: Region 3 is above the national goal and average for all. None of the other metrics under element 1 highlight any major concerns with regard to data completeness.
	Metric(s) and Quantitative Value	Metric 1b1 — Major individual permits: correctly coded limits (Current) <ul style="list-style-type: none"> • DC: 5/5 = 100% • National Goal ≥ 95% • National Average = 99.9% Metric 1b2 — Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr) <ul style="list-style-type: none"> • DC: 43/43 = 100% • National Goal ≥ 95% • National Average = 94.6% Metric 1b3 — Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr) <ul style="list-style-type: none"> • DC: 3/3 = 100% • National Goal ≥ 95% • National Average = 93.3%
	Region 3 Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

Element 2 Data Accuracy. Degree to which data reported into the national system is accurately entered and maintained (example, correct codes used, dates are correct, etc.).

2-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	The data entered into ICIS-NPDES by Region 3 for the District of Columbia program is generally accurate and complete.
	Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative)	Although all other information reviewed in the data system was accurate, two discrepancies were found between the data system and the files. The first pertains to a data entry error for an inspection date, the second pertains to administratively continuing a permit that is currently expired in the data system. Neither discrepancy is judged serious enough to warrant a recommendation for improvement.
	Metric(s) and Quantitative Value	Metric 2b — % of files reviewed where data is accurately reflected in the national data system: 7/9 = 78%
	Regional Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

3-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Data was entered in a timely manner by Region 3 for the District of Columbia.

<p>Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative)</p>	<p>In order to determine whether data entry was timely, production data for FY2009 was compared to FY2009 frozen data. There were no serious discrepancies between the two data sets, and only five minor discrepancies. In one case, an inspection of a minor facility conducted on May 12, 2009 was entered into the data system after the SRF preliminary data analysis was conducted in August 2010 (see metric 5b1). But overall, data was generally entered in a timely manner.</p>
<p>Metric(s) and Quantitative Value</p>	<p>Metric 1a3 — Active facility universe: NPDES non-major individual permits</p> <ul style="list-style-type: none"> • Production data count: 7 • Frozen data count: 6 <p>Metric 1d1 — Violations at non-majors: noncompliance rate (1 FY)</p> <ul style="list-style-type: none"> • Production data count: 6/7 • Frozen data count: 5/6 <p>Metric 5b1 — Inspection coverage: NPDES non-major individual permits (1 FY)</p> <ul style="list-style-type: none"> • Production data count: 1/5 • Frozen data count: 0/5 <p>Metric 5c — Inspection coverage: NPDES other (1 FY)</p> <ul style="list-style-type: none"> • Production data count: 1/3 • Frozen data count: 0/2 <p>Metric 7a2 — Single-event violations at non-majors (1 FY)</p> <ul style="list-style-type: none"> • Production data count: 1 • Frozen data count: 0
<p>Regional Response</p>	
<p>Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)</p>	

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

<p>4-1 Is this finding a(n) (select one):</p>	<p><input type="checkbox"/> Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p><input type="checkbox"/> Area for Regional Attention</p> <p><input type="checkbox"/> Area for Regional Improvement – Recommendations Required</p>
<p>Finding</p>	<p>Region 3 and the District of Columbia completed its commitment for facility inspections.</p>

Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative)	<p>The District of Columbia committed to conducting four inspections at major facilities and two at non-majors. Region 3 conducted four inspections at majors and two at non-majors during FY 2009, which meets the inspection commitment.</p> <p>The District of Columbia Water Pollution Control Program FY 2009 Section 106 Grant Application covers NPDES program commitments, listing activities for 2009. Commitments from the report cover performance of inspections, issuance of notices of violation, and investigating illicit point source discharges.</p>
Metric(s) and Quantitative Value	<p>Metric 4a — % of planned inspections completed: 6/6 = 100%</p> <p>Metric 5a — Inspections of NPDES majors with individual permits of general permits</p> <ul style="list-style-type: none"> • DC: 4/4 = 100% • National Goal: 100% • National Average: 66.7% <p>Metric 5b1 — Inspections at NPDES non-majors with individual permits, excluding those permits which address solely stormwater, pretreatment, CAFOs, or CSOs: 1/5 = 20%</p> <p>Metric 5b2 — Inspections at NPDES non-majors with general permits, excluding those permits which address solely stormwater, pretreatment, CAFOs, or CSOs: 0/2 = 0%</p> <p>Metric 5c — Other inspections performed (beyond facilities indicated in 5a and 5b): 1/3 = 33.3%</p>
Regional Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

