

State Review Framework

Connecticut Department of Energy and Environmental
Protection Round 2 Report
for Federal Fiscal Year 2010

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I. EXECUTIVE SUMMARY

Major Issues

The SRF review of Connecticut Department of Energy and Environmental Protection identified the following major issues:

Clean Air Act inspection and enforcement data is not being reported to AFS in a timely manner.

The Clean Air Act program did not consistently meet the timeliness guidelines set forth in EPA's "Timely and Appropriate" guidance document.

The issuance and closeout of Clean Water Act informal enforcement actions that are currently tracked in a separate state data base must be entered into ICIS. Compliance schedule milestones included in State permits and enforcement actions should be tracked in ICIS.

Clean Water Act state inspection data for SIUs and stormwater permittees is entered in ICIS, but is not captured in the data metrics.

Clean Water Act Single Event Violations (SEVs) are accurately reported on inspection forms, but no protocols and procedures exist regarding the entry of NPDES major inspection SEVs that are determined to be SNC in ICIS.

The RCRA program is not entering all of its informal and formal enforcement actions into RCRAInfo, but Region 1 is working with the program to address the issue.

Summary of Programs Reviewed

I. Clean Air Act Program

The good practices include:

For Title V inspections, CT developed a "Pit Crew Binder" which includes all the necessary documentation such as the Title V permit, the Title V Compliance Checklist, the pre-inspection questionnaire (PIQ), facility compliance and enforcement history, and any MACT requirements or checklists. The compilation of documents in the Pit Crew Binder has streamlined the inspection report writing for the inspectors, while improving the consistency and quality of information provided. (Element 6)

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

Clean Air Act inspection and enforcement data is not being reported to AFS in a timely manner. (Element 3)

Clean Air Act violations did not consistently meet the timeliness guidelines set forth in EPA's "Timely and Appropriate" guidance document. (Element 10)

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

- Data Completeness (Element 1),
- Data Accuracy (Element 2),
- Completion of Commitments (Element 4),
- Inspection Coverage (Element 5),
- Identification of Violations (Element 7),
- Identification of SNC and HPV (Element 8),
- Enforcement Actions Promote Return to Compliance (Element 9),
- Penalty Calculation Method (Element 11),
- Final Penalty Assessment and Collection (Element 12)

II. Clean Water Act/National Pollutant Discharge Elimination System Program

The good practices include:

The CT DEEP Enforcement Desk Reference Tool is an intranet-based tool designed to give each staff person immediate access to the most current enforcement policies, formats, and instructions needed to process an enforcement action from initiation through completion. (Element 11)

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

The issuance and closeout of Clean Water Act informal enforcement actions that are currently tracked in a separate state data base must be entered into ICIS. Compliance schedule milestones included in State permits and enforcement actions should be tracked in ICIS. (Element 1)

Discrepancies exist between EPA's and the CT DEEP's inspection data bases. Enforcement actions are not linked in ICIS to the violations at major NPDES facilities. (Element 2)

Clean Water Act Single Event Violations (SEVs) are accurately reported on inspection forms, but no protocols and procedures exist regarding the entry of NPDES major inspection SEVs that are determined to be SNC in ICIS. (Elements 3, 7, 8)

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

- Completion of Commitments (Element 4),
- Inspection Coverage (Element 5),
- Quality of Inspection or Compliance Evaluation Reports (Element 6),
- Enforcement Actions Promote Return to Compliance (Element 9),
- Timely and Appropriate Action (Element 10),
- Final Penalty Assessment and Collection (Element 12)

III. Resource Conservation and Recovery Act Program

The good practices include:

The CT DEEP practice of requiring retention of consultants to oversee return to compliance, as well as development of future compliance plans, and audits to ensure compliance with the state's recycling laws has demonstrated a quicker return to compliance for a number of regulated facilities. (Element 9)

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

The informal enforcement actions counts and formal enforcement action counts were not complete. (Element 1)

CT DEEP needs to reduce the open violation backlog in the national data system. (Element 2)

The data metrics indicate that a number of formal enforcement actions and informal actions were not entered into RCRAInfo in a timely manner. (Element 3)

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

- Completion of Commitments (Element 4),
- Inspection Coverage (Element 5),
- Quality of Inspection or Compliance Evaluation Reports (Element 6),
- Identification of Violations (Element 7),
- Identification of SNC and HPV (Element 8),
- Enforcement Actions Promote Return to Compliance (Element 9),
- Timely and Appropriate Action (Element 10),
- Penalty Calculation Method (Element 11),
- Final Penalty Assessment and Collection (Element 12)

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

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

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

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

II. CT Background Information on State Program and Review Process

A. General Program Overview

Agency Structure

The Connecticut Department of Energy and Environmental Protection (CT DEEP) was created by [Public Act 11-80](#). Effective July 1, 2011, CT DEEP brings together the former Departments of Environmental Protection (DEP) and Public Utility Control (DPUC) along with the energy policy group from the Office of Policy and Management (OPM).

CT DEEP provides for the integration of energy and environmental policies and programs in a more systematic, proactive, and coherent manner. Many pollution problems are a function of energy choices, particularly the burning of fossil fuels. The integration of energy and environmental policymaking will provide a valuable structure for decision-making and position Connecticut as a national leader on these issues.

