

State Review Framework

West Virginia Round 2 Report
Federal Fiscal Year 2010

TABLE OF CONTENTS

- I. EXECUTIVE SUMMARY
- II. BACKGROUND INFORMATION ON STATE PROGRAM AND REVIEW PROCESS
- III. STATUS OF OUTSTANDING RECOMMENDATIONS FROM PREVIOUS REVIEWS
- IV. FINDINGS and RECOMMENDATIONS
- V. ELEMENT 13
- VI. APPENDICES:
 - A. STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS
 - B. OFFICIAL DATA PULL
 - C. PDA TRANSMITTAL LETTER
 - D. PDA ANALYSIS CHART
 - E. PDA WORKSHEET
 - F. FILE SELECTION
 - G. FILE REVIEW ANALYSIS
 - H. CORRESPONDENCE
 - I. ACRONYMS

I. EXECUTIVE SUMMARY

Major Issues

The State Review Framework (SRF) review of West Virginia Department of Environmental Protection (WVDEP) identified the following major issues:

- CWA Elements 1-2: WVDEP does not enter informal enforcement actions or single event violations into the national database. Additionally, reviewers observed some inspections that were conducted, however, not entered into the database.
- CWA Element 11: WVDEP does not consistently document consideration and/or collect economic benefit in CWA penalty calculations.

Mining Sector Review

A separate programmatic review was conducted to evaluate WVDEP compliance monitoring and enforcement activities for the mining program pursuant to the National Pollution Discharge Elimination System (NPDES). The majority of permits in this universe are non-major permits. The final report, state response, and corrective measures will be available upon completion. Findings for the mining program indicate that WVDEP:

- does not have a system to track permits, compliance and enforcement information is not available in the national database;
- fails to track minimum data requirements for minor permits; does not clearly track NPDES compliance and inspection information for NPDES permits;
- fails to take timely and appropriate enforcement; and does not capture economic benefit for noncompliance.
- inspection reports reviewed did not capture or document the NPDES portion of the inspection and enforcement is based on Surface Mining and Control and Reclamation Act requirements.

Summary of Programs Reviewed

I. **Clean Air Program**

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

Element 12-1 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.

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 are timely.

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

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

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

Element 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

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

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.

The good practices include:

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 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.

RCRA

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

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.

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 are timely.

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

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

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 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.

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

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.

Good Practice

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.

Clean Water Act:

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.

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 are timely.

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

Element 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.

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

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.

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

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

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

II. BACKGROUND INFORMATION

ON STATE PROGRAM AND REVIEW PROCESS

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

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

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

A. GENERAL PROGRAM OVERVIEW

Agency Structure:

The WVDEP is a statewide operation, headquartered in Charleston. Operations are accomplished on a district or regional level, based upon the program, thus requiring a workforce throughout West Virginia. The WVDEP has ten offices responsible for conducting compliance and enforcement activities. The offices are located in Charleston, WV; Fairmont, WV, Romney, WV; Wheeling, WV; Parkersburg, WV; Teays, WV; Logan, WV; Philippi, WV; Welch, WV; and Oak Hill, WV. All compliance monitoring, planning and enforcement activities are developed and coordinated at the main office in Charleston. The regional offices report directly to the Charleston office.

The West Virginia Department of Environmental Protection (WVDEP) has primary responsibility for implementing the National Pollutant Discharge Elimination System (NPDES) program in the State of West Virginia. WVDEP administers the state program in accordance with Section 402 of the Federal Clean Water Act, the requirements of 40 CFR Parts 122-125, and other applicable Federal regulations. EPA and WVDEP entered a Memorandum of Understanding (May 10, 1982, rev. January 13, 1987) which outlines the implementation of the NPDES Program. The current roles and responsibilities of the NPDES Program in WV are divided among the Division of Water and Waste Management (DWWM) and Division of Mining and Reclamation (DMR). Within DWWM, Environmental Enforcement (EE) has responsibility for non-mining NPDES inspection and enforcement. Following reorganization in 2006, EE also assumed responsibility for the following programs: Hazardous Waste, Underground Storage Tanks, and Dam Safety. DWWM’s Permitting Section manages the NPDES permitting program

for all facilities/sites that discharge with the exception of activities related to mining. DWWM also maintains the Permit Compliance System (PCS).

DMR's Permitting Unit issues NPDES permits for coal and non-coal mining operations. DMR has had primary inspection and enforcement responsibility for mine related NPDES permits for many years.

Compliance & Enforcement Program Structure:

Air

The Compliance and Enforcement Program is one of six Sections and Branches under the Division of Air Quality (DAQ) in the WVDEP. The Compliance and Enforcement Section is headed by the Assistant Director for Compliance and Enforcement. It is located in the Charleston main office, and three regional offices. The regional offices do not operate autonomously. All compliance monitoring, planning and enforcement activities are developed at the main office in Charleston. The regional offices report directly to the Charleston office.

The Northern Panhandle Regional Office, located in Wheeling, covers the Northern Panhandle area of the State. The North Central Regional Office, located in Fairmont, covers the north-central section of the State, and the Eastern Panhandle Regional Office, located in Romney, covers the north-eastern portion of the State. The Charleston Office covers all other areas within the State.

The Compliance and Enforcement Section is responsible for conducting inspections and investigations of air pollution sources in West Virginia, addressing citizen complaints involving alleged air pollution violations, and inspecting asbestos demolition and renovation projects in West Virginia. The sources involved are subject to a wide range of regulations, including EPA delegated programs, the EPA-approved State Implementation Plan (SIP), and state-only regulations. Most of the EPA-delegated programs are recently promulgated rules governing the emissions of hazardous air pollutants utilizing maximum achievable control technology (MACT) standards, or are subject to federal new source performance standards (NSPS).

In order to achieve its objective, the section conducts periodic facility inspections. When a noncompliance issue is observed and documented, a Notice of Violation (NOV) is issued to the facility. Depending on the gravity of the situation, a Cease and Desist Order may also be issued. In some situations a Consent Order may be entered into with the facility allowing the facility to continue operating while correcting the noncompliance issue in accordance with a compliance schedule incorporated into the Consent Order.

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Hazardous Waste Inspection and Enforcement staffs are located in six of the above-mentioned offices (Charleston, Fairmont, Wheeling, Parkersburg, Oak Hill and Romney). The work group has one manager, two environmental inspector supervisors, two environmental inspector specialists and eight environmental inspectors. Additional staff is available for administrative penalty and clerical support.

Inspection workload is determined by federal grant commitments as well as current circumstances in the regulated community. Federal commitments require the following:

- All state, local and federally owned treatment, storage and disposal facilities must receive a comprehensive environmental inspection (CEI) annually.
- All privately owned permitted treatment, storage and disposal facilities must receive a CEI every other year and a groundwater monitoring evaluation (GME) every third year.
- 20% of all large quantity generators must be inspected annually.

Current circumstances within the regulated community that can influence inspection workload include investigation of citizen complaints, emergency response in reaction to accidental releases and discharges as well as changes in industrial practices or activities. Evaluation of the geographic areas or industrial sectors that need additional inspections is ongoing.

NPDES

EE supports the compliance monitoring and enforcement activities for all statutes for which DWWM's is authorized, including the NPDES permits. The regional offices are responsible for conducting compliance inspections, while the headquarters office is responsible for formal enforcement. The EE Employee Handbook, Chapter 4 provides guidance on which type of action is appropriate based on the extent and nature of the violation.

WVDEP has the authority to pursue both administrative and civil enforcement to address violations. Internal EE staff oversees administrative enforcement actions which include unilateral orders, administrative consent orders, and civil administrative penalties. In addition, EE staff may recommend civil action. Potential cases for civil litigation are reviewed by the Chief Inspector, who determines whether to refer the case to the WVDEP Office of Legal Services (OLS). Once the OLS has assigned a civil case, direct communication between the attorney and the inspector is necessary.

DMR's Inspection and Enforcement Unit conducts inspections within their authority, including sampling inspections, and enforcement.

Local Agencies included/excluded from review:

There are no local agencies in West Virginia.

Resources:

Air

Funding for the DAQ comes from West Virginia's general revenue budget, Title V fees, penalties, non-Title V permit fees, and an EPA Section 105 grant. Penalties collected from Consent Orders go into Air Pollution Education and Environment Fund. Permit fees are deposited into the Air Pollution Control Fund. The EPA Section 105 grant requires a state match and provides some funding. Use of these funds is limited to activities that are not covered under Title V.

RCRA

All environmental inspectors, supervisors and specialists are equipped with a vehicle, lap top computers, Blackberry mobile phones as well as all equipment needed to complete effective

environmental inspections. This includes but is not limited to personal protective equipment, air monitoring and field screening devices, digital cameras, sampling equipment and preservatives, and various hand tools.

NPDES

DWWM's Permitting Section manages the NPDES permitting program for all facilities/sites that discharge with the exception of activities related to mining. DWWM also maintains the Permit Compliance System (PCS). EE supports the compliance monitoring and enforcement activities for all statutes for which DWWM's is authorized, including the NPDES permits. Eighty-one full time staff members are distributed among the Headquarters office located in Charleston, West Virginia, 4 Regional field offices and 2 satellite offices. The four Regional field offices are located in Fairmont, Romney, Teays, and Oak Hill, and two satellite offices are located in Parkersburg and Wheeling. Staff is distributed relatively evenly among the offices. Approximately 40 of the 81 (90 positions with 9 current vacancies) full time employees (FTEs) are dedicated to work on water pollution control activities.

Staffing/Training:

Air

At the time of this review, DAQ is not experiencing a high turnover with inspectors. This is most likely due to the economy. There are few vacancies.

As of May 2011, the Charleston Office had one Assistant Director for Compliance & Enforcement, one Senior Engineer, and fourteen inspectors. The Wheeling Office had one supervisor and two inspectors. The Fairmont Office had two inspectors and one air monitoring technician. The Romney Office had two inspectors. The Assistant Director in Charleston also supervises the staff in the Romney and Fairmont offices.

At the time of the second round SRF review, the entire state had a source universe of 167 major sources, and 27 80% Synthetic Minor sources. Inspectors stated that their workload was manageable and that they had the necessary equipment to perform their job responsibilities. They did not mention any constraints that would present obstacles.

RCRA

The following training sessions were attended by Hazardous Waste Inspection and Enforcement Staff during the 2010 Federal Fiscal Year:

- Basic Inspector Training was delivered by the National Enforcement Training Institute in October 2009.
- EPA Region III RCRA Inspector Workshop was held in Towson, MD in November 2009
- OSHA Annual 8 Hour Refresher in May 2010 (delivered "in-house" by an Inspector Specialist)
- West Virginia University Center for Executive Education offered "Certificate in Management" classes at various time in the specified time period. These training sessions were intended for and attended by management / supervisory staff only.

- Sampling for Hazardous Waste in June 2010 (delivered “in-house” by an Inspector Specialist)

NPDES:

Division of Water and Waste Management’s Environmental Enforcement branch supports the compliance monitoring and enforcement activities for all statutes for which DWWM’s is authorized, including the NPDES permits. Eighty-one full time staff members are distributed among the Headquarters office located in Charleston, West Virginia, 4 Regional field offices and 2 satellite offices. The four Regional field offices are located in Fairmont, Romney, Teays, and Oak Hill, and two satellite offices are located in Parkersburg and Wheeling. Staff is distributed relatively evenly among the offices. Approximately 40 of the 81 (90 positions with 9 current vacancies) full time employees (FTEs) are dedicated to work on water pollution control activities. The regional and Headquarters offices do not operate autonomously. Regional Offices report to the Headquarters office to coordinate strategic planning, inspection targeting and results. Enforcement responses to violations detected in the field are issued out of the Headquarters offices. The regional offices are responsible for conducting compliance inspections, while the headquarters office is responsible for formal enforcement.

Data reporting systems/architecture:

The DAQ currently uses Web Airtrax to enter and track the Air compliance and enforcement related activity. Airtrax is designed to track data from cradle to grave. All DAQ staff has access to this database via their desk top computer. The system is password protected and houses all Air data from full compliance evaluations (FCEs), partial compliance evaluations (PCEs); including the typed/written reports to the submitted Title V Annual Certifications. Airtrax allows the user to enter, sort or search data via the Air Facility System¹ (AFS) number.

All inspectors are required to enter their own inspection data into Airtrax, and compliance resulting from an inspection or other type of action such as a stack test, Title V Annual Certification, or self-monitoring report. Inspectors conduct the on-site inspection and then upon returning to the office, a report is written in Airtrax. The inspector makes the compliance determination in Airtrax and the report is then forwarded to the supervisor for approval. The supervisor prints a hard copy and initials it upon approval. If additional explanation is necessary a meeting between the inspector and supervisor is held. If violations were found, the supervisor then determines the appropriate enforcement action.

Airtrax has very detailed screens to ensure that all minimum data requirements (MDRs) are captured, because they are built right into the screens. The system forces the user to validate the

¹ Air Facility System (AFS) is the national repository for air stationary source surveillance and State enforcement activity.

² AFS Data Steward refers to the State/Local person responsible for AFS.

³ The Universal Interface (UI) is an EPA/OECA software application designed to convert data extracted from any independent compliance/enforcement system for submission to EPA’s Air Facility System.

data being entered for example, air programs, the applicable pollutants, their classification, subparts, results of stack test etc.

The AFS Data Steward² is responsible for entering all enforcement related activity like NOV's, Enforcement Orders and HPV data along with the required action linking directly into AFS. The AFS Data Steward is the "go to" person for name and or address changes. The Data Steward is given (hand delivered) enforcement data by the Enforcement and Compliance Branch Chief as soon as a determination has been made for entry into AFS. Once a month, the Data Steward exports the data from Airtrax via the Universal Interface³ (UI) to AFS.

NPDESWVDEP regional office staff enter inspection data into the state database Environmental Resource Information System (ERIS), and enforcement data entry is a headquarters function. Inspection data is then uploaded from ERIS to the legacy national database, PCS. Enforcement data is not entered into ERIS; it is entered into a web based platform which uploads the data into PCS. It is anticipated that WV data will be migrated to the national database Integrated Compliance Information System (ICIS) in late 2012.

DMR's administrative staff maintains the state's Environmental Resource Information System (ERIS) and PCS for the mining operations. Inspection data is then uploaded from ERIS to the legacy national database the PCS. Enforcement data is not entered into ERIS; it is entered into a web based platform which uploads the data into PCS.

RCRA

WVDEP is the Implementor of record for the national data base RCRInfo.

B. MAJOR STATE PRIORITIES AND ACCOMPLISHMENTS

- **State Priorities:**

1. Meet or exceed national goals in all areas of data metric(s)
2. Upgrade Airtrax functionality for:
HPV tracking and action linking through the UI to AFS
Enforcement Action (NOV's, Cease & Desists, and Consent Orders)
tracking and action linking through the UI to AFS
Air Program (MACT, NSPS, National Emission Standards for Hazardous Air Pollutants (NESHAPS), etc.) subpart validation to prevent uploading air program to AFS without subpart
3. Migrate DAQ's Airtrax database to the proposed WVDEP enterprise database (long term priority)
4. Prepare DAQ data system for modernized AFS (long term priority)
5. Improve timeliness of data entry for stack test data with new implemented program

- **State Accomplishments:**

1. Airtrax generation of Compliance Monitoring Report (CMR), which improves inspection reports to meet all specific requirements of the Compliance Monitoring Strategy (CMS)
2. Documenting the initial penalty calculations including both gravity and economic benefit calculations and appropriately using the BEN model or other method that produce results consistent with national policy
3. Significant Improvements in Hazardous Air Pollutants Emissions to the Atmosphere

The following table shows the reduction in emissions in tons per year:

Year	Hazardous Air Pollutants (HAPs)*
2007	19,486 (82% From Electric Generating Units (EGUs))
2008	16,723 (85% from EGUs)
2009	8,384 (76% from EGUs)

*Source: US EPA Toxic Release Inventory. Hydrogen Chloride (HCL) and Hydrogen Flouride (HF) account for approximately 90% of total HAPs

Also, all future emissions of phosgene and methyl isocyanate (MIC) have been eliminated from current West Virginia sources.

4. Significant Improvements in Air Contaminant Emissions to the Atmosphere
The following table shows the reduction in emissions in tons per year:

Year	Carbon Dioxide (CO ₂)	EGU CO ₂ *	Nitrogen Oxide (NO _x)	EGU NO _x *	Particulate Matter (PM 10)	Sulfur Dioxide (SO ₂)	EGU SO ₂ *
2007	99,731,726	90,852,440	188,594	150,849	5,527	428,350	371,996
2008	98,663,227	88,261,065	134,313	97,331	4,839	343,961	301,574
2009	75,661,802	69,862,295	56,565	36,120	3,551	199,457	174,583

*Data extracted from the U.S. Environmental Protection Agency Acid Rain Database; all other data from the West Virginia Emission Inventory Database (I-Steps); 2010 emission inventory data currently not available.

5. Electric Generating Unit Controls

New NO_x Control Technology Systems:

Owners and operators of EGUs in West Virginia have installed Selective Catalytic Reduction (SCR) systems on 14 units and Selective Non-Catalytic Reduction

(SNCR) systems on 5 units, since 2000; these technologies remove NO_x from the exhaust flue gases of coal fired power plants.

New SO₂ Control Technology Systems:

Owners and operators of EGUs in West Virginia have installed 14 flue gas desulfurization (FGD) systems, commonly referred to as “scrubbers” since 2000; this technology is used to remove SO₂ from the exhaust flue gases of coal fired power plants. FGD systems or “scrubbers” were recently installed at four additional EGUs in West Virginia.

6. Continuous Emission Monitoring Program:

A total of 800 continuous monitoring systems quarterly facility reports were processed from 2007 through 2010. These covered at least 9 different pollutants and parameters, for 36 facilities.

7. Joint DAQ-EPA Enforcement Actions:

- E. I. du Pont de Nemours and Company – EPA-DAQ Joint Consent Decree issued in 2009 addressing New Source Performance Standards (NSPS) and Prevention of Significant Deterioration (PSD) violations with emission reductions of 1,059 tpy of SO₂, 98.7 tpy sulfuric acid mist, 86.1 tpy NO_x, 212.4 tpy CO, 11.9 tpy, and 1.4 PM. The EPA-DAQ received a \$2 million penalty with DAQ receiving \$1 million for the Joint Consent Decree.
- Aleris Recycling, Inc.- EPA-DAQ Joint Consent Decree issued in 2009 addressing MACT violations with a penalty of \$4.6 Million (DAQ receiving \$147,671) and resulting in reduced emissions of dioxins, furans, hydrogen chloride, and particulate matter through the required reconfiguration of the emissions capture and collection systems.
- JELD-WEN, Inc. – EPA-DAQ Joint Consent Decree issued in 2011 addressing Maximum Achievable Control Technology (MACT) violations with a penalty of \$850,000 (DAQ receiving \$106,250) and resulting in expected emission reductions of at least 24.2 tons of HAPs or 240 tons of criteria pollutants.

8. Major Enforcement Actions Completed:

- Capitol Cement Corp. (ESSROC) – DAQ Consent Order issued in 2008 addressing MACT violations with a penalty of \$85,000 and resulting in emission reductions of particulate matter HAP.
- Braskem - DAQ Consent Order issued in 2008 addressing NSPS violations with penalty of \$73,500. Also, DAQ issued a Consent Order in 2009 addressing violations of the previous Consent Order and Leak Detection and Repair

(LDAR) with a penalty of \$25,000 dollars.

- Minova USA, Inc. – DAQ Consent Order issued in 2009 addressing Title V permitting trigger threshold violations with a penalty of \$39,000 and resulted in emission reductions of styrene.
 - Dominion Exploration and Production Inc. – DAQ Consent Order issued in 2009 addressing violations for the installation of natural gas compressor engines without catalyst trigger permitting thresholds with a penalty of \$34,000 and resulting in approximately 12.2 tons of NOx emission reductions per year.
 - E. I. du Pont de Nemours and Company – DAQ Consent Order issued in 2010 addressing phosgene LDAR and MACT violations with a penalty of \$33,540 and contributed to the elimination of potential phosgene emissions.
 - Toyota Motor Manufacturing – DAQ Consent Order issued in 2010 addressing carbon monoxide (CO) Title V permit violations with a penalty of \$33,300 and resulted in actual CO emissions reductions of 80-105 tons per year.
 - Thistle Processing – DAQ Consent Order issued in 2010 addressing Title V permitting violations with a penalty of \$305,000 and resulted in emissions reductions of trichloroethylene (TCE) of 37-52 tons per year and similar TCE reductions in North Carolina.
 - Bayer CropScience – DAQ Consent Order issued in 2010 addressing several MACT and Title V recordkeeping violations with a penalty of \$115,520 and resulted in better monitoring of control device operating parameters.
 - Felman – DAQ Consent Order issued in 2008 addressing visible emissions, permitting, and MACT violations with a penalty of \$40,600 and resulting in reduced emissions of manganese particulate matter through process improvements in the furnace capture and control systems as well as implementation of a fugitive particulate matter emissions inspection program. Also, the DAQ issued a Consent Order in 2011 addressing visible emissions and MACT violations with a penalty of \$59,000 that resulted in reduced emissions of manganese particulate matter through process improvements in the furnace capture and control systems, casting stations, and truck loading operation.
9. Upgraded Airtrax to track and upload to AFS Title V Annual Certifications received and deviations.