Element 5 Inspection Coverage. Degree to which Region completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).		
5-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Region 3 and the District of Columbia completed its commitment for facility inspections.
	Explanation. (If Area for Regional Attention, describe why action not required, if Area	The District of Columbia committed to conducting four inspections at major facilities and two at non-majors. Region 3 conducted four inspections at majors and two at non-majors during FY 2009, which meets the inspection commitment.

	for Improvement, provide recommendation narrative)	
	Metric(s) and Quantitative Value	<p>Metric 4a — % of planned inspections completed: 6/6 = 100%</p> <p>Metric 5a — Inspections of NPDES majors with individual permits of general permits</p> <ul style="list-style-type: none"> • DC: 4/4 = 100% • National Goal: 100% • National Average: 66.7% <p>Metric 5b1 — Inspections at NPDES non-majors with individual permits, excluding those permits which address solely stormwater, pretreatment, CAFOs, or CSOs: 1/5 = 20%</p> <p>Metric 5b2 — Inspections at NPDES non-majors with general permits, excluding those permits which address solely stormwater, pretreatment, CAFOs, or CSOs: 0/2 = 0%</p> <p>Metric 5c — Other inspections performed (beyond facilities indicated in 5a and 5b): 1/3 = 33.3%</p>
	Regional Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

Element 6 Quality of Inspection or Compliance Evaluation Reports. Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.		
6-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	The Region 3 inspection reports reviewed were typically complete and accurate.
	Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative)	All inspection reports were found to be complete with the exception of one which was not signed. All inspection reports were found to contain thorough and detailed information leading to accurate compliance determinations.
	Metric(s) and	6b — Percentage of inspection reports reviewed that are complete: 5/6 = 83%

	Quantitative Value	6c — Percentage of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination: 6/6 = 100%
	Regional Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	
6-2	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Region 3 inspection reports reviewed were not always completed in a timely manner.
	Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative)	While such a small sample size can skew results, two of the six inspection reports reviewed were not completed in a timely manner. One inspection report was not signed and another inspection report was signed after about three months. Regional action is not required because a majority of the reports in this small sample were timely.
	Metric(s) and Quantitative Value	6d — Percentage of inspection reports reviewed that are timely: 4/6 = 67%
	Regional Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

7-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention

		<input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	The inspection reports reviewed included accurate compliance determinations.
	Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative)	The reports led to accurate compliance determinations in all six of the reports reviewed.
	Metric(s) and Quantitative Value	7e — Percentage of inspection reports of facility files reviewed that led to accurate compliance determinations: 6/6 = 100%
	Regional Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

Element 8 Identification of SNC and HPV. Degree to which the Region accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.		
8-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Region 3 accurately identifies significant non-compliance (SNC) and non-SNC violations in a timely manner.
	Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative)	The reviewers found that inspection reports accurately identified single-event violations (SEVs) as SNC or non-SNC in all cases. The reviewers also found that SEVs identified as SNC were reported in a timely manner.

Metric(s) and Quantitative Value	8b — Percentage of single-event violation(s) that are accurately identified as SNC or non-SNC: 6/6 = 100% 8c — Percentage of single-event violation(s) identified as SNC that are reported timely: 3/3 = 100%
Regional Response	
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

Element 9 Enforcement Actions Promote Return to Compliance. Degree to which Regional 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	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	An additional enforcement response is needed to return a facility in significant non-compliance (SNC) to compliance.
	Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative)	The reviewers found that enforcement responses have returned or will return a source in SNC to compliance with one exception. This facility had a corrective action plan effective July 10, 2008 but continues to have ongoing discharge monitoring report (DMR) non-receipt with no additional enforcement response. Because, with one exception, enforcement actions generally promote a return to compliance, a recommendation is not required at this time.
	Metric(s) and Quantitative Value	Metric 9b — Percent of enforcement responses that have returned or will return a source in SNC to compliance: 2/3 = 100%
	Regional Response	SNC facility above back in compliance as of July 28, 2010.
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	
9-2	Is this finding a(n)	<input type="checkbox"/> Good Practice

(select one):	<input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement – Recommendations Required
Finding	Some single-event violations (SEVs) are not receiving follow-up actions that would return the facilities to compliance.
Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative)	The reviewers found that in two of five instances, SEVs identified through inspections did not receive follow-up action that would return the facility to compliance.
Metric(s) and Quantitative Value	Metric 9c — Percent of enforcement responses that have returned or will return a source with non-SNC violations to compliance: 3/5 = 60%
Regional Response	Procedures are in place for follow-up enforcement when appropriate. Branch has new manager who is aware and will implement the procedures.
Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	Region 3's standard operating procedure for SEVs should be updated to include policy for enforcement response follow-up.