The Environmental Branch of CT DEEP has two sections, referred to as Environmental Quality and Environmental Conservation. The Environmental Quality section includes the Bureaus of Air Management, Materials Management and Compliance Assurance, and Water Protection and Land Reuse. This is primarily the section of CT DEEP where the compliance/enforcement programs reside. The Environmental Quality section is led by an appointed Deputy Commissioner who reports to the Commissioner. Each bureau, in turn, is led by a Bureau Chief and consists of multiple divisions managed by division directors. The typical division consists of multiple programs or similar subunits, each with its own supervisor and staff. Most divisions also include one or more assistant directors or equivalent positions.

CT DEEP also has a Bureau of Financial and Support Services, plus a group of six independent agency-wide support offices (including Chief of Staff) that are referred to collectively as the Office of the Commissioner. The Commissioner's senior staff is called the Commissioner's Cabinet. It consists of the Commissioner's Chief of Staff, the Deputy Commissioners for Environmental Quality, Environmental Conservation and Energy, the seven Bureau Chiefs, the Agency's Legal Counsel, plus the directors of the following independent offices: Planning and Program Development, Information Management, and Adjudications.

Compliance/Enforcement program structure and resources

In 2009 – 2010, the State of Connecticut's Retirement Incentive Program and ongoing hiring freeze required CT DEEP's regulatory programs to spread scarce resources across increasing numbers of new and amended regulatory programs, many of which are federally required commitments. The funding through the Performance Partnership Grant (PPG) has remained level for a number of years. The weakened value of the PPG combined with the significant reduction in CT DEEP staff resulting from the Retirement Incentive Program offered to state employees in 2009 necessitated the realignment of both grant and non-grant commitments.

CT DEEP continues to work with EPA to evaluate commitments and to reach concurrence on program priorities. Specifically, with regard to compliance efforts, EPA has expressed a desire to advance innovative approaches to improve compliance in light of the growing gap caused by shrinking resources, the expanding universe of sources, and emerging environmental and health priorities. While there is a need to continue to improve compliance and overall performance of the regulated community, EPA has also recently promoted a vision to shift the paradigm of enforcement towards permits and regulatory programs that compel compliance by advancing initiatives such as electronic reporting with automated compliance evaluations; improved

transparency; self-certification; and third party certification and verification. This paradigm shift will necessitate that the limited enforcement resources be utilized to enable states to fulfill a critical role of regulatory enforcement in a way that will be better aligned with the environmental and health priorities. The types of initiatives EPA has identified will provide states with the flexibility and necessary capacity to apply appropriate compliance strategies and tools to address priority environmental or health risks. This paradigm shift in compliance may afford states the opportunity to reduce the number or frequency of inspections for major facilities (Title V air, NPDES water, RCRA waste) that demonstrate a high rate of compliance to focus on other areas of concern, including facilities not otherwise inspected.

Clean Air Act [CAA] Enforcement Programs

Field Enforcement – The Major Stationary Sources Field Enforcement Group is responsible for on-site facility-wide inspections of various sources, including major sources such as Title V sources, smaller industrial, commercial and institutional sources. The Minor Stationary Sources Inspection Group audits Stage II testing at gasoline stations and responds to complaints on odors, wood burning, and conducts open burning inspections. The common thread running through both field enforcement groups is that they handle compliance through on-site inspections.

Compliance Analysis and Coordination Unit - This group is responsible for receiving, processing, reviewing and analyzing the majority of compliance reports (e.g., Title V and General Permit to Limit Potential to Emit (GPLPE)] that are submitted to the Air Bureau. Based upon these reviews, staff determines the compliance status and may initiate enforcement action. This group is also responsible for development and implementation of compliance assistance initiatives which include educational workshops and programs, educational materials, guidance documents and other written materials for the regulated community. Additionally, this group assists with the planning, coordination, assessment and evaluation of the Air Bureau's enforcement and inspection programs to determine regulatory and enforcement practice improvements to enhance compliance and environmental results. The group is also responsible for reporting enforcement and compliance data to EPA's national database and data stewardship for OTIS/ECHO.

Source Emission Monitoring - This group audits emission testing and Continuous Emission Monitoring (CEM) relative accuracy testing conducted at stationary sources of air pollution. The group determines compliance with associated emission and operational limits and ensures that facility owners and operators adhere to prescribed testing deadlines and requirements.

Administrative Enforcement - This group pursues and administers the appropriate enforcement response for state and federal high priority violations. This most often results in the drafting, negotiating and administering of formal enforcement actions, including state orders and referrals. Staff in this group works closely with the enforcement staff that identified the violation to ensure that the assembled enforcement case is sound and timely. Staff also monitors and manages the violating source's return to compliance in accordance with resulting notice of violation, order and/or judgment. Finally, this group drafts and administers orders to implement single source Reasonably Available Control Technology (RACT) determinations in accordance with federally mandated requirements to implement RACT for emissions of Nitrogen Oxides and Volatile Organic Compounds.

Including section Supervisors, the 2 field enforcement units, compliance analysis and coordination unit, source emission monitoring, and administrative enforcement are staffed by 12, 7, 5 and 8 full-time employees, respectively. The total CT DEEP staff responsible for conducting Air compliance and enforcement work is 34, including the Division Director, Assistant Division Director and five Section Supervisors.