10. Upgraded Airtrax to track and upload multiple Title V Annual Certifications for same AFS Identification number.

- **Element 13:**

Element 13 of the SRF is a mechanism for states that have demonstrated good performance in their core enforcement programs the ability to request recognition and resource flexibility credit. WVDEP did not provide an Element 13 submission.

C. PROCESS FOR SRF REVIEW

Use of Elements and Metrics Found in the SRF Review: The SRF contains thirteen nationally consistent review “elements,” which cover inspection/evaluation quantity and quality, the quality of the inspection/compliance monitoring reports, the timeliness and appropriateness of enforcement actions and data quality, accuracy and completeness. Data metrics are a common set of measures pulled from the national databases of record for the three programs that provide state specific numbers, and in some cases national averages, for elements where a data stream exists. File review metrics are primarily assessed through file reviews (because there is no national data stream). National averages are meant to provide a big picture “ball park” of a particular agency’s performance against that of other agencies. The results of these metrics may on their own not determine areas of weakness or strength, but they do serve as indicators to focus discussion and dialogue on particular successes or potential problem areas with agencies during the review. File review metrics help to capture compliance and enforcement information not available in the national databases.

The data metrics fall into one of the four categories below.

1. **Goal** - Where possible, the data metrics are set up to align with goals or expected activities that are included in national guidance, policy, or regulation. The metrics also provide context showing the national average so that agencies can understand when they are not meeting the goal whether that appears to be a problem unique to that agency or whether a more global issue exists.
2. **Review Indicator** - the SRF uses either the national average or the absence of any activity at all to indicate possible performance issues. If a state is below a target indicated for a review indicator, this is not a final determination that there is a problem, but rather serves as a flag for further investigation through file review.
3. **Information Only** - metrics are used to track the overall effort level for the complete universe of regulated sources – even when a specific national goal does not exist. Other information-only metrics focus on new data requirements as a way to determine what work will be needed in the future to fill in the data set with complete information. Some information-only metrics are based upon non-required data that not all agencies enter into the national data system.

- 4. Data Quality** - Most of the data metrics under Elements 1, 2, and 3 focus on data quality or timely data entry. Significant differences in numbers should be understood, and corrective action plans developed.

Review Period:

The review period for this SRF review was FY2010.

Key Dates for West Virginia Review:

State Review Framework (SRF) Kick-off Meeting was held on May 6, 2011 via video conference.

Air:

- The Preliminary Data Analysis (PDA) data pull from EPA's Online Tracking Information System (OTIS) was completed on 03/21/11.
- On 04/07/11, the air review team sent the file selection list to WVDEP for review.
- On 04/20/11, the air review team met with WVDEP via video conferencing to discuss the data metrics, PDA, and to discuss the selection of files to be reviewed as part of the file review metrics.
- On 05/17/11 through 05/19/11, EPA Region III air enforcement review team conducted the on-site file review at the WVDEP Office in Charleston, WV.

RCRA:

- Official Data Pull sent to WVDEP on October 21, 2011
- File Selection sent to WVDEP on October 3, 2011
- File Review November 14-18, 2011

NPDES

- The PDA and initial file selections were sent to WVDEP for review on May 24, 2011.
- *On-site review* – August 1 – August 4, 2011

Communication with West Virginia:

On 04/20/11, EPA Air enforcement review team met with WVDEP Office of Air Quality via video conferencing to discuss in detail the SRF process, with special emphasis on how the WVDEP 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 WVDEP for the EPA onsite review.

During the on-site file review the review team interviewed the Enforcement and Engineering Chief. Discussions were held with the WVDEP Engineers as individual files were reviewed. Subsequent to the on-site review, the Review Team communicated via telephone or e-mail with WVDEP to resolve specific questions/concerns.

On 7/21/11, the air review team met with WVDEP via video conferencing to complete an exit conference with the State. EPA discussed the preliminary review findings with the State staff and outlined the draft report process.

During the site visit in August 2011 for the NPDES review, the EPA review team conducted a kick off conference to describe the purpose and scope of the SRF Review and set expectations for follow up and outcomes. Both staff and managers were present for the conference. EE provided an overview of their program including compliance monitoring activities, enforcement procedures, and data management. EE staff was very knowledgeable and responsive to the review team's questions and requests for documentation. At the conclusion of the staff interviews and on site file review, a closing conference was held to discuss outstanding questions and to go over preliminary findings.

State and regional lead contacts for the West Virginia review:

Air:

EPA Lead: Marcia Spink

WVDEP Lead(s):

Jesse Adkins

Robert Keatley

RCRA:

EPA Lead: Carol Amend

WVDEP: Mike Zito

NPDES

EPA:

Ingrid Hopkins

Lisa Trakis, -5433)

Matthew Colip,

WVDEP

Mike Zeto, Chief Inspector, Division of Water and Waste Management, Office of Environmental Enforcement, WVDEP

Joe Hickman

Jeremy Bandy

Michelle Smith

Shyrel Moellendick,

III. STATUS OF OUTSTANDING RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of West Virginia's compliance and enforcement programs, EPA Region III identified a number of actions to be taken to address issues found during the review. The first round SRF review was held at the Charleston, WV office on May 15 - 17, 2007 using FY2006 data.

Section VI, Appendix A contains a comprehensive list of the completed actions from the first round report for reference.

Status	Due Date	Media	Title	Finding	Recommendation	E#	Element
Working	9/30/2008	CAA	Data Quality	Three stack test and one NOV were not in AFS.	WVDEP should investigate why all stack test and NOVs are not reported in AFS and institute appropriate follow-up actions.	E12	Data Complete
Working	9/30/2008	CWA	Data completeness	WVDEP has a comprehensive inspection program, however, it fails to enter required data into PCS.	EPA and WVDEP should revisit their prior understanding and discuss the required WENDB data elements entry into PCS. Complete data entry is required in order to ensure an adequate picture of the state's compliance and enforcement program. DMR should be e	E1	Insp Universe
Working	9/30/2008	CWA	Inspection universe/data	WVDEP has a comprehensive inspection program, however, it fails to enter required data into PCS.	WVDEP appears to be running a comprehensive compliance assurance program, EE should consider either establishing an electronic data system or utilizing PCS to manage inspection and enforcement information.	E1	Insp Universe
Working	9/30/2008	CWA	Inspection Univers	WVDEP has a comprehensive inspection program, however, it fails to enter required data into PCS.	The goal for NPDES inspecton coverage at major sources is 100%. At minor sources, the goal is one inspection during the permit cycle. However, EPA does permit major to minor trade-offs at a ration of 1 to 2 provided that the inspection coverage at minor	E1	Insp Universe
Working	9/30/2008	CWA	SNC Accuracy	WVDEP does not enter SEV data into PCS, often it is the case that SNC are not identified to EPA in a timely manner.	WVDEP should enter all SEV, per WENB requirements in PCS. Where appropriate, facilities should also be designated SNC. EPA and WVDEP should revisit their prior understanding and discuss the required WENDB data elements entry into PCS. Complete data entr	E4	SNC Accuracy

Working	9/30/2008	CWA	Penalty Calculation	The multiple factor in computing penalty was not used to further increase the gravity component of the penalty.	EE should develop written guidance on utilizing the "multiple factor" to capture the days, months, and/or years the violations have extended.	E7	Penalty Calculations
Working	9/30/2008	CWA	Penalty	WVDEP does not enter penalty amounts into PCS.	EPA and WVDEP should revisit their prior understanding and discuss the required WENDB data elements entry into PCS. Complete data entry is require in order to ensure an adequate picture of the state's compliance and enforcement program.	E8	Penalties Collected
Working	9/30/2008	CWA	Data Quality	WVDEP does not enter enforcement activity into PCS, pursuant to a long standing agreement between EPA Region III and WVDEP.	EPA and WVDEP should revisit their prior understanding and discuss the required WENDB data elements entry into PCS. Complete data entry is require in order to ensure an adequate picture of the state's compliance and enforcement program.	E10	Data Timely

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>

<p>Areas for State * Improvement – Recommendations Required</p> <p>*Or, EPA Region’s attention where program is directly implemented.</p>	<p>This describes activities, processes, or policies that the metrics and/or the file reviews show are being implemented by the state that have significant problems that need to be addressed and that require follow-up EPA oversight. This can describe a situation where a state is implementing either EPA or state policy in a manner requiring EPA attention. For example, these would be areas where the metrics indicate that the state is not meeting its commitments, there is a pattern of incorrect implementation in updating compliance data in the data systems, there are incomplete or incorrect inspection reports, and/or there is ineffective enforcement response. These would be significant issues and not merely random occurrences. Recommendations are required for these problems, and they must have well-defined timelines and milestones for completion. Recommendations will be monitored in the SRF Tracker.</p>
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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 type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	<p>The FY10 data evaluated for this review indicated WVDAQ was below the national average in adding subprogram designations for the NSPS facilities. However, after removing the minor and shutdown sources which is optional data, but not required reporting, the metric improved from 48.7% to 76.6%. WVDEP did identify and correct the problem of reporting subprogram designations prior to the SRF review.</p>
	Explanation	<p>Minor sources were removed from the universe because in accordance with the AFS Business Rules, “reporting of minor source NSPS and MACT subparts are optional, but recommended”, unless the minor source is a minor NESHAP, is in the CMS plan, has an enforcement action or is an HPV. While recognizing this data is not an MDR, Region 3 encourages our state and local agencies to report this data whenever practicable.</p> <p>It was also discovered that 34 of the 153 NSPS facilities without subprogram designations are permanently shutdown. These were also removed from the universe.</p> <p>WVDEP identified and corrected this issue prior to the SRF review. WVDEP has implemented a new program that will not allow the upload of a new FCE without the NSPS subpart and has a goal to update the NSPS list by the end of the summer 2011. Region 3 confirmed this was completed by reviewing current data which shows 100% of the FCEs have subparts.</p>
	Metric(s) and Quantitative Value(s)	<p>1c4 (CAA Subprogram Designation: % NSPS facilities with FCEs conducted after 10/1/05):</p> <p>National Goal – 100%; National Average – 87.7%; WVDEP – 48.7% (76.6% after removal of minors and shutdown sources)</p>
	State Response	<p>The DAQ agrees with EPA’s explanation and the DAQ has manually entered the subprogram of all operating NSPS sources. DAQ is in the process of implementing upgrades to Airtrax to prevent the upload of Air Program (MACT, NSPS, NESHAP, etc.) without the subprogram listed. Also, DAQ has previously updated all facility subprogram data for operating NESHAPS and MACT sources. If permanently shutdown sources had not been included in the data metric our average would have been 55% for NSPS sources and 100% for NESHAP sources.</p>

	Recommendation(s)	
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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 checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Other than the data metrics included in finding 1.1 above, all metrics under element 1 were found to be complete and conform to the minimum data requirements.
	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 (DZ) (i.e. 1h1, 1h2, 1h3) were found to be at the national goal and well above the national average. At the time the data was pulled for the SRF, WVDEP was found to be below the national average in adding subprogram designations for the NESHAP facilities (1c5). However, based on the finding and explanation found in element 1.1, the review team removed the number of minor and shutdown NESHAP sources from the universe which resulted in WVDEP being at 100% for NESHAP. Finally, 97.3% of MACT facilities (1c6) have subprograms listed.
	Metric(s) and Quantitative Value(s)	<p>1a1 (AFS Operating Majors (Current)): 167</p> <p>1a2 (AFS Operating Majors with Air Program Code = V (Title V) (Current)): 167</p> <p>1h1 (HPV Day Zero (DZ) Pathway date: % DZs with discovery action/date) National Goal – 100%; National Average – 59.7%; WVDEP – 100%</p> <p>1h2 (HPV Day Zero (DZ) Pathway date: % DZs with violating pollutant) National Goal – 100%; National Average – 91.3%; WVDEP – 100%</p> <p>1h3 (HPV Day Zero (DZ) Pathway date: % DZs with HPV Violation Type Code(s)) National Goal – 100%; National Average – 91.2%; WVDEP – 100%</p> <p>1c5 (CAA Subprogram Designation: % NESHAP facilities with FCEs conducted after 10/1/05): National Goal – 100%; National Average – 48.5%; WVDEP – 36.8% (100% after removal of minors and shutdown sources)</p> <p>1c6 (CAA Subprogram Designation: % MACT facilities with FCEs conducted after 10/1/05): National Goal – 100%; National Average – 94.4%; WVDEP – 97.3%</p>
	State Response	The DAQ will continue to strive and meet these standards.

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 – Recommendations Required
	Finding	<p>The vast majority of the data reviewed was found to be accurately entered and maintained in AFS. However, there was one area that the Review Team found to be of concern. It pertained to the inappropriate designation of the “result” (i.e., Compliance, Noncompliance, or Unknown) of a Title V Annual Certification review.</p>
	Explanation	<p>The one area of concern was that the results of the Title V Annual Certification reviews for several facilities were recorded “In Compliance” when they should have been recorded as “In Violation”. This was considered by the Review Team to be a misunderstanding as to what result should be applied under what circumstance. The Review Team viewed this as an opportunity to explain the appropriate data application when it conducted training for the State Enforcement Staff following the completion of the SRF evaluation. Now that this misunderstanding has been clarified through EPA training, and the WVDEP has committed to apply the appropriate result, this should not be an issue going forward.</p> <p>When West Virginia was reviewing a Title V certification, if a violation occurred during the reporting period and it was corrected during the reporting period, WV reported the TV certification result code as “in compliance”. Region 3 explained, during on-site training, that if a violation occurs any time in the reporting period, regardless if it was corrected, the result code should be “in violation”.</p>
	Metric(s) and Quantitative Value(s)	2c (MDR data accurately reflected in the national data system (AFS)): 83%
	State Response	DAQ agrees with EPA’s explanation. Also with EPA assistance, the DAQ’s staff has been retrained for proper analysis of T5 Annual Certification compliance status.
	Recommendation(s)	

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

2-2	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	Except for the result of Title V Annual Certification Reviews (see finding 2.1), the vast majority of the data reviewed by the EPA review team was found to be accurately entered and maintained in AFS.
	Explanation	WVDEP was found to be above the national average and at the national goal for all data metrics under this element.
	Metric(s) and Quantitative Value(s)	2b1 (Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY): National Goal – 0% ; National Average – 1.3%; WVDEP Result - 0%;
	State Response	
	Recommendation(s)	

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 checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	<p>WVDEP enters approximately 79% of their Compliance Monitoring related MDRs in a timely manner (i.e., within 60 days). However, WVDEP failed to populate the stack test data (both observed and unobserved stack tests) into the applicable state database in a timely manner (i.e., within 60 days of the stack testing event).</p>
	Explanation	<p>While WVDEP is well above the national average in reporting Compliance Monitoring related MDR actions into AFS in a timely manner, the reporting of stack tests into AFS was not timely. Only 4% (1 out of 25) “State required stack tests unobserved but reviewed” and 17% (1 out of 6) “State required stack tests observed and reviewed” were entered in a timely manner.</p> <p>WVDEP has recently implemented a new self-certification program for stack test reports which was recommended by EPA Region 3. Stack test data is now being entered in a timely manner. The self certification process was developed by DNREC. After seeing its success in Delaware, Region 3 recommended the process to WVDEP. It is simply a cover letter attached to the stack test report where the facility representative certifies by signature that the pass or fail results are accurate. This enables the state, upon receipt of the test report, to enter the result in their system more timely. Upon a thorough review of the report, the state is able to make changes to the result if necessary.</p>
	Metric(s) and Quantitative Value(s)	<p>3b1 (Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry) (1FY): National Goal - 100%; National Average – 59.0%; WVDEP Result – 79.4%</p>
	State Response	<p>DAQ agrees with EPA’s explanation. Also, the DAQ has initiated the new self-certification program for stack test reports and will continue to monitor performance for continued improvement.</p>
	Recommendation(s)	

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

3-2	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	WVDEP enters enforcement related and HPV MDR data into AFS in a timely manner.
	Explanation	At 86.2% for element 3b2, WVDEP is reporting enforcement related and HPV MDR data near the national goal. The review team believes that WV has demonstrated notable improvement in entering MDR data since Round 1. A new manager was hired two years ago and has implemented new processes, such as the self-certification program for stack tests, to enter MDRs timely.
	Metric(s) and Quantitative Value(s)	3a (Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY)) National Goal - 100%; National Average – 34.3%; WVDEP Result – 85.7%; 3b2 (Percent Enforcement related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)): National Goal - 100%; National Average – 70.3%; WVDEP Result – 86.2%
	State Response	
	Recommendation(s)	

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	All commitments in the current Memorandum of Understanding (MOU) were completed by WVDEP in the review year (i.e., Fiscal Year (FY) 2010).
	Explanation	WVDEP completed all of their commitments in its FY2010 CMS plan and all commitments specified in the current MOU.
	Metric(s) and Quantitative Value(s)	4a Planned evaluations (FCEs), partial compliance evaluations (PCEs), investigations completed for the review year pursuant to a negotiated CMS plan): 100% 4b (Planned commitments completed): 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"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	WVDEP met or exceeded all planned inspections/compliance evaluations.
	Explanation	WVDEP met or exceeded all national goals and was above the national average for all data metrics within this element.
	Metric(s) and Quantitative Value(s)	<p>5a1 (Compliance Monitoring Strategy (CMS) Major FCE Coverage (2 FY CMS Cycle)): National Goal - 100%; National Average – 89.2%; WVDEP Result – 100%</p> <p>5b1 (CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)): National Goal - 80%; National Average – 92.0%; WVDEP Result – 100%</p> <p>5e (Number of Sources with Unknown Compliance Status (Current)): National Goal - NA; National Average – NA; WVDEP Result – 0</p> <p>5g (Review of Self-Certifications Completed (1 FY)): National Goal - 100%; National Average – 94.3%; WVDEP Result – 100%</p>
	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	<p>All FCEs reviewed had documentation in the files to show that they contained all of the elements of the FCE, per the CMS. In addition, 19 of the 20 files reviewed included all elements required under § IX of the CMS. Significant improvements have been made in this area since the first round SRF. Based on previous recommendations, WVDEP has redesigned its inspection report template, revised its Compliance and Enforcement Manual to include all elements required in a CMR and has also provided training for the inspection staff.</p>
	Explanation	<p>All 20 FCEs reviewed met the definition of an FCE per § 5 of the CMS. WVDEP developed an inspection template that is used in the writing of the CMRs. This template includes all of the elements required under § IX of the CMS. This template has been shared with other Region 3 states and local agencies as a model.</p> <p>Nineteen (19) of the 20 CMRs reviewed included all elements required under § IX of the CMS. Only one CMR was poorly written and lacked sufficient detail to determine compliance status. The EPA review team considers this to be an isolated incident. Through the continued use of the inspection template, EPA expects WVDEP to continue to maintain a high level of performance in this area.</p>
	Metric(s) and Quantitative Value(s)	<p>6a (# of files reviewed with FCEs): 20</p> <p>6b (% of FCEs that meet the definition of an FCE per the CMS policy): 100%</p> <p>6c (% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility): 95%</p>
	State Response	<p>The DAQ will continue to use CMR and has addressed the three FCEs, which lacked some of the required CMS information, and has also addressed the one poorly written CMR. The DAQ is continuing to try and improve the CMR.</p>
	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 type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The majority of the compliance determinations reviewed were found to be accurate.
	Explanation	<p>For Metric 7a, 4 out of 21 files that had inaccurate compliance determinations as described below:</p> <ol style="list-style-type: none"> 1) An FCE was “in compliance”. However an NOV was issued and unresolved at the time of the FCE. 2) A file review showed that there appeared to be no violations at the facility since mid 2004, yet the facility remained out of compliance at the time of the review in 2011. 3) A CMR showed “in compliance”, however there was an unaddressed HPV. 4) An Annual Title V Certification showed “in compliance”, yet there were outstanding violations during the review period. <p>The inaccuracies detailed above should not occur in the future because WVDEP volunteered to pilot the AFS automatic generated compliance status. This will eliminate the need for a person to flip the compliance flag.</p>
	Metric(s) and Quantitative Value(s)	7a (Accuracy of compliance determinations): 81%
	State Response	The DAQ has implemented new procedures to close out/resolve violations with a Closure Document, which will be included with the NOV, C&D, or Consent Order. Generally, this will require inspectors to enter a partial or full inspection documenting the facility coming back into compliance.