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

10-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
Finding	Some significant non-compliance (SNC) violations are not being addressed in a timely and appropriate manner.	
Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative)	<p>The reviewers found that in two out of three instances, timely action was not taken to address violations. One of the two instances did result in an enforcement response after approximately 10 months. The other instances did not result in any enforcement response.</p> <p>The reviewers found that enforcement responses were appropriate with one exception. This facility had a corrective action plan become effective on July 10, 2008 but continues to have ongoing DMR non-receipt with no additional enforcement response.</p> <p>Given the small sample size and the fact that enforcement action was taken in two out of three cases,</p>	

		regional action is not required at this time.
	Metric(s) and Quantitative Value	10b — Percent of enforcement responses reviewed that address SNC that are taken in a timely manner: 1/3 = 33% 10c — % of enforcement responses reviewed that address SNC that are appropriate to the violations: 2/3 = 67%
	Regional Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	
10-2	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input checked="" type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Some non-SNC violations are not being addressed in a timely and appropriate manner.
	Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative)	<p>The reviewers found that in two out of five instances, non-SNC single event violations (SEVs) identified through inspections did not receive appropriate follow-up action.</p> <p>The reviewers found that in three out of five instances, non-SNC SEVs identified through inspections did not receive follow-up action in a timely manner.</p>
	Metric(s) and Quantitative Value	10d — % of enforcement responses reviewed that appropriately address non-SNC violations: 3/5 = 60% 10e — % enforcement responses for non-SNC violations where a response was taken in a timely manner: 2/5 = 40%
	Regional Response	Procedures are in place for follow-up enforcement when appropriate. Branch has new manager who is aware and will implement the procedures.
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	Region 3's standard operating procedure for SEVs should be updated to include policy for enforcement response follow-up.

Element 11 Penalty Calculation Method. Degree to which Region documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.

11-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required
	Finding	Region 3 did not make any penalties for enforcement purposes in the District of Columbia. Therefore, no data exists to evaluate Region 3 under this element.
	Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative.)	
	Metric(s) and Quantitative Value	
	Regional Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

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

12-1	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for Regional Attention <input type="checkbox"/> Area for Regional Improvement – Recommendations Required

	Finding	Region 3 did not make any penalties for enforcement purposes in the District of Columbia. Therefore, no data exists to evaluate Region 3 under this element.
	Explanation. (If Area for Regional Attention, describe why action not required, if Area for Improvement, provide recommendation narrative)	
	Metric(s) and Quantitative Value	
	Regional Response	
	Recommendation(s) (Include each of the Actions and any uncompleted actions from Round 1 that address this issue.)	

V. Element 13 Submission

No relevant EPA documentation for this section.

APPENDIX A: STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the initial SRF review of the District of Columbia’s compliance and enforcement programs, EPA Headquarters identified a number of recommended actions to be taken to address issues found during the review. The table below shows the status of progress toward completing those actions.

Media	Status	Due Date	Element	Finding	Recommendation
CWA	Completed	9/30/2007	Insp Universe	Region 3 was not covering 100% of the NPDES major sources in the District of Columbia.	Region 3 needs to inspect 100% of the NPDES major sources in the District. Commitments should be included in the Annual Commitment System.
CWA	Completed	11/30/2007	Violations ID'ed Appropriately	Incomplete inspection reports.	The Region needs to finalize and document an SOP for writing inspection reports and managing inspection files. The SOP should include: management review, followed-up and enforcement response, data management in ICIS-NPDES, and file management. It should also discuss how inspections conducted by the OECEJ are managed. The Region needs to ensure that the SOP conforms to the CWA Enforcement Management System (EMS) and other applicable guidance such as the CWA Inspector Manual.
CWA	Completed	11/30/2007	Violations ID'ed Appropriately	Incomplete inspection reports.	The Region needs to provide training in the SOP and in NPDES inspections for all EPA and DOE inspectors.
CWA	Completed	11/30/2007	Violations ID'ed Timely	Inspection reports are not completed in a timely manner	The Region needs to establish a 30 day standard for completing CEI inspection reports and 45 days for sampling inspection reports.
CWA	Completed	11/30/2007	SNC Accuracy	Region 3 is not entering Single Event Violations	The Region needs to begin entering single event violations into ICIS-NPDES. However, at this time, this requirement is pending the issuance of the ICIS-NPDES Policy Statement.
CWA	Completed	11/30/2007	SNC Accuracy	Facilities with SNC that are unaddressed for long periods of time.	The Region needs to review facilities with long term SNC determinations to assess what enforcement actions may be required to bring them into compliance.