Clean Water Act [CWA] Enforcement Program

CT DEEP's Clean Water Act (CWA) industrial enforcement program is located in the Water Permitting and Enforcement Division of the Bureau of Materials Management and Compliance Assurance. CT DEEP's CWA municipal enforcement program is located in the Planning and Standards Division of the Bureau of Water Protection and Land Reuse.

The Water Permitting and Enforcement Division is comprised of the following sections: Industrial Enforcement; Industrial Permitting; Storm Water Permitting and Enforcement; Field Compliance and Enforcement; Subsurface and Agriculture Permitting and Enforcement; and Program Support and Data Management.

Including the supervisors, the sections within the Water Permitting and Enforcement Division are staffed with the follow number of full-time employees: Industrial Enforcement (4), Storm Water Permitting and Enforcement (6), Field Compliance and Enforcement (5), Subsurface and Agriculture Permitting and Enforcement (5), and Program Support and Data Management (9). Of these staff, the total CT DEEP full-time equivalents (FTEs) responsible for conducting CWA industrial compliance and enforcement work is 18 FTEs, including the Division Director, Assistant Division Director, and the Division's Secretary.

The CT DEEP's CWA municipal permitting and enforcement programs are specifically located in the Municipal Water Pollution Control Section of the Planning and Standards Division. The Municipal Water Pollution Control Section is further subdivided into two geographic districts – the East and West. Each District is staffed by seven full-time positions that report to the Engineer of the Water Pollution Control Facilities. Similar to the Water Permitting and Enforcement Division, the Section is responsible for permitting and enforcement, but is also charged with the administration of the State Revolving Loan and Operator Certification Programs.

RCRA Hazardous Waste Enforcement Program

CT DEEP's hazardous waste enforcement program is located in the Engineering and Enforcement Division of the Bureau of Materials Management and Compliance Assurance. The Engineering and Enforcement Division issues and renews permits for facilities and transporters, conducts inspections at RCRA facilities, generators, and transporters, investigates complaints and issues the appropriate enforcement actions in accordance with CT DEEP's Enforcement Response Policy. This division also coordinates, processes, and oversees activities such as RCRA program authorization, regulation interpretation, regulatory revisions, compliance assurance and assistance, biennial reporting, multi-media enforcement case support, and oversight of RCRA financial assurance obligations and mechanisms, and the RCRA manifest program. This division is also responsible for the Solid Waste Management Program and the Pesticides Management Program.

Including the Section Supervisors, the RCRA enforcement program is staffed by 3 section supervisors and 12 full-time and 2 part-time employees, including: 3 full-time and one part-time compliance specialists, one processing technician, and 8 full-time and one part-time enforcement analysts. There is one vacant full-time position within the Hazardous Waste Field Section (an Environmental Compliance Specialist). The total CT DEEP staff responsible for conducting RCRA compliance and enforcement work is 17. Additional staff involved in assuring RCRA compliance and supporting core enforcement work, include the Division Director, Assistant Division Director, one permitting analyst and one processing technician providing permit processing, as well as clerical and data tracking resources, including manifest processing and biennial report processing.

Enforcement and Compliance Tools, Processes and Strategic Approach

CT DEEP strives to achieve the highest level of environmental protection by use of traditional regulatory controls - a combination of establishing standards, authorizing activities and enforcing compliance with those standards and authorizations - together with financial, regulatory, and technical compliance assistance. CT DEEP is committed to enforcing applicable law by means of administrative orders and lawsuits when serious violations or chronic or recalcitrant violators are involved, while at the same time promoting compliance assistance in its planning, permitting, and enforcement programs.

The goal of CT DEEP's enforcement programs is to improve and protect the environment by accomplishing the following: (1) prevention and prompt cleanup of pollution and its sources; (2) protection and restoration of natural resources at the site where a violation occurs and at other sites; (3) protection of public health and safety; (4) prompt compliance with legal requirements that have been violated; (5) deterrence specific to the individual violator and to the regulated community as a whole; (6) removal of any economic advantage or savings realized by noncompliance; and (7) punishment of violators.

CT DEEP is committed to using its enforcement authority wisely, at all times seeking to produce the maximum benefit to the environment with each action taken by the agency. The enforcement and/or compliance tools the Department employs include inspections, data tracking and monitoring, compliance assistance, and administrative enforcement. Through its Enforcement Response Policy, the Department prioritizes its enforcement resources by focusing on the most significant environmental, human health and noncompliance problems. Two categories of violators deserve and get the most attention from enforcement staff. The first category of violators are the ones that pose the greatest risk to public health and the environment within the State. The second category of violators subject to heightened enforcement is the chronic or recalcitrant violator. Chronic or recalcitrant violators are those demonstrating a pattern or practice of noncompliance with environmental laws; review of a chronic or recalcitrant violator's compliance history indicates a general unwillingness or inability to comply with applicable requirements. Repeated violations or failure of a violator to quickly correct violations in the past or present may also characterize a particular violator as a high priority for enforcement action.