	Recommendation(s)	
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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.

7-2	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 violations reviewed were reported timely in AFS.
	Explanation	All violations reviewed were reported timely in AFS. In addition, WVDEP well exceeded the national goals for the data metrics that are used as review indicators (i.e., 7c1 and 7c2) for element 7.
	Metric(s) and Quantitative Value(s)	7b (Timely reporting of violations of non-HPVs): 100% 7c1 (Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)): National Goal - > ½ National Average ; National Average – 22.3%; WVDEP Result – 40.6% 7c2 (Percent facilities that have had a failed stack test and have noncompliance status (1 FY)): National Goal - > ½ National Average; National Average – 44.0%; WVDEP Result – 100%
	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 checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	WVDEP does a thorough job in making HPV determinations and reporting HPVs to AFS in a timely manner.
	Explanation	<p>Even though 95% of the violations reviewed were accurately determined to be HPV or non-HPV violation (see metric 8f), EPA’s data analysis indicated a potential problem in identifying HPVs and applying the HPV Policy to violations discovered at Synthetic Minor (SM) sources (metric 8b), violations that received informal enforcement at major sources (metric 8d), and failed stack test actions (metric 8e). Supplemental files were selected and reviewed. This enabled the Review Team to conclude that 1) all violations at SM sources were appropriately classified; 2) all violations receiving informal enforcement and failed stack tests at major sources were appropriately classified using the HPV policy. Thus, EPA Region 3 confirmed that WVDEP does not have any difficulties in identifying HPVs and applying the HPV Policy to 1) violations at SM sources; and 2) violations at major sources that received informal enforcement and failed stack tests.</p>
	Metric(s) and Quantitative Value(s)	<p>8a (High Priority Violation Discovery Rate - Per Major Source (1 FY)): National Goal - > ½ National Average; National Average – 6.4%; WVDEP Result – 3.6%</p> <p>8b (High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)): National Goal - > ½ National Average – 0.6%; WVDEP Result – 0.3%</p> <p>8c (Percent Formal Actions Wh Prior HPV - Majors (1 FY)): National Goal - > ½ National Average; National Average – 67.8%; WVDEP Result – 71.4%</p> <p>8d (Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)): National Goal - < ½ National Average; National Average – 49.8%; WVDEP Result – 53.8%</p> <p>8e (Percent Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)): National Goal - > ½ National Average; National Average – 40.5%; WVDEP Result – 0.0%</p> <p>8f (% of violations in files reviewed that were accurately determined to be HPV or non-HPV): 95%</p>
	State Response	

	Recommendation(s)	
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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	WVDEP includes corrective actions in formal enforcement responses, where appropriate.
	Explanation	All formal responses reviewed 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)	9a (# of formal enforcement responses reviewed): 9 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)): 100%
	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 checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	WVDEP takes timely and appropriate enforcement actions consistent with the HPV policy.
	Explanation	All HPV related enforcement actions reviewed indicated that WVDEP takes timely enforcement actions for HPVs. WVDEP has exceeded the national average in addressing HPVs in a timely manner as per the HPV policy. The 2 HPVs not addressed in a timely manner were due to 1) the company being uncooperative during settlement negotiations; and 2) WVDEP’s desire to address multiple violations in one Consent Agreement
	Metric(s) and Quantitative Value(s)	10a (Percent HPVs not meeting timeliness goals (2 FY)): National Goal - None; National Average – 36.4%; WVDEP Result – 18.2% 10b (Enforcement responses at HPVs (formal & informal) taken in a timely manner as documented in the enforcement files reviewed): 71% 10c (Enforcement responses for HPVs that are appropriate to the violations): 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 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	WVDEP includes both gravity and economic benefit calculations in initial penalty calculations.
	Explanation	All of the files included calculations for both gravity and economic benefit. The EPA Review Team found all of the files to contain well written information documenting the initial penalty calculations. WVDEP’s standard penalty matrix template ensures that all criteria are consistently applied to the initial penalty calculations.
	Metric(s) and Quantitative Value(s)	11a (% of reviewed penalty calculations that consider and include gravity and economic benefit, where appropriate): 100%
	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 type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Eight (8) of the nine (9) formal enforcement responses did not contain documentation for the rationale between the initial and the final assessed penalty.
	Explanation	Only 1 of 9 enforcement responses reviewed contained documentation for the rationale between the initial and the final penalty. Currently, WVDEP does not have formal procedures for documenting the rationale between the initial and final penalties. The EPA Penalty Policy requires documentation of how adjustments were made to the preliminary deterrence amount so that enforcement attorneys, program staff and their managers learn from each other's experience and promote the fairness required by the Penalty Policy. WVDEP should institute similar procedures as recommended below.
	Metric(s) and Quantitative Value(s)	12c (% of penalties reviewed, that document the difference and rationale between the initial and final assessed penalty): 11%
	State Response	
	Recommendation(s)	Develop and implement a Standard Operating Procedure within 180 days of this report becoming final, WVDEP will document the rationale between the initial and final assessed penalty.

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.

12-2	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	WVDEP’s files contain complete documentation for the collection of penalties.
	Explanation	In the 9 files reviewed with penalties collected, there was a copy of both the invoice and the check from the company.
	Metric(s) and Quantitative Value(s)	12d (% of files that document collection of penalty): 100%
	State Response	
	Recommendation(s)	

RCRA

[RCRA] 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 type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding 1.1	Some problems were observed in this area. We found two instances where SNC data was not entered into RCRAInfo; there have been significant improvements in this area between the Round I and Round II reviews.
	Explanation of the Finding	86% of the files reviewed were found to have accurate data entry for inspections, violations, and enforcement actions. There were two facilities where SNC determinations had been made but this data had not been entered into RCRAInfo, and three other facilities where we found relatively minor data discrepancies.
	Metric(s) and Quantitative Value	1e1 (number of new SNCs detected in last FY) State metric 10 1e2 (number of sites in SNC status in last FY) State metric 21
	State’s Response	West Virginia continues to utilize controls that allow for timely and accurate SNC designations.
	Recommendation	

[RCRA] 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 type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding 2.1	In 86% of the files reviewed, the mandatory data were accurately reflected in RCRAInfo.
	Explanation of the Finding	<p>At the time of the file review, there were five facilities where data inaccuracies were identified:</p> <ul style="list-style-type: none"> - There were two facilities where the violations appeared to rise to the level of SNC, but the SNC designation was not entered into RCRAInfo. These facilities were addressed by the State with a formal enforcement action; we believe that this is a data entry issue rather than an enforcement program management problem. - One formal enforcement action was originally entered into RCRAInfo with an incorrect date and incorrect enforcement action type; corrections have been made to the data system. - One informal enforcement action was originally entered into RCRAInfo with an incorrect enforcement action type; corrections have been made to the data system. - File review revealed documentation of a return to compliance which was not entered into RCRAInfo. It should be noted that the violations were documented as RTC a little less than one month before the reviewers pulled this data from RCRAInfo; the data has since been entered into the system.
	Metric(s) and Quantitative Value	2c (percent of files reviewed where mandatory data are accurately reflected in the national data system) State metric 86%
	State's Response	Some of the minor data issues documented during the review were related to West Virginia Groundwater Protection Act violations mentioned within the body of an inspection report, yet not included on the RCRAInfo data entry form for input into RCRAInfo. The WVDEP does not input West Virginia Groundwater Protection Act violations into RCRAInfo. Instead, those violations are addressed through state groundwater program regulations. Therefore, violators of the West Virginia Groundwater Protection Act are not also identified as SNCs within RCRAInfo. Some other minor inconsistencies between a written inspection or enforcement action and the RCRAInfo data entry form were discovered during the supervisory review process. As a result, the RCRAInfo data entry form corrected prior to data entry into RCRAInfo.
	Recommendation	

[RCRA] Element 3 - Timeliness of Data Entry

Degree to which the Minimum Data Requirements are timely.

3	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 State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding	Some minor concerns were identified associated with timely data entry.
	Explanation of the Finding	The State has made significant forward progress with regard to SNC entry into RCRAInfo since the SRF Round 1 review. The State has identified 10 new SNCs during the review period, had 21 total sites with SNC designations during the review period, made all SNC determinations within 150 days of the inspection, and was very close to the national average for SNC identification rate. The concern related to metric 3a is linked to some lingering issues the State is working on with regard to complete and timely entry of all SNC data. We feel that this will be addressed as the State continues to improve their process related to SNC data entry.
	Metric(s) and Quantitative Value	3a (percent of SNCs entered into RCRAInfo more than 60 days after the determination) State metric 50%
	State's Response	West Virginia continues to utilize controls that allow for timely and accurate SNC designations.
	Recommendation	

[RCRA] Element 4 - Completion of Commitments.

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

4	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding	The State met this element. All inspection-related grant work plan commitments were met or exceeded.
	Explanation of the Finding	The State met all the numeric inspection commitments of the grant work plan in FY10 for inspection of federal facility TSDs, State and local TSDs, private TSDs, land disposal facilities, LQGs, SQGs, TSD and LQG air permit/emission facilities, and used oil burners.
	Metric(s) and Quantitative Value	4a (planned inspections completed) 4b (planned commitments completed) - Federal TSD inspections: 1 completed (commitment of 1) - State and local TSD inspections: 1 completed (commitment of 1) - Private TSD inspections: 7 completed (commitment of 6) - LDF inspections: 3 completed (commitment of 3) - LQG inspections: 33 completed (commitment of 19) - SQG inspections: 25 completed (commitment of 0) - Financial Assurance Evaluations: 0 completed (commitment of 0) - TSD air permitted inspections: 11 completed (commitment of 11) - LQG air emission inspections: 32 completed (commitment of 30) - Used Oil Burner inspections: 26 completed (commitment of 14)
	State's Response	
	Recommendation	

[RCRA] Element 5 – Inspection Coverage		
Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and State priorities).		
5	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding	The State met all their grant work plan inspection commitments, and exceeded the national averages for inspection coverage as suggested under the RCRA Program Guidance.
	Explanation of the Finding	<p>EPA failed to entered one TSD inspection (which was lead by NEIC on behalf of the Region) into RCRAInfo; when that inspection is added to the State’s work, the program goal of 100% TSDF inspection coverage over two years (metric 5a) is met.</p> <p>Metric 5b - The State’s LQG inspection rate for the year, at 47.4%, far exceeded the national program goal of 20%.</p> <p>Metric 5c - The State’s five-year inspection coverage of LQGs, at 87.4%, is far above the national average of 61.9%. In the reviewer’s experience, it is very difficult for States to meet the 100% goal due to normal fluctuation in facilities’ generator and operation status.</p>
	Metric(s) and Quantitative Value	5a (inspection coverage for operating TSDFs for two years) State metric 92.9% 5b (inspection coverage for LQGs for one year) State metric 47.4% 5c (inspection coverage for LQGs for five years) State metric 87.4%
	State’s Response	
	Recommendation	

[RCRA] 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	Is this finding a(n) (select one):	<input checked="" type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding	Inspection report quality is very strong; inconsistency in the time to complete inspection reports is due to varying complexity of the inspection and/or time needed to get analytical results of sampling.
	Explanation of the Finding	<p>Inspection reports are of very high quality, and demonstrate both good report preparation practices and high quality field work. Reports contain detailed narratives, including in-depth observations regarding manufacturing processes and waste stream identification. This allows the inspectors to completely identify all RCRA-regulated processes and units, which allows for accurate compliance determinations.</p> <p>“Timeliness” of report completion was compared to a 50-day standard (which is not required in guidance, but rather used as a management guideline); we found 8 instances where the reports were not completed within 50 days and 5 instances where completion dates could not be determined. In the instances where the report was not completed within 50 days, the delay was due to the complexity of the inspection and/or the time needed to get analytical results.</p>
	Metric(s) and Quantitative Value	6b (inspection reports that are complete and provide sufficient documentation to determine compliance at the facility) State metric 100% 6c (inspection reports completed with determined time frame) State metric 67%
	State’s Response	
	Recommendation	

[RCRA] 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	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding	There were no inaccurate compliance determinations, and all violations were reported into the national database within the appropriate time frames. The reviewer had no disagreement with any SNC or SV determinations.
	Explanation of the Finding	Inspection reports are of very high quality, and demonstrate both good report preparation practices and high quality field work. Reports contain detailed narratives, including in-depth observations regarding manufacturing processes and waste stream identification. This allows the inspectors to completely identify all RCRA-regulated processes and units, which allows for accurate compliance determinations. State inspectors demonstrate a strong understanding of the RCRA regulatory requirements; the thoroughness of the inspections is matched by the thoroughness of the violation identification.
	Metric(s) and Quantitative Value	7a (inspection reports reviewed that led to accurate compliance determinations) State metric 100% 7b (violation determinations that are reported timely to the national database) State metric 100%
	State's Response	
	Recommendation	

[RCRA] Element 8 - Identification of SNC and HPV

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

8	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding	Most, although not all, SNCs were entered into RCRAInfo. The reviewer had no disagreements with any SNC or SV determinations.
	Explanation of the Finding	The State identified and entered 10 SNCs into RCRAInfo, and with a 2.5% SNC identification rate, West Virginia is only slightly below the national average. The reviewer found two instances of SNC which were not entered into RCRAInfo. SNC data entry is an area which has improved significantly since the Round I review, and will benefit from continued State attention.
	Metric(s) and Quantitative Value	8a (SNC identification rate) State metric 2.5% 8d (violations that were accurately determined to be SNC) State metric 94%
	State's Response	
	Recommendation	

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

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

9	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding	All enforcement actions require corrective action (as needed) to return facilities to compliance.
	Explanation of the Finding	Enforcement actions required injunctive relief for every violation (except where return to compliance was documented in advance of the issuance of an enforcement action). In addition, the State closely tracks the results of enforcement actions to assure that the injunctive requirements of enforcement actions are met and result in an actual return to compliance.
	Metric(s) and Quantitative Value	9b (enforcement responses that have returned or will return a SNC facility to compliance) State metric 100% 9c (enforcement responses that have returned or will return a SV facility to compliance) State metric 100%
	State's Response	
	Recommendation	

[RCRA] Element 10 – Timely and Appropriate Action

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

	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding	The State has met the guidelines for timeliness and appropriateness of enforcement actions as identified in the Hazardous Waste Civil Enforcement Response Policy.
	Explanation of the Finding	All violations were addressed with an appropriate enforcement response, and the enforcement program met the timeliness criteria of the RCRA ERP (Enforcement Response Policy).
	Metric(s) and Quantitative Value	10c (enforcement responses that are taken in a timely manner) State metric 95% 10d (enforcement responses that are appropriate to the violations) State metric 100%
	State's Response	
	Recommendation	

[RCRA] Element 11 - Penalty Calculation Method		
Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using the BEN model or other method that produces results consistent with national policy.		
	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding	All penalty calculations considered and included an appropriate gravity component, but none included economic benefit.
	Explanation of the Finding	At the time of the review the State’s legislative rule which governed the calculation of administrative penalties did not provide for economic benefit. The Rule directed the Secretary to “calculate a civil administrative penalty by taking into account the seriousness of the alleged violation, negligence or good faith on the part of the violator, the type of facility, and any history of noncompliance by the violator”, but did not provide the Secretary the opportunity to include economic benefit as a factor in penalty calculations.
	Metric(s) and Quantitative Value	11a (penalty calculations that consider and include gravity and economic benefit) State metric 0%
	State’s Response	<p>West Virginia has introduced legislation (HB4320) that will amend the WV Code (22018). This amendment will provide authority for the promulgation of a Legislative Rule that will establish a different mechanism to calculate penalties for violations of hazardous waste requirements. If the amendment is successful, the state will consider and include (as appropriate) economic benefit as a component of penalty evaluation.</p> <p>The West Virginia Hazardous Waste Management Act (W. VA. Code Section 22-18-1, et. seq.) has been amended to allow for the promulgation of an administrative rule, <i>Hazardous Waste Administrative Proceeding and Civil Penalty Assessment</i>, 33 C.S.R. 27. This rule became effective June 1, 2013, and it allows for consideration of economic benefit derived by the violator during calculation of a penalty.</p>
	Recommendation	Since the time of the review the State has moved forward with legislation addressing the issue.

[RCRA] Element 12 - Final Penalty Assessment and Collection

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

	Is this finding a(n) (select one):	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement (Recommendation Required)
	Finding	The State consistently documents rationale for the difference between initial and final assessed penalties, and documents all penalty payments.
	Explanation of the Finding	For the 16 instances where the final penalty was different from the initial penalty, information was found in the file documenting the difference in all but one case. In all 18 instances where the penalty has been collected, the State's file contains penalty payment documentation. In the other four cases, the State is aware that penalty payment is overdue, and is actively taking steps (negotiating installment payment plans, demand letters, escalation of enforcement) to collect payment.
	Metric(s) and Quantitative Value	12a (formal enforcement responses that document the difference and rationale between the initial and final assessed penalty) State metric 94% 12b (enforcement files that document collection of penalty) State metric 82%
	State's Response	
	Recommendation	

Clean Water Act

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 Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required																																																									
	Finding	WVDEP exceeded the national goal for all data completeness metrics where they are established but failed to enter SEVs, inspections and informal actions into the state or national database. Additionally, reviewers observed inspections that had been conducted however, had not been entered into the national database.																																																									
	Explanation	The review team evaluated the PCS Policy Statement including the WENDB data elements and the 106 grant requirements and compared them to the WV Preliminary Data Analysis (PDA) for FY 2010. The team discussed the non entry of SEVs with WVDEP and although they have not entered SEVs in the past, they are committed to begin entering SEV data. Although WVDEP issues informal enforcement actions, they are not tracked in any state or federal database. WVDEP scans the informal actions into the electronic facility file and paper copies are kept in the facility files in the regional offices.																																																									
	Metric(s) and Quantitative Value(s)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Metric</th> <th style="text-align: center;">National Goal</th> <th style="text-align: center;">WVDEP</th> </tr> </thead> <tbody> <tr> <td>1A2</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">0</td> </tr> <tr> <td>1E1 (informal actions; # of major facilities)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">0</td> </tr> <tr> <td>1E2 (informal actions; # of actions at majors)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">0</td> </tr> <tr> <td colspan="3"><u>Additional Data Completeness Findings (also see Elements 5,7 and 10)</u></td> </tr> <tr> <td>5AOs (Inspections coverage-NPDES majors)</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">58.4%</td> </tr> <tr> <td>5BIS (Inspection coverage-Ind non-majors)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">15.7%</td> </tr> <tr> <td>7A1 (SEVs at majors)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">0</td> </tr> <tr> <td>7A2 (SEVs at non-majors)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">0</td> </tr> <tr> <td>10A Major facilities without timely action</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">29% 1E2</td> </tr> <tr> <td>(informal actions: # of actions at majors)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">0</td> </tr> <tr> <td>1E3 (informal actions: # of non-major fac)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">0</td> </tr> <tr> <td>1E4 (informal actions; # of actions at non-majors)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">0</td> </tr> <tr> <td colspan="3"><u>Additional Data Completeness Findings (also see Elements 5, 7 and 10)</u></td> </tr> <tr> <td>5AOS (inspection coverage-NPDES majors)</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">58.4%</td> </tr> <tr> <td>5BIS (inspection coverage-Ind non-majors)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">15.7%</td> </tr> <tr> <td>7A1 (SEVs at majors)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">0</td> </tr> <tr> <td>7A2 (SEVs at non-majors)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">0</td> </tr> <tr> <td>10A - Major facilities without timely action</td> <td></td> <td style="text-align: center;">29%</td> </tr> </tbody> </table>	Metric	National Goal	WVDEP	1A2	N/A	0	1E1 (informal actions; # of major facilities)	N/A	0	1E2 (informal actions; # of actions at majors)	N/A	0	<u>Additional Data Completeness Findings (also see Elements 5,7 and 10)</u>			5AOs (Inspections coverage-NPDES majors)	100%	58.4%	5BIS (Inspection coverage-Ind non-majors)	N/A	15.7%	7A1 (SEVs at majors)	N/A	0	7A2 (SEVs at non-majors)	N/A	0	10A Major facilities without timely action	N/A	29% 1E2	(informal actions: # of actions at majors)	N/A	0	1E3 (informal actions: # of non-major fac)	N/A	0	1E4 (informal actions; # of actions at non-majors)	N/A	0	<u>Additional Data Completeness Findings (also see Elements 5, 7 and 10)</u>			5AOS (inspection coverage-NPDES majors)	100%	58.4%	5BIS (inspection coverage-Ind non-majors)	N/A	15.7%	7A1 (SEVs at majors)	N/A	0	7A2 (SEVs at non-majors)	N/A	0	10A - Major facilities without timely action		29%
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	State Response	WVDEP DMR is responsible for one major facility under the NPDES program. All others are classified as traditional minor facilities. Data for the major facility is uploaded quarterly into the federal ICIS database by the DMR/HPU staff. Most compliance and enforcement information for minor facilities is not required to be uploaded into the national database at this time. The WVDEP/DMR has identified two programming codes that were not available on the its database system. The DMR/HPU staff has begun working with the information technology unit to change																																																									