Media	Status	Due Date	Element	Finding	Recommendation
CWA	Completed	10/31/2007	Return to Compliance, Timely & Appropriate Actions	More than 2% of NPDES SNC are not addressed.	Region 3 should not allow sources to remain in SNC for long periods of time without taking timely and appropriate enforcement action. The Region should not wait for permit revisions for a source to attain compliance. SNC should be addressed timely and appropriately.
CWA	Completed	10/31/2007	Data Timely	Inaccurate data processing	The Region needs to ensure that all inspection reports are accurately reported into ICIS-NPDES. This should be an integral part of the SOP to be developed under the recommendation for Element 2.
CWA	Completed	2/29/2008	Data Accurate	Not all data is entered accurately.	Region 3 needs to have a better understanding of non-major non-compliance and increase attention on non-major DMR and non-compliance data. This will lead to more accurate annual non-compliance reports and will allow for better inspection targeting and priority decisions. The Region needs to correct the data issues associated with metric 12g.

APPENDIX B: OFFICIAL DATA PULL

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Universe Prod
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			4	NA	NA
P01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	NA	NA
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			6	NA	NA
P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			2	NA	NA
P01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	≥95%	99.9%	100.0%	5	5
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	≥95%	94.6%	100.0%	43	43
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	≥95%	93.3%	100.0%	3	3
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			50.0%	1	2
P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			100.0%	6	6
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			100.0%	26	26

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Universe Prod
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			100.0%	6	6
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			83.3%	5	6
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	0	0
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			0	NA	NA
P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA
P01E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			2	NA	NA
P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA
P01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			2	NA	NA
P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA
P01E3E	Informal actions: number of mom-major facilities (1 FY)	Data Quality	EPA			1	NA	NA
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA
P01E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			1	NA	NA
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA
P01F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Universe Prod
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA
P01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA
P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA
P01F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA
P01F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			0	NA	NA
P01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			0	NA	NA
P01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$0	NA	NA
P01G2E	Penalties: total penalties (1 FY)	Data Quality	EPA			\$0	NA	NA
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA
P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$0	NA	NA
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$0	NA	NA
P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$0	NA	NA
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$0	NA	NA
P01G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA			\$0	NA	NA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Universe Prod
P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	≥80%		0 / 0	0	0
P02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	≥80%		0 / 0	0	0
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	63.9%	0.0%	0	4
P05A0E	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100%	5.8%	100.0%	4	4
P05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	66.7%	100.0%	4	4
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			0.0%	0	5
P05B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA			20.0%	1	5
P05B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			20.0%	1	5
P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			0.0%	0	2
P05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA			0.0%	0	2
P05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			0.0%	0	2
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.0%	0	3
P05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			33.3%	1	3
P05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			33.3%	1	3
P07A1C	Single-event violations at	Review Indicator	Combined			3	NA	NA

	majors (1 FY)							
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Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Universe Prod
P07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	NA	NA
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		28.2%	0 / 0	0	0
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		27.0%	0 / 0	0	0
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		53.0%	75.0%	3	4
P08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			1	NA	NA
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		23.2%	25.0%	1	4
P10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.6%	50.0%	2	4

APPENDIX C: PDA TRANSMITTAL LETTER

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

This section, Appendix C, contains the letter transmitting the results of the Preliminary Data Analysis to the Region. This letter identifies areas that the data review suggests the need for further examination and discussion during the review process.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF ENFORCEMENT AND
COMPLIANCE ASSURANCE

August 11, 2010

Dave McGuigan
Director
Office of NPDES Permits and Enforcement
EPA Region 3
1650 Arch St.
Philadelphia, PA 19103-2029

Dear Dave:

In our opening letter of May 5, 2010, EPA's Office of Enforcement and Compliance Assurance (OECA) notified EPA Region 3 of its intention to begin the State Review Framework review of Region 3's Clean Water Act NPDES Enforcement Program in the District of Columbia. As noted, the base year for review will be federal fiscal year 2009. Thank you for providing the requested information and your response to the official data metrics results. OECA has analyzed the data against set goals and commitments and, with this letter, we are transmitting our analysis and the file selection to you.