CT DEEP utilizes a strategic problem solving approach that defines the issues and environmental footprint upfront, and outlines the compliance tools that will be applied and the performance measures that will be used to evaluate compliance and communicate measurable environmental and performance results. An analysis of compliance patterns and rates, environmental data, EPA national program guidance and EPA NE identified strategic priorities is conducted across the Department's compliance programs to identify sectors or geographic areas where there are environmental problems or areas of high noncompliance that need to be addressed.

Available permitting, assistance and enforcement tools are then evaluated to determine the appropriate application and integration of tools to resolve the problem. To the extent possible, CT DEEP incorporates the EPA guidance into inspection targeting and formally negotiates with EPA on the use of federal funds to meet mutually agreeable objectives through planning inspections.

CT DEEP's Office of Enforcement Policy and Coordination (OEPD) within the Commissioner's Office convenes enforcement, permitting and assistance managers on a monthly basis to assist in planning, coordinating and targeting inspections and compliance initiatives across the agency's compliance programs. In addition, CT DEEP media enforcement programs meet individually on a monthly basis along with EPA and the Attorney General's Office to review tracking of existing enforcement cases, review inspection targets, discuss proposed enforcement actions and make decisions in coordinating which agency is best suited to take the lead on a new case. CT DEEP works with EPA on necessary enforcement issues and seeks feedback from EPA on

issues and priorities of particular concern and works cooperatively to address them. In addition, CT DEEP attends and participates in the monthly conference calls and quarterly EPA/NE States enforcement/compliance management meetings including an Annual Planning meeting.

In addition to the Enforcement Response Policy, several other key enforcement policies in use by CT DEEP have been designed to assure consistent enforcement throughout the agency:

- **Civil Penalty Policy** sets forth a process for calculating civil penalties in cases where a penalty is warranted.
- **Supplemental Environmental Project Policy** outlines criteria for projects that may serve in addition to a monetary penalty as the basis for the consensual settlement of an enforcement case. The Department believes that these projects, if carefully crafted and executed, provide useful environmental benefits beyond what can be secured solely through administrative orders.

The following enforcement tools may be used to obtain compliance and/or assess penalties for environmental violations, in accordance with the Enforcement Response Policy:

- **Notice of Violation** - A Notice Violation is an informal enforcement action that puts a violator on written notice of a violation and requires compliance within 30 days. A Notice of Violation may be used alone or in combination with any of the actions listed below.
- **Cease and Desist Order** – A Cease and Desist Order is an administrative action issued when a violation is causing actual or substantial harm or is threatening to cause such harm imminently.
- **Consent Order** - A Consent Order is an administrative action in which a violator agrees in writing to pay penalties and/or perform compliance actions.
- **Unilateral Order** - A Unilateral Order is an administrative action in which the Commissioner orders a violator to comply with the relevant environmental requirements. Unilateral Orders are subject to both administrative and judicial appeal. Currently penalties are not assessed through this mechanism at the administrative level. To seek penalties, the matter is referred to the Office of Attorney General.
- **Penalty Notice** - A Penalty Notice is an administrative action in which the Commissioner assesses civil penalties. The Department adopted regulations in May 2007 that allow the Department to issue a Penalty Notice for violations in three programmatic areas: inland water resources, tidal wetlands structures and dredging, and pesticide management. Penalty Notices are subject to both administrative and judicial appeal. The regulations may be revised in the future to expand to more programs.
- **Referral to the Office of Attorney General** – A Referral to the Office of Attorney General is a formal request by the Commissioner that the CT Attorney General institute an action state court to obtain penalties and/or injunctive relief against a violator. A referral to the Attorney General is made when the violation is particularly egregious, when consent order negotiations fail to resolve the case in a timely manner, when the violator is unwilling or unlikely to comply with an order or consent order, or when the violator has not complied with a past order or consent order and thus is unlikely to comply with a subsequent order or consent order.

Staffing/Personnel Qualification and Training

General Personnel Qualifications

CT DEEP, as an executive branch state agency, must adhere to an extensive set of laws, regulations, and other policies and procedures that control the hiring, ongoing employment, and promotion of its employees. The CT Department of Administrative Services (DAS) is the lead state agency for all personnel-related policies and procedures. Within CT DEEP, the Human Resources Division is the lead office for personnel-related policies and procedures. All executive branch employees have standardized job titles (often referred to as class titles or positions) and all job titles have associated Job Descriptions. DAS develops and publishes these generic Job Descriptions for all classified positions within the executive branch. The descriptions include "Example of Duties," and "Minimum Qualifications Required."

When CT DEEP receives approval to fill a particular position, the appropriate program or division staff prepare a job announcement, which is then reviewed by Human Resources and published. The content of these individual announcements must be consistent with the information and requirements contained in the generic DAS job descriptions, but the details are much more specific, as they are tailored to the requirements of particular jobs. The job announcement format allows CT DEEP to specify more detailed hiring requirements related to "Experience and Training," and "Special Requirements."