	<p>the programming code and information for these elements. It is believed that all minimum data requirements for minor permits (NPDES permit information) will then be included and available for review.</p> <p>The WVDEP enters comprehensive inspections to the national database to document achievement of our 106 grant commitments. Federal fiscal year 2009 was when WVDEP began routinely entering comprehensive inspections of minor facility in the national database. This SRF review is for FY 2010, which may explain the lower number of minor facility inspections in the national database at this time. Entry of agreed upon SEVs into the national database was contingent upon the modification of WVDEP's ERIS database to accept, store and upload SEVs to the national database. ERIS was modified in the fall of 2012, prior to the changeover to ICIS.</p> <p>Tracking of SEVs, commonly known as Notices of Violations or Cessation Orders in WVDEP/DMR, is performed using ERIS. ERIS records all violations of the NPDES effluent limits or violations of NPDES permit conditions discovered during field inspections.</p> <p>The WVDEP has modified its inspection forms and has been entering SEV information into ERIS beginning the first Quarter of 2014. This will eventually flow to ICIS and is available upon request.</p> <p>The WVDEP does not track informal enforcement actions. The WVDEP does reflect the history of informal enforcement actions in formal enforcement documents. WVDEP includes notices of violation and written warning that were issued during comprehensive inspections in the portable document format (pdf) copies of the report documents provided to USEPA.</p> <p>Compliance and enforcement actions taken under the West Virginia water pollution control act (WVWPCA) are tracked using several methods. The QNCR identifies those self-reported violations identified in the NPDES Discharge Monitoring Reports. All enforcement actions taken as a result of NPDES/DMR submittal are recorded both in physical form and also are scanned and recorded using the Precision Imaging System. Response to the enforcement actions generated from the permittee are also recorded in the same manner and include as dates and signed copy of the Notices to Comply and Orders to Comply. The WVDEP is presently investigating any changes to programming that might be made to better track this information electronically, although the need to record signed documents from a permittee is a limiting factor. Formal enforcement action under WVWPCA include Administrative Penalty Orders and Civil Actions. This information is tracked using a spreadsheet system by DMR/HPU, which includes penalty calculations, compliance dates, stipulated increasing penalties, and dates and penalties assessments/collections.</p>
<p>Recommendation(s)</p>	<p>WVDEP should ensure that all required WENDB data elements including SEVs, inspections, and informal enforcement actions are entered into the national database and data entry is reviewed for accuracy. WVDEP shall develop and implement SOPs for data entry as information is migrated into ICIS to ensure the adequacy and timeliness of the data. The SOPs should be submitted to EPA within 90 days of issuance of this report. EPA will monitor WVDEP's entry of SEVs, inspections, and informal actions. It will close this action item once it approves WVDEP's SOP and it observes two consecutive quarters of complete entry of SEVs, inspections, and informal actions.</p>

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	WVDEP did not accurately enter or maintain data in the national system, PCS.									
	Explanation	<p>Several of the files reviewed contained inspection reports or enforcement actions taken that were not entered into the national database, PCS. Eight of the twenty-eight files (8/28 or 71%) reviewed had at least one data element discrepancy. The data omitted included inspections that had been conducted but not entered into the national database.</p> <p>WVDEP did not enter the enforcement action violation type into PCS (PCS code EVTP) for formal enforcement actions taken against major permittees. In December 2012, WVDEP migrated to from PCS to ICIS and is in the process of identifying any data errors or concerns.</p>									
	Metric(s) and Quantitative Value(s)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">WVDEP Metric</th> <th style="text-align: center;">National Goal</th> <th style="text-align: center;">WVDEP</th> </tr> </thead> <tbody> <tr> <td>2a - actions linked to violations for major facilities</td> <td style="text-align: center;">≥80%</td> <td style="text-align: center;">20%</td> </tr> <tr> <td>2b - files reviewed where data is accurately reflected in the data system</td> <td></td> <td style="text-align: center;">20/28= 71%</td> </tr> </tbody> </table>	WVDEP Metric	National Goal	WVDEP	2a - actions linked to violations for major facilities	≥80%	20%	2b - files reviewed where data is accurately reflected in the data system		20/28= 71%
WVDEP Metric	National Goal	WVDEP									
2a - actions linked to violations for major facilities	≥80%	20%									
2b - files reviewed where data is accurately reflected in the data system		20/28= 71%									
	State Response	<p>Please see comments to CWA element 1 regarding the inspection and why they may not have been entered into the national database.</p> <p>Federal Fiscal Year 2010 encompassed the first full year of enforcement data entry to the national database by WVDEP. The process of data entry to the PCS was complicated by the age of the database, the scarcity of adequate documentation resources regarding changes in the data system over the years, and the legacy status of the database. The WVDEP has spent and continues to spend considerable effort reviewing data entries for accuracy. Enforcement action violation codes have not been entered by WVDEP, because it was never instructed to make such entries. The WVDEP will readily enter those codes if USEPA will provide guidance on the protocol for the task.</p> <p>All significant noncompliance (SNC) for all minor facilities and one major facility are included in the quarterly noncompliance report (QNCR). The QNCR was submitted to USEPA until approximately 2011, when the USEPA advised DMR/HPU to discontinue submittal of the QNCR. At that time USEPA requested a quarterly electronic report listing only the SNCs, which are submitted to USEPA each quarter. This has historically been the method of reporting minor facility compliance and enforcement information, which has included a quarterly concern call with USEPA to discuss the compliance with SNC violations. The recently proposed USEPA regulation to require the electronic submittal of this type of data for minor facilities</p>									

		<p>was discussed with USEPA representatives on November 20, 2013. In the call, USEPA agreed to work with WVDEP/DMR to identify the minimum compliance and enforcement data that would be required to be submitted electronically to the federal ICIS database. The USEPA advised at that time it did not have an easily produced separate list of those items that would apply to WVDEP/DMR's minor permits.</p>
	<p>Recommendation(s)</p>	<p>WVDEP shall ensure that all required WENDB data elements are entered into the national database and data entry is reviewed for accuracy. Within 90 days of issuance of the final SRF report, WVDEP shall develop and implement SOPs for data entry to ensure the adequacy and timeliness of the data. WVDEP should enter the enforcement action violation type into ICIS for formal enforcement actions taken against major permittees within 90 days of issuance of the final SRF report. EPA will close this action upon completion of all Element 1 and 2 action items and confirmation that WVDEP is consistently entering the enforcement action violation types for formal actions taken against major permittees.</p>

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 Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required				
	Finding	Fifteen of the twenty-five data quality metrics had differences greater than 5% when frozen data was compared to production data.				
	Explanation	Several of the data metrics changed more than 5% when the frozen data set was compared to production data. The most significant changes were observed when comparing total penalties. In addition minimum data elements and metrics such as informal enforcement actions are not entered into PCS.				
	Metric(s) and Quantitative Value(s)	<table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black;">Metric</td> <td style="border-bottom: 1px solid black; text-align: right;">WVDEP</td> </tr> <tr> <td>3a- Percentage Change in Data Metrics</td> <td style="text-align: right;">15/25= 60%</td> </tr> </table>	Metric	WVDEP	3a- Percentage Change in Data Metrics	15/25= 60%
Metric	WVDEP					
3a- Percentage Change in Data Metrics	15/25= 60%					
	State Response	<p>WVDEP comments provided in elements 1 and 2 are applicable to this element in addition to the comments provided below.</p> <p>Formal enforcement action under the WVWPCA include Administrative Penalty Orders and Civil Actions. This information is tracked using a spreadsheet system by DMR/DHU, which includes penalty calculations, compliance dates, stipulated increase penalties, and dates and penalty assessments/collections, among other data such as parameter requirements. Information on Order/Civil Action status during formal proceedings is handled in conjunction with WVDEP’s Office of Legal Services (OLS) and is tracked during this process by OLS.</p>				
	Recommendation(s)	See recommendation in Element 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 <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	A review of PCS and Compliance Monitoring Report summaries indicate that WVDEP met or exceeded agreed-upon goals for inspection coverage during the review period of FY2010.						
	Explanation	The team reviewed the 106 grant commitments and the FY2010 CMS. Based upon this review it appears that WV met or exceeded all commitments made in the CMS including 59 inspections of major permittees, 328 inspections of minor permittees, 8 inspections of major combined sewer systems, 7 inspections of minor combined sewer systems, 6 MS4 Phase 2 audits, 143 inspections of construction storm water phase-1 sites, 53 inspections of construction storm water phase-2 sites, and 109 industrial storm water sites. WV participated in quarterly non compliance discussions and provided updates and facility information as requested.						
	Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th><u>Metric</u></th> <th><u>WVDEP</u></th> </tr> </thead> <tbody> <tr> <td>4a – Planned inspections complete</td> <td>100%</td> </tr> <tr> <td>4b – Planned commitments complete</td> <td>100%</td> </tr> </tbody> </table>	<u>Metric</u>	<u>WVDEP</u>	4a – Planned inspections complete	100%	4b – Planned commitments complete	100%
<u>Metric</u>	<u>WVDEP</u>							
4a – Planned inspections complete	100%							
4b – Planned commitments complete	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"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required								
	Finding	WVDEP met or exceeded inspection coverage agreed upon in the FY2010 Compliance Monitoring Strategy.								
	Explanation	The EPA Review Team reviewed the inspection goals for FY2010 as outlined in the CMS. WVDEP provided a report showing that all goals in the CMS including inspections of major, minor, CSO/SSO, MS4, and construction storm water were met. Additionally, PCS data was cross referenced and found to be consistent with reported inspection numbers.								
	Metric(s) and Quantitative Value(s)	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Metric</u></th> <th style="text-align: right; border-bottom: 1px solid black;"><u>WVDEP</u></th> </tr> </thead> <tbody> <tr> <td>5A - Major inspection Coverage</td> <td style="text-align: right;">59%</td> </tr> <tr> <td>5B1 - Inspection Coverage: Non-major Individual Permit</td> <td style="text-align: right;">16.2%</td> </tr> <tr> <td>5B2- Non-major Inspection Coverage: General Permits</td> <td style="text-align: right;">10.7%</td> </tr> </tbody> </table>	<u>Metric</u>	<u>WVDEP</u>	5A - Major inspection Coverage	59%	5B1 - Inspection Coverage: Non-major Individual Permit	16.2%	5B2- Non-major Inspection Coverage: General Permits	10.7%
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5A - Major inspection Coverage	59%									
5B1 - Inspection Coverage: Non-major Individual Permit	16.2%									
5B2- Non-major Inspection Coverage: General Permits	10.7%									
	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 checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required															
	Finding	Based on the files reviewed, the inspection reports were completed timely and led to a compliance determination. Report completeness can be improved. The review produced an inspection report completeness percentage of 67%.															
	Explanation	<p>27/27 or 100% of the inspection reports reviewed included adequate information to make a compliance determination. 18/ 27 or 67% of files reviewed were determined to be complete per the CWA NPDES Inspection Report Checklist. The nine inspection reports that were considered incomplete lacked an inspection purpose and/or a narrative description of field activities.</p> <p>24/27 or 89% of the inspection reports reviewed were completed timely. One inspection report was not reviewed, signed and finalized for greater than 90 days and two did not include a completion date.</p>															
	Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th data-bbox="524 972 938 1003"><u>Metric</u></th> <th data-bbox="938 972 1279 1003"><u>National Goal</u></th> <th data-bbox="1279 972 1455 1003"><u>WVDEP</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="524 1003 938 1035">6A – inspection reports reviewed</td> <td data-bbox="938 1003 1279 1035"></td> <td data-bbox="1279 1003 1455 1035">27</td> </tr> <tr> <td data-bbox="524 1066 938 1129">6B - inspection reports that were complete</td> <td data-bbox="938 1066 1279 1129"></td> <td data-bbox="1279 1066 1455 1129">18/27= 67%</td> </tr> <tr> <td data-bbox="524 1161 938 1276">6C - reports reviewed with sufficient documentation for (27/27) an accurate compliance determination</td> <td data-bbox="938 1161 1279 1276"></td> <td data-bbox="1279 1161 1455 1276">27/27= 100%</td> </tr> <tr> <td data-bbox="524 1308 938 1373">6D - inspection reports reviewed that were timely</td> <td data-bbox="938 1308 1279 1373"></td> <td data-bbox="1279 1308 1455 1373">24/27= 89%</td> </tr> </tbody> </table>	<u>Metric</u>	<u>National Goal</u>	<u>WVDEP</u>	6A – inspection reports reviewed		27	6B - inspection reports that were complete		18/27= 67%	6C - reports reviewed with sufficient documentation for (27/27) an accurate compliance determination		27/27= 100%	6D - inspection reports reviewed that were timely		24/27= 89%
<u>Metric</u>	<u>National Goal</u>	<u>WVDEP</u>															
6A – inspection reports reviewed		27															
6B - inspection reports that were complete		18/27= 67%															
6C - reports reviewed with sufficient documentation for (27/27) an accurate compliance determination		27/27= 100%															
6D - inspection reports reviewed that were timely		24/27= 89%															
	State Response																
	Recommendation(s)	WVDEP should ensure that all NPDES inspection reports include a narrative description of field activities and are complete as per State and/or federal policy and guidance.															

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)	<p>Good Practice Meets SRF Program Requirements Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required</p>														
	Finding	<p>All inspection reports reviewed contained accurate compliance determinations, however, WVDEP did not enter SEVs and was unable to enter compliance determinations into PCS.</p>														
	Explanation	<p>All inspection reports reviewed led to accurate compliance determinations. WVDEP did not enter SEVs into the national database which they are required to do for NPDES majors. At the time of this review, WVDEP had not migrated NPDES data to the ICIS national data base. WVDEP was using PCS was unable to enter compliance determinations because PCS did not have a field to allow users to enter this information. WVDEP and EPA are working collaboratively to identify a subset of SEVs that they will begin to enter into the national database. The subset of SEVs that will be entered into PCS is based upon a cumulative public health risk analysis.</p>														
	Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th data-bbox="526 1037 1321 1073"><u>Metric</u></th> <th data-bbox="1321 1037 1453 1073"><u>WVDEP</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="526 1073 1321 1163">Data Metrics State 7A1 – single event violations (SEVs) at active majors</td> <td data-bbox="1321 1073 1453 1163">0%</td> </tr> <tr> <td data-bbox="526 1163 1321 1213">7A2 - single event violations (SEVs) at non-majors</td> <td data-bbox="1321 1163 1453 1213">0%</td> </tr> <tr> <td data-bbox="526 1213 1321 1304">7B - facilities with unresolved compliance schedule violations</td> <td data-bbox="1321 1213 1453 1304">22.7%</td> </tr> <tr> <td data-bbox="526 1304 1321 1394">7C - facilities with unresolved permit schedule violations</td> <td data-bbox="1321 1304 1453 1394">82.5%</td> </tr> <tr> <td data-bbox="526 1394 1321 1444">7D - major facilities with DMR violations</td> <td data-bbox="1321 1394 1453 1444">74%</td> </tr> <tr> <td data-bbox="526 1444 1321 1535">7E - inspection reports reviewed that led to an accurate compliance determination</td> <td data-bbox="1321 1444 1453 1535">27/27= 100%</td> </tr> </tbody> </table>	<u>Metric</u>	<u>WVDEP</u>	Data Metrics State 7A1 – single event violations (SEVs) at active majors	0%	7A2 - single event violations (SEVs) at non-majors	0%	7B - facilities with unresolved compliance schedule violations	22.7%	7C - facilities with unresolved permit schedule violations	82.5%	7D - major facilities with DMR violations	74%	7E - inspection reports reviewed that led to an accurate compliance determination	27/27= 100%
<u>Metric</u>	<u>WVDEP</u>															
Data Metrics State 7A1 – single event violations (SEVs) at active majors	0%															
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7C - facilities with unresolved permit schedule violations	82.5%															
7D - major facilities with DMR violations	74%															
7E - inspection reports reviewed that led to an accurate compliance determination	27/27= 100%															
	State Response	<p>Please see WVDEP’s response to CWA Element 1 regarding SEV implementation.</p> <p>At the time of the review, permit schedules are tracked in WVDEP’s ERIS database and are being batch fed to PCS. In 2012, WVDEP migrated from PCS to ICIS. The permit schedule data is still being maintained within the ERIS database and as of July 14, 2014 WVDEP began uploading permitting data but it is not flowing to ICIS. Permitting and program staff will work together to reduce the percentage of permit schedule violations as the data feed is implemented.</p>														

	Recommendation(s)	WVDEP shall develop and submit for EPA review an SOP for entering SEVs into the national database within 90 days upon receipt of the final SRF report. Additionally, WVDEP should investigate the cause of the high percentage of permit schedule violations and submit a plan to EPA for reducing this percentage including measurable goals within 90 days from the issuance of this report. WVDEP should enter all required SEVs into ICIS. The region will close this recommendation after it confirms that WVDEP has entered all required SEVs for two consecutive quarters.
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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 – Recommendations Required										
	Finding	SNC is not accurately identified in a consistent manner in part due to incomplete and inaccurate data entry.										
	Explanation	<p>The WV SNC Rate of 38% is above the national average of 23.9%. Quarterly non compliance calls have revealed that approximately two-thirds of the facilities on the list have been reported erroneously as SNC. Some of the errors are due to data entry which WVDEP has corrected within their control. The FY2012 first quarter data demonstrates an improvement in data quality with fewer data errors. However, it appears that the EPA report may have data glitches. EPA Region 3 has been working on this issue and notified EPA headquarters for assistance. The Region will continue to work on a solution to address facilities erroneously reported on the EPA-generated report. EPA and WVDEP have added this discussion to quarterly enforcement calls and will continue to monitor this as WVDEP migrates to ICIS.</p> <p>WVDEP does not enter SEVs and SEVs that meet the definition of SNC in the national database.</p>										
	Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th data-bbox="524 1220 1266 1260"><u>Metric</u></th> <th data-bbox="1266 1220 1453 1260"><u>WVDEP</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="524 1260 1266 1302">8A1 – Major facilities in SNC</td> <td data-bbox="1266 1260 1453 1302">38</td> </tr> <tr> <td data-bbox="524 1302 1266 1344">8A2 -SNC rate at majors</td> <td data-bbox="1266 1302 1453 1344">38%</td> </tr> <tr> <td data-bbox="524 1344 1266 1386">8B - SEVs that are accurately identified as SNC in the national database</td> <td data-bbox="1266 1344 1453 1386">0</td> </tr> <tr> <td data-bbox="524 1386 1266 1581">8C - SEVs identified as SNCs that are reported timely in the national data base</td> <td data-bbox="1266 1386 1453 1581">0</td> </tr> </tbody> </table>	<u>Metric</u>	<u>WVDEP</u>	8A1 – Major facilities in SNC	38	8A2 -SNC rate at majors	38%	8B - SEVs that are accurately identified as SNC in the national database	0	8C - SEVs identified as SNCs that are reported timely in the national data base	0
<u>Metric</u>	<u>WVDEP</u>											
8A1 – Major facilities in SNC	38											
8A2 -SNC rate at majors	38%											
8B - SEVs that are accurately identified as SNC in the national database	0											
8C - SEVs identified as SNCs that are reported timely in the national data base	0											
	State Response-	<p>Please see WVDEP’s response to CWA element 1 regarding SEV implementation.</p> <p>Many of the SNCs identified during the Fiscal Year 2010 SRF were determined to be discrepancies in the data. Since Fiscal Year 2010, WVDEP has migrated from PCS to ICIS. This has caused additional data discrepancies, some of which trigger violations and SNC determinations. The WVDEP continues to work with USEPA Region 3 staff to resolve these discrepancies as they are discovered.</p>										

	Recommendation	WVDEP shall develop and submit for EPA review an SOP for tracking and entering SEVs and SNCs into the national database within 90 days upon receipt of the final SRF report. The region will close this recommendation after it confirms that WVDEP has entered all required SEVs and SNC for two consecutive quarters.
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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"/> Area for State Improvement – Recommendations Required								
	Finding	The review team determined that enforcement actions reviewed included corrective actions that have or will return the sources to compliance 56.3% of the time.								
	Explanation	Sixteen enforcement files were reviewed, 6 SNC and 10 non-SNC. 9/16 files reviewed or 56.3% demonstrated that facilities have returned to compliance after an enforcement action was issued. There were several reasons why a facility did not return to compliance including: actions contested in court; ongoing investigation of violation cause; and insufficient technology to treat to permit limits.								
	Metric(s) and Quantitative Value(s)	<table border="0"> <thead> <tr> <th style="text-align: left;"><u>Metric</u></th> <th style="text-align: right;"><u>WVDEP</u></th> </tr> </thead> <tbody> <tr> <td>9A - enforcement actions reviewed</td> <td style="text-align: right;">16</td> </tr> <tr> <td>9B - enforcement responses that have or will return SNC to compliance</td> <td style="text-align: right;">3/6= 50%</td> </tr> <tr> <td>9C - enforcement responses that have or will return non-SNC to compliance</td> <td style="text-align: right;">6/10= 60%</td> </tr> </tbody> </table>	<u>Metric</u>	<u>WVDEP</u>	9A - enforcement actions reviewed	16	9B - enforcement responses that have or will return SNC to compliance	3/6= 50%	9C - enforcement responses that have or will return non-SNC to compliance	6/10= 60%
<u>Metric</u>	<u>WVDEP</u>									
9A - enforcement actions reviewed	16									
9B - enforcement responses that have or will return SNC to compliance	3/6= 50%									
9C - enforcement responses that have or will return non-SNC to compliance	6/10= 60%									
	State Response	This recommendation appears contrary to what the USEPA SRF review team stated during the meeting on August 2, 2011, where “kudos” was given for documentation relating to escalated levels of enforcement. In addition, WVDEP believes that Standard Operating Procedures for escalation of enforcement is not needed, as the guidance in the WVDEP <u>Environmental Enforcement’s Employee Handbook</u> is sufficient. Currently, the appropriate enforcement action is determined on a case-by-case basis after consultation with appropriate program supervisory and management personnel. If a facility has not returned to compliance as a result of an enforcement action, then inspection staff need to properly follow up with the regulated entity and pursue the appropriate next step.								