This follow-up letter includes: 1) our preliminary analysis of the EPA Region data metrics results; 2) the official data metrics results spreadsheet(s) with any EPA Region-provided data corrections/discrepancies; 3) our focus areas for the upcoming on-site file review; and, 4) the files that have been selected for review.

In this transmittal, we also are outlining any specific conditions or information that we are aware of and may be relevant to the review (for example, credits under Element 13, special situations regarding data flow, etc). We are providing this information to you in advance so that you have adequate time to compile the files that we will review and can begin pulling together any supplemental information that you think may be of assistance during the review. After reviewing the enclosed information, if there are additional circumstances that OECA should consider during the review, please provide that information to us prior to the on-site file review.

OECA has established a cross program team of managers and senior staff to implement the Region 3 review. Greg Siedschlag will be OECA's primary contact for the review. Susan Gilbertson is OECA's SRF Team Leader with overall responsibility for the review. Allison Donohue is the NPDES program expert on the review team. Susan and Allison will perform the onsite review of Region 3's Clean Water Act NPDES Enforcement Program of the District of Columbia beginning August 17, 2010 and ending August 18, 2010. OECA is requesting a room with secure Internet accessibility.

Please note that the enclosed preliminary findings are based only on the data metrics results themselves. Final findings may be significantly different based upon the results of the file review and ongoing discussions with you and your staff. If you have any questions about the process that we intend to use, please contact Greg Siedschlag.

All information and material used in this review may be subject to federal and/or state disclosure laws. While EPA intends to use this information only for discussions with EPA Region 3, it may be necessary to release information in response to a properly submitted request.

Sincerely,

Chris Knopes, Director, NPMAS

Enclosure 1 – CWA Preliminary Data Analysis of EPA Region’s SRF Data Metrics

Enclosure 2 – CWA Data Metrics Preliminary Data Analysis Worksheet

Enclosure 3 – CWA Explanation of File Selection

Enclosure 4 – CWA Table of Selected Files

cc: Lisa Lund, Director, Office of Compliance
David Hindin, Deputy Director, Office of Compliance

APPENDIX D: PRELIMINARY DATA ANALYSIS CHART

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

The 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.

Preliminary Data Analysis of EPA Region's SRF Data Metrics

I. Introduction – Purpose of Preliminary Data Analysis

To adequately prepare for OECA's on-site review and discussions of findings/recommendations, the SRF process calls for OECA to: (1) perform preliminary analysis of the SRF data metrics to identify potential areas of concern and (2) identify the number and specific facility list of files to be reviewed during the on-site file review step. The following preliminary data analysis provides the EPA region with a preliminary look at how OECA interprets regional performance relevant to each SRF element that has an associated data metric. EPA's preliminary review of the data is only the first step in the review process, and is primarily used to frame key discussion topics during the on-site review. Elements that do not have data metrics will be evaluated during the file reviews. Actual findings will be developed only after the file reviews and dialogue with the Region have occurred. Data metrics results were pulled from the Online Tracking Information System (OTIS) SRF data metrics website (<http://www.epa-otis.gov/otis/stateframework.html>) on Aug. 10, 2010.

Preliminary review by OECA of CWA SRF data metrics results for the FY 2009 period has identified both positive accomplishments and potential areas of concern that will require a focused dialogue. The SRF on-site file review meeting(s) will cover all SRF metrics (data and file review), including additional Element 13 information if submitted by the region. This enclosure provides a detailed look at OECA's preliminary data analysis.

II. Acknowledgement of Prior Issues, Commitments, or Ongoing Accomplishments

The following issues or accomplishments are acknowledged here to provide context for the review.