Agency Training Policy

CT DEEP issued a new directive related to training in February of 2008. The directive is titled "Staff and Organization Development and Job Enhancement through Training and Career Services." The basic policy reads as follows: "The Department is committed to employ and retain talented staff by supporting and providing meaningful on-the-job and other training opportunities so employees may continuously improve their performance and contribute to the agency's mission of protecting the environment and conserving natural resources. To accomplish this goal, the Department's Human Resources Division, in conjunction with the Office of Affirmative Action, has developed a comprehensive staff and organization development program. Additional excerpts from the directive:

- Supervisors and employees are encouraged to work together to design the most appropriate training plans for the individuals' job duties, skills, abilities, and career goals.
- Managers and supervisors are encouraged to support employees' attendance and on-the-job application of both mandatory and elective training relating to their primary job responsibilities, logical career progressions, upward mobility, lateral, or other opportunities, job enrichment, legal requirements, or certification or licensure maintenance requirements.
- Employees are strongly encouraged to take personal responsibility for their own education, training, and career growth through active participation in various development opportunities both within and outside the Department, including financing some of the programs themselves.
- At a minimum, supervisors and managers are strongly encouraged to discuss employees' staff development issues during required annual performance appraisal reviews per current agency procedures and collective bargaining agreements.

Announcements about upcoming agency-sponsored training opportunities typically are made via email. There is no single agency funding source for training. Funds for most training and associated professional development must come from program or division budgets, grants, union funds, etc.

With respect to enforcement and compliance training opportunities, CT DEEP takes advantage of opportunities for in-house training, or training sponsored by EPA Region I or interstate organizations.

Data System Architecture/Reporting

As required by EPA, CT DEEP reports the necessary compliance information into EPA's national data system. RCRA program enters inspections and enforcement actions into RCRAInfo, the Air program enters their compliance information into the Air Facility System (AFS) and the water program enters their compliance and enforcement data into the Integrated Compliance Information System (ICIS).

Simultaneously, CT DEEP maintains separate state databases for each of the programs referenced above for inspection and enforcement activity. CT DEEP also maintains a centralized Site Information Management System (SIMS) for permitting and enforcement activity, into which those programs enter data as well. The duplicative data entry and maintenance for multiple systems is resource-intensive for the agency.

As part of CT DEEP's Information Technology transformation, in the future, CT DEEP intends to move towards a centralized state information management data system. CT DEEP would also like to work with EPA to eliminate the need for double data entry of the same information into both EPA and the state's information management systems through the use of the exchange network. CT DEEP's recent Information Technology transformation is focused on investing in technology to improve the agency's business process to be more responsive, efficient and transparent.

Compliance Monitoring via Electronic Reporting and On-line Training

With regard to compliance monitoring, CT DEEP has made strides to make it easier for businesses to report electronically on environmental performance of Air Compliance Monitoring reports for Air Title V emissions (Emission Monitoring Information Technology) and Water Discharges (NetDMR) for NPDES and pretreatment discharge permittees as well as for hazardous waste manifests. NetDMR is a Web-based tool developed by a consortium of EPA and state environmental regulatory agencies that allows National Pollutant Discharge Elimination System (NPDES) permittees to electronically file their DMRs directly into EPA's Integrated Compliance Information System (ICIS). NetDMR reduces the burden on EPA, states, and the regulated community; improves data quality; and expands the ability of both states and EPA to target their limited resources to meet environmental goals.

For the Underground Storage Tank program, CT DEEP relies on electronic tablets to document inspections in the field with seamless data entry into the agency's database. As part of the Information Technology Transformation, the Department will explore expanding this capability to other programs. Also, for registrants of industrial stormwater general permits, CT DEEP is developing an electronic registration capability that will serve as a pilot for other agency general permits and individual permits to be submitted electronically. In addition, the CT DEEP has launched an on-line hazardous waste management training course. This has expanded the agency's compliance assistance capability. The Department is also developing web based Stationary RICE NESHAP training modules for specific types of units.

Enforcement Desk Reference – Best Practice

Finally, with regard to internal training and resources, CT DEEP has developed an electronic enforcement resource library for all enforcement related documents that assists in the implementation of a consistent and predictable enforcement program across all air, water and materials management programs. The Enforcement

Desk Reference (“EDR”) is a valuable enforcement tool that is located on the Department’s intranet site to give all staff immediate access to the most current enforcement policies, formats, forms and instructions needed to complete enforcement actions.

The EDR includes an enforcement process diagram that depicts the steps of the enforcement process and provides links to the available enforcement tools. As a result, employees are guided to the right documents associated with a particular type of action. Staff is able to select the appropriate form and save it to their case file and immediately begin entering information with the confidence that it is the correct form.

Also included in the EDR are the most current enforcement action formats used by the Department, such as consent and unilateral orders and referrals to the Attorney General or Chief State’s Attorney. Boiler plate language is included to assure that all enforcement actions issued by the Department are consistent. There is formatted language regarding, for instance, dates of issuance, approval processes, compliance audits, supplemental environmental projects and corporate resolutions. The EDR also provides links to EPA’s Online Tracking Information System (OTIS) and the BEN and ABEL computer models as well as the Secretary of the State’s website to obtain corporation information.