	Recommendation(s)	WVDEP should ensure that enforcement actions return facilities to compliance and that there is appropriate escalation of enforcement actions. WVDEP should revise its current enforcement procedures and policy to address appropriate escalation for facilities with longstanding non-compliance within 90 days upon receipt of the final SRF report. This document should be provided to EPA for review and comment prior to implementation. EPA will close out this recommendation upon its approval of WVDEP's revised enforcement policy.
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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 Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required												
	Finding	The file review determined t 4/6 or 67% of actions addressing SNC violations were appropriate, and 9/10 or 90% of actions addressing non SNC violations were appropriate. All of the files reviewed had enforcement actions initiated timely												
	Explanation	<p>Sixteen enforcement files were reviewed, 6 SNC and 10 non-SNC. 4/6 or 67% of actions addressing SNC violations were appropriate and 9/10 or 90% of actions addressing non-SNC violations were appropriate. Actions not considered appropriate failed to include a final compliance date or schedule.</p> <p>Data metric 10A indicated that 29% of facilities were not addressed with timely formal enforcement after 2 quarters of SNC. This percentage may be due to database errors involving the number of facilities in SNC. WVDEP has worked to correct data errors and the universe of SNC facilities has decreased subsequent to EPA’s SRF data analysis.</p>												
	Metric(s) and Quantitative Value(s)	<table border="1"> <thead> <tr> <th data-bbox="526 1066 1266 1102"><u>Metric</u></th> <th data-bbox="1266 1066 1453 1102"><u>WVDEP</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="526 1102 1266 1144">10A - Major facilities without timely action</td> <td data-bbox="1266 1102 1453 1144">29%</td> </tr> <tr> <td data-bbox="526 1144 1266 1186">10B - timely SNC enforcement responses</td> <td data-bbox="1266 1144 1453 1186">6/6=100%</td> </tr> <tr> <td data-bbox="526 1186 1266 1291">10C - of enforcement responses that appropriately address SNC violations</td> <td data-bbox="1266 1186 1453 1291">4/6 =67%</td> </tr> <tr> <td data-bbox="526 1291 1266 1396">10D - enforcement responses that appropriately address non-SNC violations</td> <td data-bbox="1266 1291 1453 1396">9/10=90%</td> </tr> <tr> <td data-bbox="526 1396 1266 1476">10E - timely non-SNC enforcement responses</td> <td data-bbox="1266 1396 1453 1476">10/10 =100%</td> </tr> </tbody> </table>	<u>Metric</u>	<u>WVDEP</u>	10A - Major facilities without timely action	29%	10B - timely SNC enforcement responses	6/6=100%	10C - of enforcement responses that appropriately address SNC violations	4/6 =67%	10D - enforcement responses that appropriately address non-SNC violations	9/10=90%	10E - timely non-SNC enforcement responses	10/10 =100%
<u>Metric</u>	<u>WVDEP</u>													
10A - Major facilities without timely action	29%													
10B - timely SNC enforcement responses	6/6=100%													
10C - of enforcement responses that appropriately address SNC violations	4/6 =67%													
10D - enforcement responses that appropriately address non-SNC violations	9/10=90%													
10E - timely non-SNC enforcement responses	10/10 =100%													
	State Response	The USEPA indicates that an enforcement action is not appropriate if it doesn’t include a final compliance date or schedule. However, if a violation is not returned to compliance at the time the action is finalized, WVDEP/EE requires the facility to submit a plan of corrective action that outlines dates and a schedule of items that the facility will perform that will return it to compliance. Once it is submitted and approved, the plan will become a part of the final order.												

	Recommendation(s)	WVDEP should develop more specific timely and appropriate guidance for the NPDES compliance monitoring and enforcement program. WVDEP should include an enforcement escalation component in the “Department of Environmental Protection Environmental Enforcement Employee Handbook”. WVDEP should ensure that enforcement documents include a final compliance date and schedule where appropriate. WVDEP should submit for EPA approval revised guidance addressing timely and appropriate enforcement within 90 days upon receipt of the final SRF report. EPA will close out this recommendation upon its approval of WVDEP’s revised enforcement policy.
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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 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 file reviewed determined WVDEP includes gravity in the initial penalty calculation. However, economic benefit is not consistently considered in the penalty calculation.				
	Explanation	All penalty files reviewed 6/6 or 100% considered gravity in the initial penalty calculation. 1/6 or 16.7% of the files reviewed considered economic benefit in the initial penalty calculation. WVDEP guidance states that economic benefit should be considered as an adjustment factor of the Base Penalty Calculation.				
	Metric(s) and Quantitative Value(s)	<table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"><u>Metric</u></td> <td style="text-align: right;"><u>WVDEP</u></td> </tr> <tr> <td>11a - penalty calculations that consider & include gravity and economic benefit</td> <td style="text-align: right;">1/6= 17%</td> </tr> </table>	<u>Metric</u>	<u>WVDEP</u>	11a - penalty calculations that consider & include gravity and economic benefit	1/6= 17%
<u>Metric</u>	<u>WVDEP</u>					
11a - penalty calculations that consider & include gravity and economic benefit	1/6= 17%					
	State Response	As discussed with USEPA during the review, and as evidenced by the WVDEP penalty calculation in every administrative action, economic benefit is always considered in every enforcement action that is undertaken. The majority of enforcement staff personnel have been trained in the application of EB in penalty calculations. Further training will be pursued as it is offered.				
	Recommendation(s)	WVDEP should capture economic benefit derived by the responsible party where applicable. WVDEP should revise the Base Penalty Calculation to include a detailed methodology and a sample calculation for estimating economic benefit derived by the responsible party within 90 days upon receipt of the SRF report. Enforcement staff should receive training on calculating and considering economic benefit during settlements within 6 months of issuance of the final SRF report. EPA will review WVDEP's penalty calculations until it confirms that WVDEP is consistently including economic benefit.				

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 – Recommendations Required						
	Finding	4/5 or 80% of the files reviewed included documentation of the initial and final penalty and that the penalty was collected.						
	Explanation	Based upon the files reviewed, 4 of 5 files contained documentation that a penalty was collected. The remaining file did not contain a copy of the check nor did it contain any information to show that the payment had been received. One penalty action was in current negotiation with a final penalty number not yet agreed upon. This action was not included in the tally for metric 12b.						
	Metric(s) and Quantitative Value(s)	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;"><u>Metric</u></td> <td style="text-align: right;"><u>WVDEP/DMR</u></td> </tr> <tr> <td>12a - penalties reviewed documented the difference and rationale between the initial and final penalty</td> <td style="text-align: right;">(6/6) 100%</td> </tr> <tr> <td>12b - final enforcement actions that document collection of final penalty</td> <td style="text-align: right;">(4/5) 80%</td> </tr> </table>	<u>Metric</u>	<u>WVDEP/DMR</u>	12a - penalties reviewed documented the difference and rationale between the initial and final penalty	(6/6) 100%	12b - final enforcement actions that document collection of final penalty	(4/5) 80%
<u>Metric</u>	<u>WVDEP/DMR</u>							
12a - penalties reviewed documented the difference and rationale between the initial and final penalty	(6/6) 100%							
12b - final enforcement actions that document collection of final penalty	(4/5) 80%							
	State Response							
	Recommendation(s)							

Element 13 SUBMISSION

Element 13 of the SRF is a mechanism for states that have demonstrated good performance in their core enforcement programs the ability to request recognition and resource flexibility credit. WVDEP did not provide an Element 13 submission.

VI. APPENDICES

APPENDIX A: STATUS OF RECOMMENDATIONS FROM PREVIOUS EPA REVIEWS

During the first SRF review of West Virginia's compliance and enforcement program in Fiscal Year 2007, Region III and West Virginia identified a number of actions to be taken to address issues found during the review. The table below shows the status of progress toward completing those actions.

Status	Due Date	Media	Title	Finding	Recommendation	E#	Element
Completed	9/30/2008	CAA	Inspection report completeness	22 of the 24 CMRs reviewed were considered to be inadequate.	WVDEP should redesign its inspection report template to include the general and facility information that is required to be included in CMRs.	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CAA	Inspection Report Completeness	Compliance and Enforcement Guidance Manual does not include requiring general facility information in the CMR.	WVDEP should revise its Compliance and Enforcement Guidance Manual to include: identification of the compliance monitoring activity, facility contact phone number, Title V designation, designation of source, and address of facility.	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CAA	Training for Inspection Reports	Training is needed on the CMS Policy.	Once the templates and the Manual are revised, communicating the changes and training for the inspectors.	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CAA	Violation Identification	The review team found that all files of sources with Title V permits but one included a report that documented review of the annual Title V certification.	WVDEP should investigate the review of the one Title V annual certification that was missing from the file was actually conducted and follow-up as appropriate.	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CAA	Violation Identification	the review team found six Title V certification reviews listed with a results indicating "in compliance" when violations had occurred the previous year at those sources.	WVDEP should conduct training on how to determine compliance for the Title V certification review.	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CAA	Violation Identification	One stack test was missing from the file.	WVDEP should investigate whether the review of the one stack test that was missing from the file was actually conducted and follow-up as appropriate.	E2	Violations ID'ed Appropriately

Completed	9/28/2007	CAA	Violation Identification	The review team saw no documentation of supervisory review of draft CMR reports.	Supervisory oversight should ensure that all completed work meets a minimal standard of quality. Furthermore, feedback to inspectors on their reports is important for the purpose of providing informal training and thereby continuously improving the qual	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CAA	File maintenance	A substantial number of files were missing or not immediately made available to the review team.	File organization should be improved to minimize the possibility that files become missing.	E2	Violations ID'ed Appropriately
Completed	9/30/2008	CAA	Timely identification of violations	There were several instances where PCEs are conducted on different dates in order to complete an FCE and reported in separate CMRs.	In those instances where several PCEs are conducted on different dates in order to complete an FCE, the final CMR should identify exactly which PCEs comprise the FCE.	E3	Violations ID'ed Timely
Completed	9/30/2008	CAA	Violation identification	There were two missing CMRs from the files.	WVDEP should attempt to locate the missing CMRs. If these are found, WVDEP should identify what processes led to these being removed from the file reoom and institute a process to prevent this in the future. If the PCEs were not conducted, they should b	E3	Violations ID'ed Timely
Completed	9/30/2008	CAA	Violation Identification	There were 2 CMRs written more than 6 months after the on-site inspection.	WVDEP should investigate why the 2 CMRs were written more than 6 months after the on-site inspection.	E3	Violations ID'ed Timely
Completed	9/30/2008	CAA	Identifying violations	Nineteen our of 24 CMR files, or 70.8% , reviewed by the evaluation team included CMRs or PCE reports that were completed within 60 days after the actual compliance monitoring activity, based on comparing inspection dates and dates of reports in the file.	WVDEP should institute processes to ensure that each compliance monitoring activity is documented with an associated CMR report or at least a memo to the file within 60 days of completion of the compliance monitoring activity. Report eahc compliance mon	E3	Violations ID'ed Timely
Completed	9/30/2008	CAA	Identifying violations	Inspectors interviewed indicated more training is needed for observing stack tests and checklist for the various stack tests are needed.	WVDEP should develop a plan to ensure that inspectors are adequately prepared to review stack tests. Tools to utilize in such a plan should include development of the additional checklists requested by WVDEP inspectors as well as training. WVDEP should	E3	Violations ID'ed Timely
Completed	9/30/2008	CAA	Tracking CEM data	Inspectors interviewed said that CEM reviews would be enhanced if Web Air Trax would include CEM data.	WVDEP should move forward with its current initiative to enhance Web Air Trax to include CEM data. If WVDEP begins to require electronic submission of CEM data, Web Air Trax may provide a very productive tool for efficiently and effectively monitoring co	E3	Violations ID'ed Timely

Completed	9/30/2008	CAA	HPV identification	WVDEP uses a HPV Discovery form and Enforcement Tracking and Transmittal form for documenting and tracking the decision process and enforcement activities related to violations found. However, the forms have not been used consistently leading to not repo	WVDEP should develop a plan to ensure that these forms are used consistently.	E4	SNC Accuracy
Completed	9/30/2008	CAA	HPV identification	The review team found instances of late or not reporting HPV.	To ensure that all violations discovered are evaluated against the HPV criteria, WVDEP should institute processes to determine and document whether each violation discovered is an HPV. These new processes should apply to those that are found to not rise	E4	SNC Accuracy
Completed	9/30/2008	CAA	HPV identification	The review team found instances of late reporting of HPVs to EPA	WVDEP should evaluate why HPVs have been reported to EPA late and assess how such late reporting may be avoided in the future. New HPVs may be reported to EPA outside of the periodic Timely and Appropriate meetings when waiting for the upcoming meeting w	E4	SNC Accuracy
Completed	9/30/2008	CAA	HPV identification	The HPV policy and the Region III MOU requires NOVs for HPVs identified in the previous month to be forwarded to Region III on a monthly basis.	WVDEP should take whatever steps are needed to ensure that copies of NOVs for all HPVs as well as potential HPVs are forwarded to EPA Region III on a monthly basis, regardless of the date of the next T&A meeting.	E4	SNC Accuracy
Completed	9/30/2008	CAA	Return to Compliance	83.3% of West Virginia's formal and/or informal enforcement responses that were evaluated had actually returned the violating source to compliance by the time of the file review.	WVDEP should evaluate its processes to close out enforcement files to better ensure that all activities necessary to return a source to compliance and document WVDEP's review of those close-out activities.	E5	Return to Compliance
Completed	9/30/2008	CAA	Addressing Non-Compliance	The review team found no specific written guidelines in the Compliance and Enforcement Manual which direct enforcement personnel on how to proceed when an HPV is found or outlines any particular timeframes for enforcing against HPVs.	WVDEP should revise its Compliance and Enforcement Manual to specify that all HPVs should be addressed through formal enforcement. It also should include clear guidance on when formal enforcement is appropriate for non-HPVs.	E5	Return to Compliance

Completed	10/30/2007	CAA	Timely and Appropriate Enforcement for HPV	File review discovered an HPV addressed informally, with penalties assessed, but not collected, and injunctive relief was obtained. Review team believes this is not consistent with the HPV Polich. WVDEP asked EPA to conduct an inspection at the source, b	Federal - When WVDEP requests support from Region III, EPA APD Management Officials should be involved in all decisions that related to the support requested.	E6	Timely & Appropriate Actions
Completed	9/30/2008	CAA	Addressing HPVs Timely and Appropriate	Reviewers determined that one violation discovered by WVDEP through a PCE conducted in FY2006 but expected to be part of an FCE, appeared to meet HPV criteria. However, the violation had not ever been identified as an HPV by WVDEP.	The one FY2006 HPV that was not addressed as of July 2007 should be addressed as soon as possible.	E6	Timely & Appropriate Actions
Completed	9/30/2008	CAA	Addressing HPV timely and appropriately	Two violations discovered by WVDEP in FY2006 but not counted in Metric 6b because they were unreported HPVs were still unaddressed as of July 2007.	The 2 unreported HPVs should be added to AFS as HPVs and addressed as soon as possible. To the extent that these violations were not addressed in a timely and appropriate manner because they were not identified as HPVs, wVDEP should consider procedures t	E6	Timely & Appropriate Actions
Completed	9/30/2008		Grant Commitment regarding timely and appropriately	Review team found instances where activities being undertaken by WVDEP wer not reported to EPA accurately or in a timely manner. These issues are discussed during T&A meetings. However, in FY2006 there were only 2 T& meetings although the MOU specifies	Federal - Timely and Appropriate meetings should be held at the frequency specified in the MOU.	E9	Grant Commitments
Completed	9/30/2008	CAA	Timely Data	It appears that WVDEP dedicates few resources to ensure that what is entered into Web Air Trax is accurately and timely uploaded to AFS.	Institute processes to ensure accountability related to inaccurate or untimely entry of data, including the Title V certification review data and FCEs completed, into Webe Air Trax. WVDEP management should clearly communicate to inspectors that data time	E10	Data Timely
Completed	9/30/2008	CAA	Data Timely	Some MDRs were never programmed to be uploaded because of limited programming resources. These include stack test observations with results that are pending and more than one pollutant tested during stack tests.	Institute programming changes that are needed to enable all MDRs to be uploaded to AFS.	E10	Data Timely
Completed	9/30/2008	CAA	Data Timely	Logic problems related to how data is extracted from Web Air Trax is causing problems for data validation.	Until automatic validation is successfully established for WVDEP, the state should consider utilizing OTIS on a monthly basis to verify what was actually uploaded to AFS.	E10	Data Timely

Completed	9/30/2008	CAA	Data Quality	Several obsolete codes were found on the Air Trax Inspection code list causing problems with data accuracy.	Results and compliance status codes available should be reduced to only those that in fact may be uploaded to AFS to minimize errors in entering wrong compliance status and results may be minimized. WVDEP data managers should work with the EPA AFS manage	E10	Data Timely
Completed	9/30/2008	CAA	Data Quality	Several obsolete codes were found on the Air Trax Inspection code list causing problems with data accuracy.	WVDEP should institute programming changes in Web Air Trax so that the valid codes that the Universal Interface cannot sort out are rejected immediately, before uploading to AFS.	E10	Data Timely
Completed	9/30/2008	CAA	Data Quality	Compliance status was not updated in AFS for 7 sources.	WVDEP should investigate why compliance status was not updated for the 7 sources. WVDEP should institute new procedures to ensure that compliance status is kept updated.	E11	Data Accurate
Completed	9/30/2008	CAA	Data Quality	One stack test was not entered into AFS as pass or fail.	WVDEP should investigate the results of the one stack test, performed in August 2006, follow up as appropriate, and enter the results into AFS. WVDEP should investigate why the results of this stack test, and the associated compliance status took so long	E11	Data Accurate
Completed	9/30/2008	CAA	Data Quality	The number of Title V certifications reviewed appears to be significantly underreported. The dates of several Title V certification reviews did not match the date in AFS.	WVDEP should ensure that dates of Title V certification reviews enter into AFS are the dates of the actual review and not the dates received.	E11	Data Accurate
Working	9/30/2008	CAA	Data Quality	Three stack test and one NOV were not in AFS.	WVDEP should investigate why all stack test and NOVs are not reported in AFS and institute appropriate follow-up actions.	E12	Data Complete
Completed	9/30/2008	CAA	Data Quality	WVDEP did not enter MACT subparts with FCEs into AFS.	WVDEP should upgrade Web Air Trax as soon as possible to enable direct entry into Web Air Trax of MACT Subpart with FCEs entered. Such an upgrade would enable automatic uploading of these data elements, which are all MDRs, to AFS and thereby improve time	E12	Data Complete
Completed	9/30/2008	CAA	Data Quality	There were inaccuracies listed in AFS with CMS source category.	The two sources missing a CMSC field should be entered into the current CMS plan. Every individual Title V source should be listed in the CMS plan separately. WVDEP should check that all major and synthetic minor sources are accurately associated with ac	E12	Data Complete