III. Preliminary Data Analysis of EPA Region’s Data Metrics Results

OECA has reviewed the SRF data metrics in relation to national goals and averages. Below are highlights and potential areas of concern. OECA intends to focus on these areas of concern during the on-site review. The enclosed worksheet contains more detail.

Original Data Pulled from Online Tracking Information System (OTIS)									EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Universe Prod	Initial Findings
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			83.3%	5	6	83.3% non-compliance rate is high. Ask region how sources are being brought back into compliance.
P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			2	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			2	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01E3E	Informal actions: number of mom-major facilities (1 FY)	Data Quality	EPA			1	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Universe Prod	Initial Findings
P01E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			1	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$0	NA	NA	Lack of penalties in light of violations may be a concern.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Universe Prod	Initial Findings
P01G2E	Penalties: total penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	63.9%	0.0%	0	4	Discrepancy between District and EPA data may indicate database issue.
P05A0E	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100%	5.8%	100.0%	4	4	Discrepancy between District and EPA data may indicate database issue.
P05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	66.7%	100.0%	4	4	Discrepancy between District and EPA data may indicate database issue.
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			0.0%	0	5	No inspections for non-majors could be a concern.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Universe Prod	Initial Findings
P05B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA			0.0%	0	5	No inspections for non-majors could be a concern.
P05B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			0.0%	0	5	No inspections for non-majors could be a concern.
P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			0.0%	0	2	No inspections for non-majors could be a concern.
P05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA			0.0%	0	2	No inspections for non-majors could be a concern.
P05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			0.0%	0	2	No inspections for non-majors could be a concern.
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.0%	0	2	No inspections for other sources could be a concern.
P05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			0.0%	0	2	No inspections for other sources could be a concern.
P05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			0.0%	0	2	No inspections for other sources could be a concern.
P07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			3	NA	NA	3 SEVs at 4 major sources.
P07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	NA	NA	Is region entering non-major SEVs into ICIS?
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		53.0%	75.0%	3	4	Though the sample is very small, DC is well above the national average.
P08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			1	NA	NA	Given the small universe, one facility in SNC is a potential concern.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Universe Prod	Initial Findings
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		23.2%	25.0%	1	4	Given the small universe, one facility in SNC is a potential concern.
P10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.6%	50.0%	2	4	Given the small universe, two facilities without timely action is a potential concern.

APPENDIX E: PDA WORKSHEET (with EPA Region 3 and OECA Comments)

Original Data Pulled from Online Tracking Information System (OTIS)									EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Univ Prod	Initial Findings
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			4	NA	NA	
P01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	NA	NA	
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			6	NA	NA	
P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			2	NA	NA	
P01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	≥95%	99.9%	100.0%	5	5	
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	≥95%	94.6%	100.0%	43	43	
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	≥95%	93.3%	100.0%	3	3	
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			50.0%	1	2	
P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			100.0%	6	6	
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			100.0%	26	26	
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			100.0%	6	6	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Univ Prod	Initial Findings
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			83.3%	5	6	83.3% non-compliance rate is high. Ask region how sources are being brought back into compliance.
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	0	0	
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			0	NA	NA	
P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			2	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			2	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01E3E	Informal actions: number of non-major facilities (1 FY)	Data Quality	EPA			1	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			1	NA	NA	Discrepancy between District and EPA data may indicate data entry issue.
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Univ Prod	Initial Findings
P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	Lack of enforcement actions in light of violations may be a concern.
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G2E	Penalties: total penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P01G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	Lack of penalties in light of violations may be a concern.
P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	≥80%		0 / 0	0	0	
P02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	≥80%		0 / 0	0	0	
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	63.9%	0.0%	0	4	Discrepancy between District and EPA data may indicate database issue.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Univ Prod	Initial Findings
P05A0E	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100%	5.8%	100.0%	4	4	Discrepancy between District and EPA data may indicate database issue.
P05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	66.7%	100.0%	4	4	Discrepancy between District and EPA data may indicate database issue.
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			0.0%	0	5	No inspections for non-majors could be a concern.
P05B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA			0.0%	0	5	No inspections for non-majors could be a concern.
P05B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			0.0%	0	5	No inspections for non-majors could be a concern.
P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			0.0%	0	2	No inspections for non-majors could be a concern.
P05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA			0.0%	0	2	No inspections for non-majors could be a concern.
P05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			0.0%	0	2	No inspections for non-majors could be a concern.
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.0%	0	2	No inspections for other sources could be a concern.
P05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			0.0%	0	2	No inspections for other sources could be a concern.
P05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			0.0%	0	2	No inspections for other sources could be a concern.
P07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			3	NA	NA	3 SEVs at 4 major sources.
P07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	NA	NA	Is region entering non-major SEVs into ICIS?
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		28.2%	0 / 0	0	0	
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		27.0%	0 / 0	0	0	
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		53.0%	75.0%	3	4	Though the sample is very small, DC is well above the national average.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	District Of Columbia Metric Prod	Count Prod	Univ Prod	Initial Findings
P08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			1	NA	NA	Given the small universe, one facility in SNC is a potential concern.
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		23.2%	25.0%	1	4	Given the small universe, one facility in SNC is a potential concern.
P10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.6%	50.0%	2	4	Given the small universe, two facilities without timely action is a potential concern.