***Identification of Opportunities for EPA to Assist CT DEEP
Development of Meaningful Compliance/Enforcement Measures and Alternative Compliance/ Monitoring Strategies)***

Although CT DEEP is committed to continue to report and track traditional measures of enforcement such as orders issued and closed and referrals to the Office of the Attorney General, CT DEEP would appreciate EPA’s support of CT DEEP’s efforts to develop more quantitative measures that demonstrate the success of enforcement and compliance assistance activities, such as tons of emissions reduced, compliance rates and regulatory requirements avoided through the implementation of pollution prevention. EPA and CT DEEP need to develop more effective measures that support CT DEEP’s ability to explore innovative approaches developed by both EPA and the states. The CT DEEP is currently exploring pro-active systematic compliance approaches intended to reduce threats posed by mismanaged mercury-containing products, auto recycling operations and marinas, among others. The primary goal for the development of such additional measures is that they more accurately reflect the impact of enforcement and compliance efforts on the environment and public health.

EPA has recently expressed support to advance innovative approaches to improve compliance in light of the growing gap caused by shrinking resources, the expanding universe of sources and the emergent environmental and health priorities. While there is a need to continue to improve compliance and overall performance of the regulated community, EPA has also recently promoted a vision to shift the paradigm of enforcement towards permits and regulations that compel compliance by advancing initiatives such as electronic reporting with automated compliance evaluations; improved transparency; self-certification; and third party certification and verification. This paradigm shift will necessitate that the limited enforcement resources be utilized to enable states to fulfill a critical role of regulatory enforcement in a way that will be better aligned with environmental and health priorities.

The types of initiatives EPA has identified will provide states with the flexibility and necessary capacity to apply appropriate compliance strategies and tools to address priority environmental or health risks. This paradigm shift in compliance may afford states the opportunity to reduce the number or frequency of inspections for major facilities (Title V air, NPDES water, RCRA waste management facilities) that demonstrate a high rate of compliance to focus on other areas of concern, including facilities not otherwise inspected.

State and EPA Data Exchange and Quality

Just as growing demands and shrinking resources call on states and EPA to collaborate for efficiency, environmental data management requires the same mutual effort. States and EPA are cooperatively implementing the National Environmental Information Exchange Network (Exchange Network) to improve the accuracy and transparency of environmental information. The Exchange Network enables States and EPA to use the internet to electronically share and publish their information, including data related to pollutant discharge and enforcement activities.

For example, CT DEEP participates with other State environmental agencies and EPA on a jointly-developed product called NetDMR that allows NPDES permittees to electronically sign and submit their discharge monitoring reports (DMRs). The Exchange Network allows EPA and State regulators to automatically share these electronic records. This helps ensure consistency among data sets and offers opportunities to improve access to information, streamline data management efforts, and create new efficiencies in the enforcement process.

However, there remain many obstacles that still need to be addressed. For example, State data and the compiled data in EPA's databases often do not match. This data needs to match in order for States and EPA to agree on courses of action, and for the public to be correctly informed. EPA has acknowledged that this reconciliation process is necessary and is underway through the work of the Exchange Network (www.exchangenetwork.net). Until that is complete, State databases are still the primary sources of data, especially for specific sites. Data system improvements should be designed to allow EPA and States to evaluate the significance of noncompliance, for example, both for discharging facilities and water quality of receiving water bodies, and prioritize the most serious environmental problems. The Exchange Network also holds the potential to help aggregate information from disparate State and EPA sources and make it available on the internet in a common format. More timely access to higher quality information will give both environmental managers and the public the power to make better decisions.

Enforcement Timeliness – High Priority Violations Policy Evaluation – CT DEEP working with EPA on Recommendations

In response to the U.S. Office of the Inspector General's (OIG) report, OECA's Air Enforcement Division (AED) formed a HPV Policy Evaluation Workgroup in March of 2010 to evaluate EPA's Timely and Appropriate Enforcement Response to High Priority Violations Policy (HPV Policy). The original workgroup was comprised of staff from OECA, all EPA Regions, and three agency members of NACAA. The OIG's report concluded that federal HPVs were not being addressed by states in a timely manner. Therefore, the mission of the workgroup was to determine which policy revisions were necessary to ensure the most effective implementation of the HPV Policy.

Although CT DEEP was not part of the original workgroup, CT DEEP has actively been involved with EPA Region 1 and the workgroup and has provided recommendations on enforcement timelines to the workgroup. In particular, CT DEEP has made recommendations that EPA along with state representatives investigate existing state enforcement response policies and devise a universal timeline that meets the needs of all the states. CT DEEP has found that most complex cases, which typically are federal HPVs, require approximately twelve months or more to resolve. The workgroup has taken CT DEEP's recommendations into consideration.

CT DEEP continues to work with EPA Region 1 and participate in the workgroup to help ensure that enforcement timeliness under the HPV Policy is more reasonable and flexible to accommodate the complexity of the enforcement cases subject to the policy.

Compliance and Enforcement Priorities and Accomplishments

According to CT DEEP's FY 10 – 12 Compliance Assurance Strategy submitted to EPA as part of CT DEEP/EPA's Performance Partnership Agreement (PPA), CT DEEP works with EPA NE to support priorities set by EPA's Office of Enforcement and Compliance Assurance (OECA) as identified in the National Program Manager's Guidance.

CT DEEP's Compliance Assurance goal is to maintain and further enhance environmental protection in CT by using permitting, assistance and enforcement resources in an integrated manner to solve the environmental problems identified as priorities. It is within the context of the priorities and transformation initiatives referenced below that CT DEEP decides how to best deploy its compliance tools.