Completed	9/30/2008	RCRA	Inspection Univers	There is one facility in RCRAInfo categorized as a TSD but is actually a conditionally exempt small quantity generator.	The TSD designation should be removed from RCRInfo for this facility.	E1	Insp Universe
Completed	9/30/2008	RCRA	Identifying Violations	Inspectors were not properly identifying violations when faced with complex RCRA issues.	The state should take advantage of training opportunities which will be made available for inspectors during FY08.	E4	SNC Accuracy
Completed	9/30/2008	RCRA	SNC identification	The reviewers found violations that were not identified by WVDEP as SNC nor entered into RCRAInfo.	The state should develop data management procedures to assure that SNC determinations are entered into RCRAInfo in a timely manner.	E4	SNC Accuracy
Working	9/30/2008	CWA	Data completeness	WVDEP has a comprehensive inspection program, however, it fails to enter required data into PCS.	EPA and WVDEP should revisit their prior understanding and discuss the required WENDB data elements entry into PCS. Complete data entry is required in order to ensure an adequate picture of the state's compliance and enforcement program. DMR should be e	E1	Insp Universe
Working	9/30/2008	CWA	Inspection universe/data	WVDEP has a comprehensive inspection program, however, it fails to enter required data into PCS.	WVDEP appears to be running a comprehensive compliance assurance program, EE should consider either establishing an electronic data system or utilizing PCS to manage inspection and enforcement information.	E1	Insp Universe
Working	9/30/2008	CWA	Inspection Univers	WVDEP has a comprehensive inspection program, however, it fails to enter required data into PCS.	The goal for NPDES inspecton coverage at major sources is 100%. At minor sources, the goal is one inspection during the permit cycle. However, EPA does permit major to minor trade-offs at a ration of 1 to 2 provided that the inspection coverage at minor	E1	Insp Universe
Working	9/30/2008	CWA	SNC Accuracy	WVDEP does not enter SEV data into PCS, often it is the case that SNC are not identified to EPA in a timely manner.	WVDEP should enter all SEV, per WENB requirements in PCS. Where appropriate, facilities should also be designated SNC. EPA and WVDEP should revisit their prior understanding and discuss the required WENDB data elements entry into PCS. Complete data entr	E4	SNC Accuracy
Working	9/30/2008	CWA	Penalty Calculation	The multiple factor in computing penalty was not used to further increase the gravity component of the penalty.	EE should develop written guidance on utilizing the "multiple factor" to capture the days, months, and/or years the violations have extended.	E7	Penalty Calculations

Working	9/30/2008	CWA	Penalty	WVDEP does not enter penalty amounts into PCS.	EPA and WVDEP should revisit their prior understanding and discuss the required WENDB data elements entry into PCS. Complete data entry is require in order to ensure an adequate picture of the state's compliance and enforcement program.	E8	Penalties Collected
Working	9/30/2008	CWA	Data Quality	WVDEP does not enter enforcement activity into PCS, pursuant to a long standing agreement between EPA Region III and WVDEP.	EPA and WVDEP should revisit their prior understanding and discuss the required WENDB data elements entry into PCS. Complete data entry is require in order to ensure an adequate picture of the state's compliance and enforcement program.	E10	Data Timely

APPENDIX B: OFFICIAL DATA PULL AIR

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			167	NA	NA	NA
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			166	NA	NA	NA
A01B1S	Source Count: SMs (Current)	Data Quality	State			34	NA	NA	NA
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			4	NA	NA	NA
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			458	NA	NA	NA
A01C1S	CAA Subprogram Designation: NSPS (Current)	Data Quality	State			91	NA	NA	NA

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted
A01C2S	CAA Subprogram Designation: NESHAP (Current)	Data Quality	State			8	NA	NA	NA
A01C3S	CAA Subprogram Designation: MACT (Current)	Data Quality	State			56	NA	NA	NA
A01C4S	CAA Subprogram Designation: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	87.70%	48.70%	145	298	153
A01C5S	CAA Subprogram Designation: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	48.50%	36.80%	7	19	12
A01C6S	CAA Subprogram Designation: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	94.40%	97.30%	143	147	4
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			120	NA	NA	NA
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			123	NA	NA	NA

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			113	NA	NA	NA
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			121	NA	NA	NA
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			27	NA	NA	NA
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			25	NA	NA	NA
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			7	NA	NA	NA
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			7	NA	NA	NA
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	59.70%	100.0%	7	7	0
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	91.30%	100.0%	7	7	0
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	91.20%	100.0%	7	7	0

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			14	NA	NA	NA
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			13	NA	NA	NA
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$625,560	NA	NA	NA
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State			1	NA	NA	NA
A02A0S	Number of HPVs/Number of Non Compliant Sources (1 FY)	Data Quality	State	≤ 50%	45.5%	16.3%	7	43	36
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	0	25	25
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			3	NA	NA	NA
A03A0S	Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	34.3%	85.7%	6	7	1

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted
A03B1S	Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	59.0%	79.4%	255	321	66
A03B2S	Percent Enforcement related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	70.3%	86.2%	30	34	4
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (Most recent 2 FY CMS Cycle (FY08/09))	Goal	State	100%	89.2%	100.0%	160	160	0
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY (FY09/10))	Review Indicator	State	100%	84.4%	99.4%	174	175	1
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle) (FY07 - FY10)	Review Indicator	State	20% - 100%	92.0%	100.0%	27	27	0
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY - FY06 - FY10)	Informational Only	State	100%	92.4%	96.4%	27	28	1

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.20%	94.6%	35	37	2
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		28.80%	61.80%	504	814	311
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%	100.0%	141	141	0
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	22.3%	40.6%	54	133	79
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%	100.0%	4	4	0
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	6.4%	3.6%	6	167	161

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.4%	0.0%	0	34	34
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	67.8%	71.4%	5	7	2
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	49.8%	53.8%	7	13	6
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	40.5%	0.0%	0	5	5
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		36.4%	18.2%	2	11	9
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			14	NA	NA	NA
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	Greater or equal to 80%	89.0%	100.0%	7	7	0

Official Data Pull RCRA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	West Virginia Metric Prod	Count Prod	Universe Prod	Not Counted Prod
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			14	NA	NA	NA
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			105	NA	NA	NA
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			396	NA	NA	NA
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			2,449	NA	NA	NA
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			95	NA	NA	NA
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			435	NA	NA	NA
R01B1E	Compliance monitoring: number of inspections (1 FY)	Data Quality	EPA			15	NA	NA	NA

R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State				393	NA	NA	NA
R01B2E	Compliance monitoring: sites inspected (1 FY)	Data Quality	EPA				15	NA	NA	NA
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State				303	NA	NA	NA
R01C1E	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA				14	NA	NA	NA
R01C2S	Number of sites with violations determined during the FY	Data Quality	State				261	NA	NA	NA
R01C2E	Number of sites with violations determined during the FY	Data Quality	EPA				6	NA	NA	NA
R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State				214	NA	NA	NA
R01D1E	Informal actions: number of sites (1 FY)	Data Quality	EPA				6	NA	NA	NA

R01D2S	Informal actions: number of actions (1 FY)	Data Quality	State				239	NA	NA	NA
R01D2E	Informal actions: number of actions (1 FY)	Data Quality	EPA				6	NA	NA	NA
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State				10	NA	NA	NA
R01E1E	SNC: number of sites with new SNC (1 FY)	Data Quality	EPA				2	NA	NA	NA
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State				21	NA	NA	NA
R01E2E	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA				6	NA	NA	NA
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State				49	NA	NA	NA
R01F1E	Formal action: number of sites (1 FY)	Data Quality	EPA				3	NA	NA	NA
R01F2S	Formal action: number taken (1 FY)	Data Quality	State				52	NA	NA	NA
R01F2E	Formal action: number taken (1 FY)	Data Quality	EPA				3	NA	NA	NA
R01G0S	Total amount of final penalties (1 FY)	Data Quality	State				\$212,690	NA	NA	NA

R01G0E	Total amount of final penalties (1 FY)	Data Quality	EPA				\$370,214	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				14	NA	NA	NA
R02B0E	Number of sites in violation for greater than 240 days	Data Quality	EPA				1	NA	NA	NA
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State				50.0%	2	4	2
R03A0E	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	EPA				0.0%	0	3	3
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.9%	92.9%		13	14	1

R05A0C	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100%	93.0%	92.9%	13	14	1
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.4%	47.4%	45	95	50
R05B0C	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	26.2%	50.5%	48	95	47
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	61.9%	87.4%	83	95	12
R05C0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100%	66.7%	88.4%	84	95	11
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			31.8%	126	396	270
R05D0C	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined			33.1%	131	396	265
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only	State			691	NA	NA	NA
R05E1C	Inspections at active CESQGs (5 FYs)	Informational Only	Combined			691	NA	NA	NA
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			54	NA	NA	NA

R05E2C	Inspections at active transporters (5 FYs)	Informational Only	Combined				56	NA	NA	NA
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State				4	NA	NA	NA
R05E3C	Inspections at non-notifiers (5 FYs)	Informational Only	Combined				4	NA	NA	NA
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State				18	NA	NA	NA
R05E4C	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	Combined				20	NA	NA	NA
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			66.4%		261	393	132
R07C0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA			40.0%		6	15	9
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	2.7%	2.5%		10	393	383

R08A0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 National Avg	2.9%	3.0%	12	402	390
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	83.2%	100.0%	10	10	0
R08B0E	Percent of SNC determinations made within 150 days (1 FY)	Goal	EPA	100%	72.2%	50.0%	1	2	1
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	62.1%	28.8%	15	52	37
R08C0E	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	EPA	1/2 National Avg	73.5%	0 / 0	0	0	0
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	45.4%	90.0%	9	10	1

R10A0C	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	Combined	80%	41.4%	75.0%	9	12	3
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			52	NA	NA	NA
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$212,690	NA	NA	NA
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	78.6%	83.3%	15	18	3
R12B0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 National Avg	77.2%	85.7%	18	21	3

Official Data Pull NPDES

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	West Virginia Metric Prod	Count Prod	Universe Prod	Not Counted Prod	West Virginia Metric Froz	Count Froz	Universe Froz	Not Counted Froz
W01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			100	NA	NA	NA	100	NA	NA	NA
W01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	NA	NA	NA	0	NA	NA	NA
W01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			833	NA	NA	NA	834	NA	NA	NA

W01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			2,206	NA	NA	NA	2,206	NA	NA	NA
W01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	89.8%	100.0%	100	100	0	100.0%	100	100	0
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	93.7%	97.8%	1,115	1,140	25	97.8%	1,115	1,140	25

C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=; 95%	96.9%	100.0%	96	96	0	100.0%	96	96	0
W01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			0.0%	0	38	38	0.0%	0	38	38
W01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			36.7%	306	833	527	35.4%	295	834	539

C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			45.6%	1,076	2,359	1,283	45.6%	1,076	2,359	1,283
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			64.6%	245	379	134	64.6%	245	379	134
W01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			26.7%	222	833	611	26.6%	222	834	612

C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	0	0	0	0 / 0	0	0	0
W01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			40	NA	NA	NA	40	NA	NA	NA
W01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA
W01E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA

W01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA
W01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
W01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA
W01E3E	Informal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
W01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA

W01E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
W01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			9	NA	NA	NA	9	NA	NA	NA
W01F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
W01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			10	NA	NA	NA	10	NA	NA	NA
W01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA

W01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			94	NA	NA	NA	93	NA	NA	NA
W01F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
W01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			94	NA	NA	NA	93	NA	NA	NA
W01F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
W01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			34	NA	NA	NA	34	NA	NA	NA
W01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA

W01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$444,395	NA	NA	NA	\$444,395	NA	NA	NA
W01G2E	Penalties: total penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA	\$0	NA	NA	NA
W01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$0	NA	NA	NA	\$0	NA	NA	NA
W01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$0	NA	NA	NA	\$0	NA	NA	NA
W01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$2,446,916	NA	NA	NA	\$2,446,916	NA	NA	NA

W01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$0	NA	NA	NA	\$0	NA	NA	NA
W01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$502,215	NA	NA	NA	\$502,215	NA	NA	NA
W01G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA	\$0	NA	NA	NA
W02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		20.0%	2	10	8	20.0%	2	10	8
W02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	>=; 80%		0 / 0	0	0	0	0 / 0	0	0	0

W05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	62.1%	59.0%	59	100	41	59.0%	59	100	41
W05A0E	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100%	5.1%	0.0%	0	100	100	0.0%	0	100	100
W05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	64.4%	59.0%	59	100	41	59.0%	59	100	41
W05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			16.2%	135	833	698	16.2%	135	834	699
W05B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA			0.7%	6	833	827	0.7%	6	834	828

W05B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			16.9%	141	833	692	16.9%	141	834	693
W05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			10.7%	235	2,206	1,971	10.7%	235	2,206	1,971
W05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA			0.0%	0	2,206	2,206	0.0%	0	2,206	2,206
W05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			10.7%	235	2,206	1,971	10.7%	235	2,206	1,971

W05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			0.0%	0	139	139	0.0%	0	139	139
W05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			0.0%	0	139	139	0.0%	0	139	139
W05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			0.0%	0	139	139	0.0%	0	139	139
W07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			0	NA	NA	NA	0	NA	NA	NA
W07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	NA	NA	NA	0	NA	NA	NA

W07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		21.7%	22.7%	17	75	58	22.7%	17	75	58
W07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		21.0%	85.7%	36	42	6	82.5%	33	40	7
W07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		52.4%	74.0%	74	100	26	74.0%	74	100	26
W08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			38	NA	NA	NA	38	NA	NA	NA
W08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		23.9%	38.0%	38	100	62	38.0%	38	100	62

W10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	17.7%	29.0%	29	100	71	29.0%	29	100	71
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APPENDIX C: PDA TRANSMITTAL LETTER

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

On April 20, 2011, the Air review team met with WVDEP via video conferencing to discuss the results of the PDA pulled on March 21, 2011. The review team identified areas that the data review suggests the need for further examination and discussion during the SRF review process.

APPENDIX D: PRELIMINARY DATA ANALYSIS CHART

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

The PDA reviews each data metric and evaluates state performance against the national goal or average, if appropriate. The PDA Chart in this section of the SRF report only includes metrics where potential concerns are identified or potential areas of exemplary performance. (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.

Metric	Metric Description	Metric Type	National Goal	National Average	WVDEP Metric	Initial Findings
A01C4S	CAA Subprogram Designation: Percent NSPS facilities with FCEs conducted after 10/1/2005	State	100%	87.70%	48.70%	Well below goal of 100% and the national average. ("A" - 44 yes & 15 no; "SM" - 6 yes & 4 no; "B" - 95 yes & 134 no) "A" sources at 66% (below nat'l avg). 5403900467 didn't have a source classification.
A01C5S	CAA Subprogram Designation: Percent NESHAP facilities with FCEs conducted after 10/1/2005	State	100%	48.50%	36.80%	Well below goal of 100% and the national average. ("A" - 3 yes & 10 no; "SM" - 1 yes & 0 no; "B" - 3 yes & 2 no)
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	State	100%	59.70%	100.0%	Well above national average and at the national goal of 100%.
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	State	100%	91.30%	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%	91.20%	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%	34.3%	85.7%	Well above national average and near national goal of 100%.
A03B1S	Percent Compliance Monitoring related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	State	100%	59.0%	79.4%	Above national average. However, some MDR types (3A & TR) are significantly lower than state avg. "3A" - 5 untimely; 1 timely "FF" - 0 untimely; 2 timely; "FS" - 28 untimely; 99 timely "SR" - 9 untimely; 152

Metric	Metric Description	Metric Type	National Goal	National Average	WVDEP Metric	Initial Findings
						timely "TR" - 24 untimely; 1 timely
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	State	> 1/2 National Avg	22.3%	40.6%	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	44.0%	100.0%	Well above national goal.
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	State	> 1/2 National Avg	0.4%	0.0%	
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	State	> 1/2 National Avg	67.8%	71.4%	Well above national goal.
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	State	< 1/2 National Avg	49.8%	53.8%	Below National Goal.
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	State	> 1/2 National Avg	40.5%	0.0%	No failed stack test received an HPV listing.
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	State	Greater or equal to 80%	89.0%	100.0%	Well above national goal. All HPVs rec'd penalty in FY2010.

RCRA Data Analysis Chart

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	West Virginia Metric	EPA Preliminary Analysis
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			14	Appears acceptable
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			105	Appears acceptable
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			396	Appears acceptable
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			2,449	Appears acceptable
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			95	Appears acceptable
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			435	Appears acceptable
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			393	Appears acceptable
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			303	Appears acceptable
R01C2S	Number of sites with violations determined during the FY	Data Quality	State			261	Appears acceptable
R01D1S	Informal action: number of sites (1 FY)	Data Quality	State			214	Appears acceptable

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	West Virginia Metric	EPA Preliminary Analysis
R01D2S	Informal action: number of actions (1 FY)	Data Quality	State			239	Appears acceptable
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			10	Potential concern - R08A0S and R08C0s are below the national average, and SNC identification was a concern raised in the Round I review.
R01E2S	SNC: number of sites in SNC (1 FY)	Data Quality	State			21	Potential concern - R08A0S and R08C0s are below the national average, and SNC identification was a concern raised in the Round I review.
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			49	Appears acceptable
R01F2S	Formal action: number taken (1 FY)	Data Quality	State			52	Appears acceptable
R01G0S	Total amount of assessed penalties (1 FY)	Data Quality	State			\$212,690	Appears acceptable
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			0	Appears acceptable
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	Appears acceptable
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			14	Appears acceptable

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	West Virginia Metric	EPA Preliminary Analysis
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			50.0%	Potential concern - data entry issues were raised during the Round I review.
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	87.9%	92.9%	Minor issue - the State is slightly under the national goal for this metric, but has exceeded the national average.
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.4%	47.4%	Appears acceptable - the State has exceeded both the national goal and national average for this metric.
R05C0S	Inspection coverage for LQGs (5 FY)	Goal	State	100%	61.9%	87.4%	Minor issue - the State is slightly under the national goal for this metric, but has exceeded the national average.
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			31.8%	Appears acceptable
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only				691	Appears acceptable
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			54	Appears acceptable
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			4	Appears acceptable
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			18	Appears acceptable
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			66.4%	Appears acceptable

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	West Virginia Metric	EPA Preliminary Analysis
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review indicator	State	at least ½ National average	2.7%	2.5%	Potential concern - the State has met the national goal, but is below the national average. SNC identification was a concern raised in the Round I review.
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	83.2%	100%	Appears acceptable
R08C0S	Percent of formal (initial and final) actions taken that received a prior SNC listing (1 FY)	Review indicator	State	at least ½ National average	62.1%	28.8%	Potential concern - the State is below the national goal and national average. SNC identification was a concern raised in the Round I review.
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	45.4%	90.0%	Appears acceptable
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			52	Appears acceptable
R12A0S	No activity indicator - penalties (1 FY)	Review indicator	State			\$212,690	Appears acceptable
R12B0S	Percent of final formal actions with penalty (1 FY)	Review indicator	State	at least ½ National average	78.6%	85.7%	Appears acceptable

APPENDIX E PDA Worksheet

The worksheet below is for the air program. No worksheet for RCRA or NPDES. Based upon the results of the PDA and as per the File Selection Protocol, EPA contacted WVDEP and requested verification of ICIS data from the state's ERIS database prior to beginning the file selection process. Subsequently, WV reviewed the PDA and did not find any discrepancies between the ICIS and ERIS data.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01A1S	Title V Universe: AFS Operating Majors	Data Quality	State			167	NA	NA	NA	No			Operating Majors and Title V Majors different by one.
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			167	NA	NA	NA	Yes	167	54-029-00008 FACIL air pollutant was accidentally shut down. The facility is a major source and still operating. Therefore, should be 167 instead of 166. EPA accepts this correction.	Operating Majors and Title V Majors different by one.
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			34	NA	NA	NA	No			
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			3	NA	NA	NA	Yes	3	Ohio Valley (54- 069-00014) is only a metal fab shop and thus, is not subject to NESHAP. Therefore, should be 3 instead of 4. EPA accepts this correction.	