APPENDIX F: FILE SELECTION

Files to be reviewed are selected according to a standard protocol (available to EPA and state users here: http://www.epa-otis.gov/srf/docs/fileselectionprotocol_10.pdf) and using a web-based file selection tool (available to EPA and state users here: http://www.epa-otis.gov/cgi-bin/test/srf/srf_fileselection.cgi). The protocol and tool are designed to provide consistency and transparency in the process. Based on the description of the file selection process in section A, states should be able to recreate the results in the table in section B.

EPA has followed the SRF File Selection Protocol when selecting the listed files. This includes a representative sample of files, and may include supplemental file review. Under the File Selection Protocol, EPA may examine additional files to help better understand whether any potential areas of concern identified via the data metrics review are substantiated. These additional files are noted below.

EPA requested nine files for the District of Columbia CWA Direct Implementation SRF review. The representative file selection method was conducted using the methodology described in the File Selection Protocol (using the OTIS website). Nine files were selected. Supplemental file reviews are used to ensure that the region has enough files to look at to understand whether a potential problem pointed out by data analysis is in fact a problem.

File Selection Table

#	f_name	Program ID	f_street	f_city	state	f_zip	Permit Component	Insp	Viol	SEV	SNC	Inf Act	Form Act	Penalty	Universe
1	D.C. WASA (BLUE PLAINS)	DC0021199	5000 OVERLOOK AVE, SW	WASHINGTON	DC	20372	POT PRE	1	3	2	0	1	0	0	Major
2	DC MATERIALS, INC.	DC0000191	25 POTOMAC AVE., S.E.	WASHINGTON	DC	20004		1	0	0	0	0	0	0	Minor
3	DISTRICT DEPARTMENT OF THE ENVIRONMENT NATURAL RESOURCES ADM	DC0000221	51 N. STREET, N.E., 5TH FLOOR	WASHINGTON	DC	20001	POT	0	4	0	4	0	0	0	Major
4	JFK CENTER FOR PERFORMING ARTS	DC0000248	NATIONAL PARK SERVICE	WASHINGTON	DC	20566		0	6	0	0	1	0	0	Minor
5	PEPCO - BENNING	DC0000094	3300 BENNING ROAD, N.E.	WASHINGTON	DC	20019		1	4	0	0	0	0	0	Major
6	SOUTHEAST FEDERAL CENTER	DC0000299	3RD & M STREETS, SE	WASHINGTON	DC	20407		0	8	0	4	0	0	0	Minor
7	WASHINGTON AQUEDUCT	DC0000019	5900 MACARTHUR BLVD, NW	WASHINGTON	DC	20016		1	26	1	4	1	0	0	Major
8	WASHINGTON NAVY YARD	DC0000141	1013 O STREET SE, BLDG. 166, SUITE 100N	WASHINGTON	DC	20374		0	0	0	0	0	0	0	Minor
9	WORLD WAR II MEMORIAL	DC0000345	ON THE NATIONAL MALL	WASHINGTON	DC	20001	SWC	1	8	5	2	0	0	0	Minor

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.

Clean Water Act Program

Name of State: District of Columbia		Review Period: 2009			
CWA Metric #	CWA File Review Metric:	Metric Value	Fraction	Assessment	Initial Findings and Conclusions
Metric 2b	% of files reviewed where data is accurately reflected in the national data system.	78%	7/9	Meets SRF Requirements	Two discrepancies were found between the data system and file information. The first discrepancy pertains to a data entry error in the inspection date for a facility. The second discrepancy pertains to administratively continuing a permit that is currently expired in the data system. All other information in the data system was found to be accurate.
Metric 4a	% of planned inspections completed. Summarize using the Inspection Commitment Summary Table in the CWA PLG.	67%	4/6	Needs Regional Attention	4 major inspections and 2 non-major inspections required.