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			458	NA	NA	NA	No			Metric is informational-only and data are not required to be reported.
A01C1S	CAA Subprogram Designation: NSPS (Current)	Data Quality	State			91	NA	NA	NA	No			
A01C2S	CAA Subprogram Designation: NESHAP (Current)	Data Quality	State			7	NA	NA	NA	Yes	7	Ohio Valley (54-069-00014) is only a metal fab shop and thus, not subject to NESHAP. Therefore, should be 7 instead of 8. EPA accepts this correction.	
A01C3S	CAA Subprogram Designation: MACT (Current)	Data Quality	State			56	NA	NA	NA	No			

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01C4S	CAA Subprogram Designation: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	87.70%	48.70%	145	298	153	No			Well below goal of 100% and the national average. ("A" - 44 yes & 15 no; "SM" - 6 yes & 4 no; "B" - 95 yes & 134 no) "A" sources at 66% (below nat'l avg). 5403900467 didn't have a source classification.
A01C5S	CAA Subprogram Designation: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	48.50%	36.80%	7	19	12	No			Well below goal of 100% and the national average. ("A" - 3 yes & 10 no; "SM" - 1 yes & 0 no; "B" - 3 yes & 2 no)
A01C6S	CAA Subprogram Designation: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	9.40%	97.30%	143	147	4	No			("A" – 57 yes & 3 no; "SM" – 0 yes & 0 no; "B" - 86 yes & 1 no) The 4 facilities w/o subparts are permanently shutdown.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			120	NA	NA	NA	No			
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			123	NA	NA	NA	No			This data metric had FCEs conducted at 123 sources (i.e., no source had more than 1 FCE). Note that A01D1S has different criteria than A01D2S.
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			113	NA	NA	NA	No			Metric is informational only and data are not required to be reported.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			121	NA	NA	NA	No			
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			27	NA	NA	NA	No			
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			25	NA	NA	NA	No			
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			7	NA	NA	NA	No			Data includes HPVs whose: 1) Day Zero lies in FY10; or 2) Creation Date lies in FY10.
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			7	NA	NA	NA	No			See A01G1S

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	59.70%	100.0%	7	7	0	No			Well above national average and at the national goal of 100%.
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	91.30%	100.0%	7	7	0	No			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)	Data Quality	State	100%	91.20%	100.0%	7	7	0	No			Well above national average and at the national goal of 100%.
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			14	NA	NA	NA	No			

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A01I2S	Formal Action: Number of Sources (1FY)	Data Quality	State			13	NA	NA	NA	No			
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$625,560	NA	NA	NA	No			
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State			1	NA	NA	NA	No			The lone source (54-011-00156) was never built and will be shutdown in AFS.
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	≤ 50%	45.5%	16.3%	7	43	36	No			Well better than national average and national goal.
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	0	25	25	No			At national goal of 0.0%.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A02B2S	Stack Test Results at Federally-Reportable Sources – Number of Failures (1 FY)	Data Quality	State			3	NA	NA	NA	No			
A03A0S	Percent HPVs Entered ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	34.3%	85.7%	6	7	1	No			Well above national average and near national goal of 100%.
A03B1S	Percent Compliance Monitoring related MDR actions reported < 60 Days After Designation, Timely entry (1 FY)	Goal	State	100%	59.0%	79.4%	255	321	66	No			Above national average. However, some MDR types (3A & TR) are significantly lower than state avg. “3A” – 5 untimely; 1 timely “FF” – 0 untimely; 2 timely; “FS” – 28 untimely; 99 timely “SR” – 9 untimely; 152 timely “TR” – 24 untimely; 1 timely

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A03B2S	Percent Enforcement related MDR actions reported ≤ 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	70.3%	86.2%	30	34	4	No			Above national average. "7C" - 2 untimely; 18 timely "8C" - 2 untimely; 12 timely "9C" - 0 untimely; 0 timely
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (Most recent 2 FY CMS Cycle (FY08/09))	Goal	State	100%	89.2%	100.0%	160	160	0	No			
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY (FY09/10))	Review Indicator	State	100%	84.4%	99.4%	174	175	1	No			The lone source (54-011-00156) was never built and will be shutdown in AFS.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle) (FY07 – FY10)	Review Indicator	State	20% - 100%	92.0%	100.0%	27	27	0	No			Goal is 80% because FY2010 was year 4 of the 5 year CMS cycle for SMs. Well above goal and national average.
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY - FY06 - FY10)	Informational Only	State	100%	92.4%	96.4%	27	28	1	No			Metric is informational-only and data are not required to be reported. The one facility not counted had not been constructed (54-067-00106)
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.20%	97.2%	35	36	1	Yes	36 (Universe); 1 (Not Counted)	One facility not counted (54-107-00125) would have been merged with 54-107-00140. Therefore the universe should be 36 (instead of 37) and the "not counted" should be 1 (instead of 2). EPA accepts these corrections.	Metric is informational-only and data are not required to be reported.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		28.80%	61.80%	504	814	311	No			Metric is informational-only and data are not required to be reported.
A05E0S	Number of Sources with Unknown Compliance Status (1 FY)	Review Indicator	State			0	NA	NA	NA	No			
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA	No			Metric is informational-only and data are not required to be reported.
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.3%	100.0%	141	141	0	No			At national goal of 100%

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	22.3%	40.6%	54	133	79	No			Well above national goal.
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%	100.0%	4	4	0	No			Well above national goal.
A08AOS	High Priority Violation Discovery Rate – Per Major Source (1 FY)	Review Indicator	State	>1/2 National Avg	6.4%	3.6%	6	167	161	No			On border of requiring supplemental file review.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A08B0S	High Priority Violation Discovery Rate – Per Synthetic Minor Source (1 FY)	Review Indicator	State	>1/2 National Avg	0.4%	0.0%	0	34	34	No			
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	67.8%	71.4%	5	7	2	No			Well above national goal.
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	49.8%	53.8%	7	13	6	No			Below National Goal.
A08E0S	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	State	> 1/2 National Avg	40.5%	0.0%	0	5	5	No			No failed stack test received an HPV listing.

Metric	Metric Description	Measure Type	Metric Type	National Goal	National Average	WVDEP Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	State Correction	Discrepancy Explanation	Initial Findings
A10AOS	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		36.4%	18.2%	2	11	9	No			
A12AOS	*No Activity Indicator – Actions with Penalties (1 FY)	Review Indicator	State			14	NA	NA	NA	No			
A12BOS	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	Greater or equal to 80%	89.0%	100.0%	7	7	0	No			Well above national goal. All HPVs received penalties in FY2010.

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. On April 7, 2011, EPA provided a list of the selected files that was to be reviewed as part of the file review metrics. A letter dated April 7, 2011 officially conveyed this list. A copy of this letter can be found in Appendix H of this report.

A. File Selection Process

Methodology of WVDEP SRF Round 2 File Selection

I. Source: OTIS File Selection Tool

There were 342 compliance/enforcement records in FY2010. They included 130 major sources and 17 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 20 to 35. Twenty four (24) files were selected for the file review. Note that 25 files were reviewed in Round 1.

II. Representative File Selection (15 files)

Breakdown of representative files selected.

Following SRF Round 1 methodology, 80% of the sources were major sources (i.e., 12 sources) and the remaining 20% were SM-80 sources (i.e., 3 sources). The evaluation files include a mix of facilities with various compliance history information in the national system. If an evaluation file had an enforcement action associated with it, both activities would have been reviewed (and vice-versa when a selected action has an evaluation file).

Major Sources (12 sources total):

1) Sources that had compliance monitoring activity: 6

AMERICAN WOODMARK CORP.
CERTAINTEED GYPSUM WV, INC.
DOMINION TRANSMISSION, INC-HASTINGS COMP
KOPPERS INDUSTRIES, INC.
QUEBECOR WORLD MARTINSBURG
RAIN CII CARBON LLC

2) Sources with enforcement: 6

E. I. DU PONT DE NEMOURS AND COMPANY
HALLTOWN PAPERBOARD COMPANY
HUNTINGTON ALLOYS
ICL-IP AMERICA INC.
KEPLER PROCESSING COMPANY, LLC
SECOND STERLING CORPORATION

SM-80 Sources (3 sources total):

1) Sources that had compliance monitoring activity: 3

BRENTWOOD INDUSTRIES, INC.
DALB, INC.
MARATHON PETROLEUM COMPANY LLC

2) Sources with enforcement: 0

Note that in FY2010, there were no SM-80 sources with formal enforcement.

III. Supplemental File Selection (9 files)

Supplemental files 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. The PDA indicated that there were 3 data metrics of potential concern (i.e., below 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 A08B0S, A08D0S and A08E0S

Data Metric No. A08B0S measures a state's ability to apply the HPV definition to violations that the state has discovered at synthetic minor sources. According to the data pulled for this SRF, no HPVs were identified at SM sources in FY2010. Therefore an additional three (3) synthetic minor with violations that did not rise to the level of an HPV were chosen for review.

THE HOMER HAUGHLIN CHINA COMPANY
CSX HOTELS, INC., THE GREENBRIER
GEMARK SERVICES OF WV, INC.

Data Metric No. A08D0S measures a state's ability to apply the HPV definition to informal actions that the state issued at major sources. Therefore three (3) major sources

that were issued an informal action but did not rise to the level of an HPV were chosen for review.

ALLEGHENY ENERGY SUPPLY COMPANY, LLC
APPALACHIAN POWER COMPANY
BAYER CROPSCIENCE

Data Metric No. A08E0S measures the percentage of sources with failed Stack Test Actions that received an HPV listing at Major and SM sources. According to the data pulled for this SRF, none of the five failed stack test actions in the universe for this metric received an HPV listing. Therefore three (3) of the five (5) sources in the universe were chosen for review.

AMERICAN BITUMINOUS POWER PARTNERS, L. P
NORTHWESTERN LANDFILL
S & S GRADING

- IV. Following is a chart of the selected files for the second round SRF review in West Virginia.

Program ID	f_city	f_state	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
5407300005	WILLOW ISLAND	WV	NO	NO	NO	NO	NO	NO	YES	NO	NO	MAJR	accepted_supplemental
5404900026	GRANT TOWN	WV	YES	NO	YES	YES	NO	NO	NO	NO	NO	MAJR	accepted_supplemental
5402500063	MAXWELTON	WV	NO	NO	YES	NO	NO	NO	NO	NO	NO	SM80	accepted_supplemental
5403100003	MOOREFIELD	WV	YES	YES	NO	NO	NO	NO	NO	NO	NO	MAJR	accepted_supplemental
5407900006	ST. ALBANS	WV	YES	NO	NO	NO	NO	NO	YES	NO	NO	MAJR	accepted_supplemental
5403900007	INSTITUTE	WV	NO	YES	YES	NO	YES	NO	YES	YES	YES	MAJR	accepted_supplemental
5400300041	MARTINSBURG	WV	YES	NO	NO	NO	NO	NO	NO	NO	NO	SM80	accepted_representative
5405100113	PROCTOR	WV	YES	NO	YES	NO	NO	NO	NO	NO	NO	MAJR	accepted_representative
5402500011	WHITE SULF.SPR.	WV	YES	NO	YES	NO	NO	NO	NO	NO	NO	SM80	accepted_supplemental
5403700061	KEARNEYSVILLE	WV	YES	NO	YES	NO	NO	NO	NO	NO	NO	SM80	accepted_representative
5410300006	PINE GROVE	WV	YES	NO	NO	NO	NO	NO	NO	NO	NO	MAJR	accepted_representative
5403900001	BELLE	WV	YES	YES	YES	NO	NO	YES	YES	YES	YES	MAJR	accepted_representative
5405500099	BLUEFIELD	WV	YES	NO	YES	NO	NO	NO	NO	NO	NO	SM80	accepted_supplemental
5403700007	HALLTOWN	WV	YES	YES	YES	NO	NO	NO	YES	YES	YES	MAJR	accepted_representative
5401100007	HUNTINGTON	WV	YES	NO	YES	NO	NO	YES	YES	YES	YES	MAJR	accepted_representative
5405300007	GALLIPOLIS FERRY	WV	YES	YES	YES	NO	YES	YES	NO	YES	YES	MAJR	accepted_representative
5410900013	PINEVILLE	WV	YES	NO	YES	NO	NO	NO	NO	YES	YES	MAJR	accepted_representative
5400900001	FOLLANSBEE	WV	YES	NO	NO	NO	YES	YES	YES	NO	NO	MAJR	accepted_representative
5403900009	CHARLESTON	WV	YES	NO	NO	NO	NO	NO	NO	NO	NO	SM80	accepted_representative
5410700121	PARKERSBURG	WV	YES	YES	YES	YES	NO	NO	NO	NO	NO	MAJR	accepted_supplemental
5400300018	MARTINSBURG	WV	YES	NO	YES	NO	NO	NO	NO	NO	NO	MAJR	accepted_representative
5405100011	MOUNDSVILLE	WV	YES	NO	YES	NO	NO	NO	NO	NO	NO	MAJR	accepted_representative
5403300129	CLARKSBURG	WV	NO	YES	YES	YES	NO	NO	NO	NO	NO	MAJR	accepted_supplemental
5404700008	KEYSTONE	WV	NO	NO	YES	NO	NO	YES	YES	YES	YES	MAJR	accepted_representative

File Selection RCRA

A. File Selection Process (RCRA)

Using the EPA OTIS SRF file selection templates, we choose all of the facilities which any of the following criteria for our representative sample:

- Identified in SNC status during FY10
- Identified as having formal State enforcement action during FY10

We supplemented this list with facilities which had the greatest number of violations during FY10.

B. File Selection Table (RCRA)

Program ID	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
WVR000622780	1	9	0	1	0	0	OTH	accepted_supplemental
WVR000616654	1	6	0	0	0	0	OTH	accepted_supplemental
WVR000609741	1	6	0	1	0	0	CES	accepted_supplemental
WVR0000249537	1	2	0	2	1	1,405	OTH	accepted_representative

WVD000078419	2	8	0	2	0	0	TSD(LDF)	accepted_supplemental
WVD093546999	1	2	0	2	1	8,160	LQG	accepted_representative
WVR000324923	2	12	1	2	0	0	LQG	accepted_representative
WVD006008610	1	0	0	0	2	89,424	TSD(COM)	accepted_representative
WVD091626406	1	6	0	1	0	0	SQG	accepted_supplemental
WVR000027996	0	0	0	0	1	3,150	CES	accepted_representative
WVR000019726	1	2	1	1	0	0	CES	accepted_representative
WVD096804398	2	10	1	2	0	0	SQG	accepted_representative
WVD099872607	1	6	0	1	0	0	SQG	accepted_supplemental
WVR000027415	1	7	1	2	1	6,953	SQG	accepted_representative
WVR000639460	1	4	0	2	1	750	OTH	accepted_representative
WVD006123942	2	1	0	0	1	47,820	TSD(TSF)	accepted_representative
WVR000632209	0	0	0	0	1	0	OTH	accepted_representative
WVD091894340	1	10	0	0	0	0	LQG	accepted_supplemental
WVR000669203	2	13	1	2	1	2,750	CES	accepted_representative
WVD056889287	1	4	0	1	1	0	LQG	accepted_representative
WVR000025034	1	10	1	2	1	12,107	SQG	accepted_representative
WVR000624125	0	0	0	1	2	4,725	CES	accepted_representative

WVR000634832	3	9	0	1	0	0	OTH	accepted_supplemental
WVD091636483	1	9	0	1	0	0	LQG	accepted_supplemental
WVP000005854	1	3	1	2	1	0	OTH	accepted_representative
WVR000004877	1	11	1	2	0	0	LQG	accepted_representative
WVR000063165	0	0	0	0	2	3,833	OTH	accepted_representative
WVD090280264	1	1	0	2	1	7,339	OTH	accepted_representative
WVR000626739	0	0	0	0	1	0	SQG	accepted_representative
WVR000021018	1	6	0	1	0	0	LQG	accepted_supplemental
WVR000632711	1	1	0	2	1	8,150	OTH	accepted_representative
WVR000613650	0	0	0	1	1	13,624	CES	accepted_representative
WVR000619439	0	0	0	0	1	2,500	SQG	accepted_representative
WVD027647525	1	4	1	0	0	0	CES	accepted_representative
WVR000024568	2	3	1	2	0	0	CES	accepted_representative

NPDES File Selection

Region III and WVDEP coordinated closely throughout the Preliminary Data Analysis (PDA) and file selection process for WV's NPDES enforcement file review. In accordance with the "State Review Framework File Selection Protocol-Version 2.0," the SRF review team identified the most recent fiscal year with complete data, FY2010, and conducted the PDA. A preliminary analysis of the data indicated potential issues with the ICIS data, specifically the absence of data related to informal enforcement actions, and single event violations. In addition, through anecdotal information provided by the Water Protection Division's data team, EPA was aware of potential discrepancies between the two data systems due to WVDEP's failure to perform data entry of the minimum WENDB data elements.

Following the SRF selection protocol, EPA selected 33 facilities for file analysis of FY2010 inspection and enforcement activities. The selection protocol for the size of WV's NPDES regulated universe dictates the reviewer select from 25 to 40 files. Out of the initial 33 files selected for EPA review, 1 facility file contained no inspection or enforcement activity during FY 2010 and 1 file was a coal mining facility. These 2 facilities were removed from the file selection list.

Utilizing the SRF file selection tool in OTIS (Online Tracking Information System), Region III selected a cross section of facilities that would be representative of the Core NPDES compliance monitoring and inspection activities in WV. Using the file selection tool, EPA identified a subset of NPDES facilities including both major and minor permittees that received a compliance inspection and/or formal enforcement action during FY 2010. Additional selection criteria included SNC status, formal actions, penalties, and informal enforcement actions. WVDEP reviewed the selected files and agreed that the selected files were representative of the statewide NPDES universe and included all geographic locations in the state. WVDEP did comment that the major/minor ratio would be more heavily weighted toward major facilities, however, the SRF team decided not to alter the file selections since a representative sample of state wide data comprising inspection, enforcement action, SNC, and penalty data was included. Files are kept at field offices throughout the state and WVDEP agreed to ship the selected files to the Central Office for the scheduled SRF Round 2 file review.

The Region III review team made final determinations in selecting files for review only after identifying the most accurate facility data available and in frequent consultation with the SRF File Selection Protocol.

#	f_name	Program ID	f_city	f_state	f_zip	Permit Type	Inspection	Violation	Single Event Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
1	APPALACHIAN POWER CO DBA AEP JOHN E. AMOS PLANT	WV000 1074	ST.AL BANS	WV	25177	0	0	21	0	4	0	1	9,030	Major	accepted representative
2	APPALACHIAN POWER CO DBA AEP MOUNTAINEER PLANT	WV004 8500	NEW HAVEN	WV	25265	0	0	19	0	0	0	0	0	Major	accepted representative
3	BAYER CROPSCIENCE INSTITUTE SIINSTITUTE PLANT	WV000 0086	INSTITUTE	WV	25112	0	1	28	0	3	0	0	0	Major	accepted representative
4	BERKELEY COUNTY PSSD Opeq/Hedgesville/Inwood/Baker H	WV008 2759	MARTINSBURG	WV	25402	0	0	63	0	2	0	1	0	Major	accepted representative
5	CENTURY ALUMINUM OF WV INC CENTURY ALUMINUM	WV000 0779	RAVENSWOOD	WV	26164	0	0	5	0	4	0	0	0	Major	accepted representative
6	CHARLES TOWN CITY OF CHARLES TOWN CITY OF	WV002 2349	CHARLES TOWN	WV	25414	0	1	11	0	1	0	0	0	Major	accepted representative
7	CLEARON CORP SO CHARLESTON PLANT	WV007 3679	SOUTH CHARLESTON	WV	25303	0	1	10	0	4	0	2	0	Major	accepted representative

8	COWAN LOAD-OUT FACILITY	WV102 3322	COWE N	WV		1	8	0	0	0	0	0	0	Minor	accepte d represe ntative
9	E I DUPONT DE NEMOURS & CO BELLE PLANT	WV000 2399	BELLE	WV	25015	0	0	3	0	0	0	0	0	Major	accepte d represe ntative
10	FLEMINGTON TOWN OF FLEMINGTON TOWN OF	WV010 5406	FLEMI NGTO N	WV	26347	0	1	87	0	4	0	0	0	Minor	accepte d represe ntative
11	HINTON SANITARY BD HINTON SANITARY BD	WV002 4732	HINTO N	WV	25951	0	2	8	0	4	0	1	3,150	Minor	accepte d represe ntative
12	HUNTINGTON CITY OF HUNTINGTON WWTP	WV002 3159	HUNTI NGTO N	WV	25717	0	1	53	0	0	0	0	0	Major	accepte d represe ntative
13	HUNDRED- LITTLETON PSD HUNDRED- LITTLETON PSD	WV010 5341	LITTLE TON	WV		0	0	4	0	4	0	0	0	Minor	accepte d represe ntative
14	KANAWHA FALLS PSD KANAWHA FALLS PSD	WV003 4991	DEEP WATE R	WV	25085	0	1	4	0	0	0	1	0	Major	accepte d represe ntative
15	KERMIT WATER & SEWAGE PLANT, TOWN OF	WV002 4651	KERMI T	WV		0	0	40	0	4	0	0	0	Minor	accepte d represe ntative
16	KEYSTONE, CITY OF	WVG6 40124	KEYST ONE	WV	24852	G	0	0	0	0	0	1	16,860	Minor	accepte d represe ntative

17	KOSMOS CEMENT CO CEREDO TERMINAL	WV011 5380	CERE DO	WV	25507	0	0	0	0	0	0	1	0	Minor	accepte d represe ntative
18	MINERAL WELLS PSD Mineral Wells PSD	WV008 1141	MINER ALWE LLS	WV	26150	0	1	55	0	4	0	0	0	Minor	accepte d represe ntative
19	MONTGOMER Y CITY OF MONTGOMER Y CITY OF	WV002 0621	MONT GOME RY	WV	25136	0	2	48	0	4	0	0	0	Minor	accepte d represe ntative
20	NAVAL SEA SYSTEMS COMMAND ATK Tactical Systems Co. LLC	WV002 0371	KEYS ER	WV	26726	0	1	25	0	0	0	0	0	Major	accepte d represe ntative
21	NPEC INC. Creo Mfg. America LLC	WV000 5533	MIDDL EWAY	WV	25430	0	1	0	0	0	0	0	0	Major	accepte d represe ntative
22	PARKERSBUR G UTILITY BD PARKERSBUR G UTILITY BD	WV002 3213	PARK ERSB URG	WV	26101	0	1	4	0	0	0	0	0	Major	accepte d represe ntative
23	PAW PAW TOWN OF PAW PAW TOWN OF	WV002 7405	PAW PAW	WV	25434	0	2	17	0	0	0	0	0	Minor	accepte d represe ntative
24	ST ALBANS CITY OF ST ALBANS CITY OF	WV002 3175	ST.AL BANS	WV	25177	0	2	28	0	0	0	0	0	Major	accepte d represe ntative
25	SUMMERSVIL LE TOWN OF City of Summersville	WV002 0630	SUMM ERSVI LLE	WV	26651	0	1	11	0	1	0	0	0	Major	accepte d represe ntative

26	SUNOCO CHEMICALS, INC. NEAL PLANT	WV0001112	KENOVA	WV	25530	0	1	2	0	0	0	1	0	Major	accepted representative
27	UNION PSD ROCKY FORK PLANT	WV0037486	UNION	WV	25313	0	3	11	0	3	0	0	0	Major	accepted representative
28	US FISH & WILDLIFE SERVICE NATIONAL ED. & TRAINING CENTER	WV0105112	SHEPHERDSTOWN	WV	25443	0	0	6	0	0	0	1	0	Minor	accepted representative
29	WELCH CITY OF WELCH CITY OF	WV0024589	WELCH	WV	24842	0	2	26	0	0	0	0	0	Major	accepted representative
30	WEST UNION TOWN OF WEST UNION TOWN OF	WV0020109	WEST UNION	WV	26456	0	1	38	0	4	0	0	0	Minor	accepted representative
31	WESTON CITY OF WESTON CITY OF	WV0028088	WESTON	WV	26452	0	3	50	0	4	0	1	0	Major	accepted representative
32	WHEELING CITY OF WHEELING CITY OF	WV0023230	WHEELING	WV	26003	0	1	43	0	1	0	1	0	Major	accepted representative
33	WV DIVISION OF CORRECTIONS ANTHONY CORRECTIONAL CNTR	WVG550312	GREENBRIER COUNTY	WV	24986	G	1	0	0	0	0	1	8,830	Minor	accepted representative

The State of WV has a universe of 101 NPDES permitted major facilities, 841 NPDES non-majors with individual permits, and 2,214 non-majors with general permits. EPA focused file selection on core NPDES compliance and enforcement files. A separate programmatic review was conducted to evaluate WVDEP compliance monitoring and enforcement activities for the mining program. The majority of permits in this universe are non-major permits. Preliminary findings indicate that WVDEP: does not have a system to track permits, compliance and enforcement information is not available in the national database; fails to track minimum data requirements for minor permits; does not clearly track NPDES compliance and inspection information for NPDES permits; fails to take timely and appropriate enforcement; and does not capture economic benefit for noncompliance. The inspection reports reviewed did not capture or document the NPDES portion of the inspection and enforcement is based on Surface Mining and Control and Reclamation Act requirements. The final report and corrective measure are included as an appendix to this report and be available on the SRF website upon completion.

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 or areas of exemplary performance are identified.

Initial findings indicate the observed results. They are preliminary observations and are used as a basis for further investigation. These findings are developed only after evaluating them against the PDA results where appropriate, and talking to the state. 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 Air Act

Name of State/Local Agency: West Virginia Department of Environmental Protection (WVDEP)

Review Period: FY2010

	CAA Metric #	CAA File Review Metric Description:	Numerator	Denominator	Metric Value	Initial Findings
1	Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	20	24	83%	The vast majority of the data reviewed was found to be accurately entered and maintained in AFS. However, there was one area that the Review Team found to be of concern. This pertained to the inappropriate designation of the "result" (i.e., Compliance, Noncompliance, or Unknown) of a Title V Annual Certification review.
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 (SM80s) or an alternative CMS plan were completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? Yes or no? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning	NA	NA	100%	The WVDEP committed to conducting a traditional CMS plan that includes FCEs at 100% of the major sources over two years and 100% of SM sources over 5 years. WVDAQ committed to conducting 160 FCEs at major sources over the FY2008 - 2009 CMS cycle. The state completed 100% of the FCEs based on the data provided in Data Metric 5a1. For SM-80 sources, FY2010 was the fourth year of the 5 year cycle. Therefore, the state was required to complete 80% of the SM-80 sources through FY2008. Data metric 5b1

Name of State/Local Agency: West Virginia Department of Environmental Protection (WVDEP)

Review Period: FY2010

	CAA Metric #	CAA File Review Metric Description:	Numerator	Denominator	Metric Value	Initial Findings
		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 agency's implementation (including evaluation coverage) are to be discussed under this Metric.				shows that the state completed > 80% of the SM-80 FCEs.
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	NA	NA	WVDEP successfully completed all commitments specified in the Oct. 2005 Memorandum of Understanding (MOU).

Name of State/Local Agency: West Virginia Department of Environmental Protection (WVDEP)

Review Period: FY2010

	CAA Metric #	CAA File Review Metric Description:	Numerator	Denominator	Metric Value	Initial Findings
4	Metric 6a	# of files reviewed with FCEs.	NA	NA	20	20 FCEs were reviewed
5	Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	20	20	100%	All 20 FCEs reviewed contained sufficient information in the CMR and/or the file to make a compliance determination.
6	Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	19	20	95%	With the exception of one, the CMRs were well written. There was one CMR that was poorly written and lacked detail. The EPA review team considers this to be an isolated incident and believes that WVDEP produces high quality CMRs.
7	Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	17	21	81%	The majority of the compliance determinations reviewed were found to be accurate.
8	Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	10	10	100%	All violations were reported timely in AFS.
9	Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	21	22	95%	WVDEP does a thorough job in making HPV determinations.
10	Metric 9a	# of formal enforcement responses reviewed.	NA	NA	9	9 enforcement responses were reviewed.

Name of State/Local Agency: West Virginia Department of Environmental Protection (WVDEP)

Review Period: FY2010

	CAA Metric #	CAA File Review Metric Description:	Numerator	Denominator	Metric Value	Initial Findings
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.	9	9	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 timely manner (i.e., within 270 days).	5	7	71%	WVDEP takes timely and appropriate enforcement actions consistent with the HPV policy.
13	Metric 10c	% of enforcement responses for HPVs appropriately addressed.	7	7	100%	All HPV related enforcement actions reviewed indicated that WVDEP takes appropriate enforcement actions for HPVs
14	Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	9	9	100%	WVDEP 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.	1	9	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.

Name of State/Local Agency: West Virginia Department of Environmental Protection (WVDEP)

Review Period: FY2010

	CAA Metric #	CAA File Review Metric Description:	Numerator	Denominator	Metric Value	Initial Findings
16	Metric 12d	% of files that document collection of penalty.	9	9	100%	All of the files reviewed contained sufficient information documenting the collection of penalties.

FILE REVIEW ANALYSIS CHART

RCRA Program

Name of State: West Virginia Review Period: FY10 (10/1/09 - 9/30/10)

RCRA Metric #	RCRA File Review Metric Description	Metric Value	Initial Findings
Metric 2c	% of files reviewed where mandatory data are accurately reflected in the national data system	86% (30/35)	<p>There were two facilities where the violations appeared to rise to the level of SNC, but the SNC designation was not entered into RCRAInfo. These facilities were addressed by the State with a formal enforcement action; we believe that this is a data entry issue rather than an enforcement program management problem. Other data entry issues identified were:</p> <ul style="list-style-type: none"> - One potential violation was not entered into RCRAInfo (failure to perform weekly inspections), however, after further investigation this was found not to be a violation. - One formal enforcement action was originally entered into RCRAInfo with an incorrect date and incorrect enforcement action type; corrections have been made to the data system. - One informal enforcement action was originally entered into RCRAInfo with an incorrect enforcement action type; corrections have been made to the data system. - File review revealed documentation of a return to compliance which was not entered into RCRAInfo. It should be noted that the violations were documented as RTC a little less than one month before the reviewers pulled this data from RCRAInfo; the data has since been entered into the system.

Metric 4a	Planned inspections completed (based on grant commitments)	Reported in grant end-of-year report	<ul style="list-style-type: none"> - Federal TSD inspections: 1 completed (commitment of 1) - State and local TSD inspections: 1 completed (commitment of 1) - Private TSD inspections: 7 completed (commitment of 6) - LDF inspections: 3 completed (commitment of 3) - LQG inspections: 33 completed (commitment of 19) - SQG inspections: 25 completed (commitment of 0) - Financial Assurance Evaluations: 0 completed (commitment of 0) - TSD air permitted inspections: 11 completed (commitment of 11) - LQG air emission inspections: 32 completed (commitment of 30) - Used Oil Burner inspections: 26 completed (commitment of 14)
Metric 4b	Planned commitments completed (grant non-inspection commitments)	Reported in grant end-of-year report	<p>Grant work plan included the following non-inspection commitments:</p> <ul style="list-style-type: none"> - The grantee agrees that all enforcement actions will be taken in accordance with the “timely and appropriate” criteria established in EPA’s December 2003 “Enforcement Response Policy (ERP)”. - Enter all required data obtained from compliance inspections into RCRAInfo no later than 30 days following the inspection. This includes violations, enforcement response, etc. The inspections should also identify Significant non-Compliers (SNCs), and the appropriate SNC data should be entered into RCRAInfo within 30 days.
Metric 6a	# of inspection reports reviewed	39	
Metric 6b	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility	100% (39/39)	Typical inspection reports include narrative, photos and other materials (such as check list, manifest, analytical results, MSDS, maps). The inspections are performed as process-based inspections (where applicable), and contain detailed descriptions and observations. All (100%) inspections contained a written narrative, and 69% included photos.
Metric 6c	% of timely inspection reports reviewed	67% (26/39)	In 26 instances, we could verify that the inspection report was completed within 50 days of the inspection. In 8 instances (21%), we could verify that the inspection report was completed more than 50 days after the date of inspection. In 5 instances (13%) it was not clear when the inspection report was prepared, so we are not sure if the standard was met or not. Median time to complete inspection reports was found to be 29 days (even assuming a worst case scenario that the five “unknowns” were greater than 50 days).

Metric 7a	% of inspection reports reviewed that led to accurate compliance determinations	100% (35/35)	We were very impressed with the quality of the State's field work, inspection reports, and overall knowledge of the regulatory RCRA program. Of the files reviewed, we did not find any instances of inaccurate compliance determinations.
Metric 7b	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days)	100% (35/35)	We did not find any instances of untimely violation reporting into RCRAInfo.
Metric 8d	% of violations in files reviewed that were accurately determined to be SNC	94% (33/35)	West Virginia's current criteria for designating a facility as SNC is observing actual hazardous waste violations (excluding 40 CFR 279 (used oil) violations) and assessing a monetary penalty. There were two facilities with violations which appear to rise to the level of SNC where a SNC designation was not entered into RCRAInfo. We believe the issue has more to do with data entry problems than with failure to make a SNC determinations; the State addressed the violations discovered at the two facilities with a formal enforcement.
Metric 9a	# of enforcement responses reviewed	60	
Metric 9b	% of enforcement responses that have returned or will return a facility in SNC to compliance	100% 20/20	All State enforcement responses identify specific injunctive (corrective) actions to be taken in response to each violation, and require submission of a plan for compliance, typically due between 10 and 30 days of issuance of the action.
Metric 9c	% of enforcement responses that have or will return Secondary Violators (SVs) to compliance	100% (15/15)	Fifteen facilities were found to be secondary violators. In 14 instances, follow up enforcement action required injunctive (corrective) actions to be taken in response to the violations. In one instance, return to compliance was achieved without enforcement action.

Metric 10c	% of enforcement responses reviewed that are taken in a timely manner	95% (57/60)	97% of NOV's (36/37) were issued within 150 days, which is the timeliness criteria set forth in the RCRA Enforcement Response Policy (ERP) for the issuance of a warning letter or other appropriate notification of violation. 91% of formal enforcement actions (21/23) were finalized with 360 days, which is the timeliness criteria set forth in the RCRA ERP for entry into final order with the violator. It should be noted that in the two instances where formal action did not meet the timeliness criteria, these actions were complex civil actions involving the WVDEP Office of Legal Services (and were handled outside of the administrative enforcement system). The RCRA ERP recognizes that there are circumstances which may dictate an exceedance of the standard response time, and a ceiling of 20% has been established for consideration of cases involving unique factors that may preclude the implementing agency from meeting the standard response times.
Metric 10d	% of enforcement responses reviewed that are appropriate to the violations	100% (34/34)	There is one facility where the situation is being addressed under Emergency Response, with formal enforcement action pending. In every other instance, enforcement response has been concluded and was found to be appropriate for the violations. Standard practice is for violations to be addressed initially by a (written) Notice of Violation, which specifies injunctive activities to be performed by the facility, along with submission of a written response (typically due between 10 and 30 days of issuance of the NOV). More serious (SNC) violations also received formal enforcement action, including penalties.
Metric 11a	% of penalty calculations reviewed that consider and include, where appropriate, gravity and economic benefit	0% (0/23)	All penalty calculations considered and included an appropriate gravity component, but none included economic benefit. The State's Title 33 (Legislative Rule, Department of Environmental Protection, Waste Management) Series 22 (Assessment of Civil Administrative Penalties) establishes the procedures for calculation of civil administrative penalties. The Rule directs the Secretary to "calculate a civil administrative penalty by taking into account the seriousness of the alleged violation, negligence or good faith on the part of the violator, the type of facility, and any history of noncompliance by the violator." It does not provide the Secretary the opportunity to include economic benefit as a factor in penalty calculations.

Metric 12a	% of formal enforcement responses reviewed that document the difference and rationale between the initial and final assessed penalty	94% (15/16)	In the 16 instances where the final penalty was different from the initial penalty, information was found in the file documenting the difference in all but one case. The State's typical formal enforcement process is the issuance of a Notice of Civil Administrative Penalty (CAP), which includes a proposed penalty, and provides respondents an opportunity to request an informal hearing. At the conclusion of each hearing, the hearing officer documents any changes to the penalty calculation (count by count), and this documentation, along with the proposed penalty calculation (contained in the Notice of CAP), is placed in the file. In the one instance where this information was not readily available, the State's Office of Legal Services lead the enforcement negotiations and the program file did not contain all penalty calculations. There were an additional seven cases which had no difference between the initial and final assessed penalty; in one of these cases, a State-issued Order is under appeal.
Metric 12b	% of enforcement files reviewed that document the collection of penalty	82% (18/22)	In all 18 instances where the penalty has been collected, the State's file contains penalty payment documentation. In the other four cases, the State is aware that penalty payment is overdue, and is actively taking steps to collect payment.

APPENDIX G: FILE REVIEW ANALYSIS

Clean Water Act Program

Name of State: West Virginia

Review Period: Federal Fiscal Year 2010,

October 1, 2009 – September 30, 2010

CWA Metric #	CWA File Review Metric Description:	Metric Value	Initial Findings
Metric 2b	% of files reviewed where WVDEP data are accurately reflected in PCS.	71%	8 of the 28 files reviewed contained documentation to confirm that the WVDEP accurately reported data into PCS. 12 files had at least one inspection or NOV that was in the file however not entered into PCS.
Metric 4a	% of planned inspections completed.	100%	A review of the MOA, PCS, and Compliance Monitoring Strategy report summaries indicate that WVDEP met or exceeded agreed upon goals for inspection coverage during the review period of FY2010.
Metric 4b	Other Commitments: Delineate the commitments for the FY under review and describe what was accomplished. This should include commitments in PPA, PPGs, grant agreements, MOAs, or other relevant agreements. The commitments should be broken out and delineated.	NA	Relevant documents for West Virginia include the MOA, 106 grant, and Compliance Monitoring Strategy. Review indicates that WV has met or exceeded agreed upon commitments.
Metric 6a	# of inspection reports reviewed.	27	27 Inspection files were reviewed.
Metric 6b	% of inspection reports reviewed that are complete.	67%	18 of the 27 inspection reports reviewed had documentation in the files to show that they contained all elements and guidelines contained in Appendix A of the CWA Inspection report Evaluation Guide. 9 files were found to be incomplete due to varying degrees of omitted data such as lack of narrative description of inspection activities, inspection purpose, or signatures.
Metric 6c	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.	100%	27 of the 27 inspection reports reviewed contained sufficient documentation to lead to an accurate compliance determination.

Metric 6d	% of inspection reports that are timely.	89%	24 of the 27 inspection reports reviewed were completed timely. One inspection report was not reviewed, signed and finalized for more than 90 days and two did not include a completion date.
Metric 7e	% of inspection reports reviewed that led to an accurate compliance determination.	100%	27 of the 27 inspection reports reviewed led to an accurate compliance determination.
Metric 8b	% of violation(s) that are accurately identified as SNC or Non-SNC	100%	4 of 4 SEVs were single event violations were accurately identified as SNC or Non-SNC; however this information is not entered into the national database.
Metric 8c	% of SNC reported timely.	100%	3 of 3 SEVs identified as SNC were timely reported; however this information is not timely entered into the national database.
CWA Metric #	CWA File Review Metric Description:	Metric Value	Initial Findings
Metric 9a	# of enforcement files reviewed.	16	Initially 11 enforcement files were chosen for enforcement review, 5 of the inspection files contained enforcement actions which were also reviewed. The data set contains a mix of formal and informal enforcement actions. Therefore 6 SNC files and 10 non-SNCs.
Metric 9b	% of formal enforcement responses that have returned or will return a source with SNC violations to compliance.	50%	3 out of the 6 enforcement responses reviewed have returned or will return facilities in SNC to compliance.
Metric 9c	% of formal enforcement responses that have returned or will return a source with non-SNC violations to compliance.	60%	6 out of the 10 enforcement responses reviewed have returned or will return with non-SNC violations to compliance.

Metric 10b	% of enforcement responses reviewed that address SNC that are taken in a timely manner.	100%	6 of 6 of the applicable enforcement responses reviewed addressed SNC violations timely.
Metric 10c	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	83%	5 out of 6 of the applicable enforcement responses reviewed appropriately addresses SNC violations. One order resulted in permit modification with interim limits.
Metric 10d	% of enforcement responses reviewed that address non-SNC that are appropriate to the violations.	90%	The files for 9 of the 10 enforcement responses reviewed were found to be appropriate for non-SNC violations. One file did not contain documentation of a compliance schedule or evidence that the facility had returned to compliance.
Metric 10e	% of enforcement responses reviewed that address non- SNC that are taken in a timely manner.	100%	10 of the 10 of the applicable enforcement responses reviewed addressed non-SNC violations timely.
Metric 11a	% of penalty calculations that consider and include appropriate gravity and economic benefit.	17%	While all penalty actions reviewed considered gravity, only 1 out of 6 considered economic benefit.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	6 out 6 penalty actions reviewed document the difference and rationale between the initial and final assessed penalty amount.
Metric 12b	% of penalty actions that document collection of penalty.	80%	4 out of 5 penalty files reviewed documented collection of penalty. **one penalty action was in current negotiation with a final penalty number not yet agreed upon. This action was not included in the tally for metric 12b.

APPENDIX H: CORRESPONDENCE

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

April 7, 2011

Jesse D. Adkins
Assistant Director
Division of Compliance and Enforcement
West Virginia Division of Air Quality
601 57th Street S.E.
Charleston, WV 25304

Dear Jesse:

EPA Region III 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).

EPA 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.

EPA is requesting 24 files for the CAA portion of the SRF. Fifteen (15) files were selected under the process for determining random, representative files for review described in the protocol. The remaining nine (9) files were selected under the process for selecting additional files for review based on Data Metric Analysis described in the protocol. Enclosure 2 describes EPA’s file selection process in more detail.

The on-site file review will begin on May 17, 2011 at the Charleston office. Please have these files ready for review in their entirety. Files should include inspection reports, stack test 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. The review team will be available at the end of the file review should you have any questions. The review team may have follow-up questions regarding the files after returning to the office and conducting a more thorough review. The report will contain a file review analysis chart which will include initial findings, 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 West Virginia Division of Air Quality, we will do everything possible to prevent the release of these records.

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

Sincerely,

/s/

Bernard E. Turlinski, Associate Director
Enforcement & Permits Policy

Enclosure 1 – File Selection WVDAQ SRF Round 2
Enclosure 2 – Methodology of File Selection WVDAQ Round 2

cc: Samantha Beers, Director OECEJ