CWA Metric #	CWA File Review Metric:	Metric Value	Fraction	Assessment	Initial Findings and Conclusions
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 ident				
Metric 6a	# of inspection reports reviewed.	6			
Metric 6b	% of inspection reports reviewed that are complete.	83%	5/6	Meets SRF Requirements	All inspection reports were found to be complete with the exception of one report which while thorough and of good quality, was not signed.
Metric 6c	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.	100%	6/6	Meets SRF Requirements	All inspection reports were found to contain thorough and detailed information leading to an accurate compliance determination.
Metric 6d	% of inspection reports reviewed that are timely.	67%	4/6	Needs Regional Attention	The reviewers note a small sample size can skew results. In this instance, two of the six inspection reports reviewed were not timely. One inspection report was not signed and another inspection report was signed after about three months.
Metric 7e	% of inspection reports or facility files reviewed that led to accurate compliance determinations.	100%	6/6	Meets SRF Requirements	The inspection reports reviewed included accurate compliance determinations.
Metric 8b	% of single event violation(s) that are accurately identified as SNC or Non-SNC.	100%	6/6	Meets SRF Requirements	The reviewers note that inspection reports accurately identified single event violations as SNC or Non-SNC in all cases.
Metric 8c	% of single event violation(s) identified as SNC that are reported timely.	100%	3/3	Meets SRF Requirements	The reviewers found that single event violations identified as SNC were reported in a timely manner.
Metric 9a	# of enforcement files reviewed	3			
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	67%	2/3	Needs Regional Attention	The reviewers found that in general enforcement responses have returned or will return a source in SNC to compliance. There was one exception (DC0000221). This facility had a corrective action plan become effective on July 10, 2008 but continues to have on-going DMR non-receipt with no additional enforcement response.

CWA Metric #	CWA File Review Metric:	Metric Value	Fraction	Assessment	Initial Findings and Conclusions
Metric 9c	% of enforcement responses that have returned or will returned a source with non-SNC violations to compliance.	60%	3/5	Needs Regional Improvement-Recommendation Required	The reviewers found that two out of five instances, single event violations identified through inspections did not receive follow-up action that would return the facility to compliance. SUE NOTE: Look at current SEV SOP to potentially update the SOP for the recommendation to include enforcement response follow-up
Metric 10b	% of enforcement responses reviewed that address SNC that are taken in a taken in a timely manner.	33%	1/3	Needs Regional Attention	The reviewers found that in two out of three instances, timely action was not taken to address violations. One of the two instances did receive an enforcement response after approximately 10 months.
Metric 10c	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	67%	2/3	Needs Regional Attention	The reviewers found that in general enforcement responses are appropriate. There was one exception (DC0000221). This facility had a corrective action plan become effective on July 10, 2008 but continues to have on-going DMR non-receipt with no additional enforcement response.
Metric 10d	% of enforcement responses reviewed that appropriately address non-SNC violations.	60%	3/5	Needs Regional Improvement-Recommendation Required	The reviewers found that in two out of five instances, single event violations identified through inspections did not receive appropriate follow-up action . SUE NOTE: Look at current SEV SOP to potentially update the SOP for the recommendation to include enforcement response follow-up
Metric 10e	% enforcement responses for non-SNC violations where a response was taken in a timely manner.	40%	2/5	Needs Regional Improvement-Recommendation Required	The reviewers found that in three out of five instances, single event violations identified through inspections did not receive follow-up action in a timely manner. SUE NOTE: Look at current SEV SOP to potentially update the SOP for the recommendation to include enforcement response follow-up
Metric 11a	% of penalty calculations that consider and include where appropriate gravity and economic benefit.	n/a	0/0	N/A	
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	n/a	0/0	N/A	
Metric 12b	% of enforcement actions with penalties that document collection of penalty.	n/a	0/0	N/A	

APPENDIX H: CORRESPONDENCE

Attach correspondence between OECA and the Region including, if received, comments on Draft Report and Final Report.