- Climate and Energy
- Water Quality, including Sustainable Water and Wastewater Infrastructure
- Air Quality, including Interstate Transport Pollutants and Mercury
- Materials Management & Site Clean-up
- Working for Environmental Justice
- Identification of Emerging Contaminants

With the merger of environmental protection with energy, Connecticut's new Department of Energy and Environmental Protection (DEEP) is poised to demonstrate that a sound and integrated approach to environmental, natural resource and energy policy can lead to sustainable economic growth and job creation. The following are eight key initiatives the Department is focusing upon as part of its transformation. Through these initiatives the Department is focused upon becoming more efficient, effective, responsive, predictable and transparent.

1. Strategic Process Rethink for permitting, enforcement and compliance (e.g., rules, regulations, key processes)
2. Public Utility Regulatory Agency Merger
3. Information Systems (e.g., advanced case management)
4. LEAN
5. Metrics
6. Bureau Transformation
7. Communications
8. Professional Development

Cross-Media Compliance Priorities and Accomplishments

CT DEEP recognizes that each media program has EPA specified targets or core program commitments they must meet e.g., number of inspections for CWA- NPDES majors and Significant Industrial Users; RCRA-TSDFs, LQGs; CAA – Title V, etc. Within those parameters CT DEEP makes a determination regarding either the tools that may be applied to achieve compliance or the geographic area or sector where those tools may be deployed. Some of the areas identified below are not reported to EPA through the national databases for RCRA, Air Title V sources or the NPDES program. Nevertheless, they are valuable efforts that CT DEEP encourages EPA to recognize as resource commitments that can be balanced against other commitments through the PPA negotiation process:

LEAN - Creating More Efficient Processes for Water, Waste, Underground Storage Tanks and Air Compliance Programs

Since 2008, CT DEEP has achieved dramatic improvements through DEEP's LEAN initiative. LEAN is a manufacturing process improvement approach that strives to gain efficiencies by eliminating non-value added activities or waste. The LEAN process provides the ability to save time, standardize workflow, reduce backlogs and decrease process complexity. By applying LEAN practices, the goal is for CT DEEP to become more efficient while maintaining environmental requirements and as a result, increase the capacity to address new environmental challenges as they arise.

To date, CT DEEP has undertaken forty-three projects – two-thirds of those projects address enforcement and permitting program improvements. CT DEEP is continuing to implement the recommendations of the LEAN projects specifically within the following areas: wastewater discharge, UST, solid waste and air permitting and enforcement processes; coastal management and inland water permit processes; enforcement and permitting cross-media database entry; and the adjudicatory hearing process.

Specifically, the **Air Field Enforcement Program** used LEAN practices to enhance the Title V Major Source compliance evaluation process through an analysis of staff training needs, inspection methods, tools and forms, inspection report quality and format, and coordination with office staff. A standardized process was implemented resulting in more thorough and better quality inspection reports.

By using the LEAN process, the **Water Permitting and Enforcement Division** has reduced the timeframe for sending the first draft of a consent order to the Respondent by 75% and has reduced the open Notice of Violation backlog from 949 to 233.

The **Underground Storage Tank Inspection and Enforcement Processes** through a LEAN initiative streamlined its inspection process through the development of a consistent Standard Operating Procedure (SOP) for staff. The UST program also implemented an electronic tool to document inspection results in the field and instantly share the results with the regulated community. Improvements in the UST inspection program will reduce the detrimental impacts to soil and groundwater – thereby improving groundwater and drinking water for Connecticut residents. The UST program improvements provide the regulated community with a clear, consistent, predictable, and transparent inspection and enforcement process. The time saved on conducting inspections allows staff to provide improved compliance assistance services and better customer service. The total processing time for a UST inspection decreased from 47.6 days to 1.4 hours. This dramatic increase in speed allows the Department to conduct more inspections with the same amount of staff. Just this past year, compliance rates by facilities with USTs have increased 10%. This increase in compliance rates translates to fewer detrimental releases to groundwater, avoids clean up costs, and ultimately reduces state expenditures from the UST Fund.

Compliance Monitoring Strategy – Alternative Compliance Strategies

In coordination with EPA, CT DEEP has pursued the following flexibility within the Compliance Monitoring Strategy for the RCRA program. CT DEEP will continue to address the EPA RCRA National inspection goals of 20 %. CT DEEP has a Large Quantity Generator (LQG) universe of 282 generators. This universe generates approximately 33,000 tons of hazardous waste annually based on the number of biennial reports submitted in FY 08. For FY 10, DEEP proposed to deviate from the standard requirement to inspect 20% of the LQG universe (56 LQG's) and implement EPA's preapproved Flex Alternative #3 and inspect 10% of the LQG universe or 28 LQGs and redirect remaining resources. The reason for the reduction was that most of the LQGs have had multiple inspections and enforcement actions and now have a higher degree of compliance and proper

waste management than other generators with few or no inspections. In recent years only 11% of LQG inspections have resulted in formal enforcement actions. In addition, little environmental benefit would be realized by these inspections. Therefore, as part of the pre-approved alternative, CT DEEP proposed to direct its remaining resources to inspect the following areas of high potential for non-compliance:

1. Continue to screen its manifest database and inspect facilities that appear to be operating out of their notified status. CT DEEP identifies Small Quantity Generators (SQGs), Conditionally Exempt Small Quantity Generators (CESQGs), and non-notifiers operating as LQG's and shipping greater than 1000 kg of hazardous waste without complying with applicable requirements. As a result of this initiative, typically 64% of these facilities inspected have received formal enforcement actions. While these facilities are commonly inspected as LQGs, generally they come back into compliance with their SQG, CESQG, or non-notifier status which results in safer management of smaller quantities of waste. DEEP proposed to inspect 10 manifest initiative sites in FY 10.
2. In the above strategy, enforcement actions were pursued to be consistent with CT DEEP's Enforcement Response Policy to compel compliance. CT DEEP provided compliance assistance as necessary at the time of the inspection. The quantitative measure would be the amount of waste improperly managed. This can be determined for non-notifiers, CESQGs and SQGs as follows:
 - For non-notifiers this is the total amount (lbs/yr) of hazardous waste generated that is being mismanaged or is being improperly managed.
 - For CESQGs and SQGs operating as LQGs this is the amount (lbs/yr) of hazardous waste accumulated greater than 1000kg (2,200lbs) that is being improperly managed (managed out of generation status).

The amount of hazardous waste being mismanaged or improperly managed is determined at the time of the field inspection and recorded in the waste profile section of the inspection report or calculated at a later time if a hazardous waste determination is necessary. The environmental benefit that results from proper hazardous waste management (returning to compliance and operating within the RCRA system) includes a reduced likelihood of spills, fires or explosions and improved protection of human health and the environment.

Ensuring Return to Compliance – Enforcement Follow-up

Once a formal enforcement action is issued, there are often times a number of compliance steps that need to be implemented by the Respondent and monitored by the Department to ensure a return to compliance. The schedule for returning to compliance may take several years. CT DEEP prioritizes monitoring final enforcement actions to ensure a return to compliance. Certificates of Compliance or an alternate instrument that the Department deems appropriate will be issued by the Department to signify the closure of the enforcement action. This is an area of enforcement workload that is not sufficiently recognized as a significant resource allocation. Most often, the focus of priorities and enforcement review is on the front end of the enforcement process – inspection, case development and issuance of informal and formal action as opposed to CT DEEP's comprehensive approach to enforcement.

Response to Complaints

Complaint investigations are a high priority for the agency. A number of complaints result in the identification of significant violators and subsequent pursuit of civil and criminal enforcement cases.

Self-Policing Policy

CT DEEP has successfully utilized the Self-Policing Policy to promote voluntary compliance. The Department receives between five and ten self-disclosures a year. The Department will continue to coordinate with EPA on the audit responses. Depending upon the extent of state resources that are consumed by audits, EPA and CT DEEP need to explore the ability to adjust PPA compliance monitoring commitments to reflect and accommodate resource demands made by the audit submissions.

Environmental Justice

The CT DEEP's Environmental Justice Program is one of the oldest environmental justice programs in the nation. Since its creation in 1993, CT DEEP has developed a policy and strategies in response to the needs identified by local community groups, residents and the municipalities it serves. The CT DEEP is committed to incorporating the principles of environmental justice into its program development and implementation, its policy making and its regulatory activities. One of the primary objectives of CT DEEP's environmental justice program is to educate communities regarding their rights to ensure they have opportunities to participate in CT DEEP's ongoing operations and program development, including but not limited to inclusion on the agency's advisory boards and commissions, regulatory review panels, and planning and permitting activities.

In support of CT DEEP's Environmental Justice Policy which maintains "that no segment of the population should, because of its racial, ethnic or economic makeup, bear a disproportionate share of the risks and consequences of environmental pollution or be denied equal access to environmental benefits," it has been the Department's past practice as part of the notice requirement for certain facilities to require submittal of an Environmental Equity Plan. CT General Statutes section 22a-20a "An Act Concerning Environmental Justice Communities" was implemented by CT DEEP in 2009. This Act expands the notice requirements of CT DEEP to provide more meaningful public participation for specifically defined permit applications for new facilities and expansions of such facilities located in environmental justice communities.

For enforcement, CT DEEP continues to target inspections of economically distressed communities. Through the use of SEPs, the Department has also diverted funding to valuable environmental justice projects.

Auto Recycling Compliance Initiative – Targeting Industries with a High Potential for Environmental Problems

Approximately five years ago the Department began a coordinated compliance assistance initiative aimed at improving the environmental compliance with the Auto Recycling Industry. It has been CT DEEP's experience that auto recyclers are frequently found to be out of compliance with environmental regulations and best management practices. These violations include creating potential sources of pollution to water through releases of oils and chemicals to the ground, mismanagement of soils stained with petroleum products, improper storage of used oil, waste gasoline and spent batteries on soil, containers and tanks of waste in poor condition, run-off of petroleum-contaminated rainfall, and large stockpiles of scrap tires in wetlands. As part of the compliance assistance effort, the Department developed an environmental compliance guide specifically tailored for the auto recycling industry. As a follow-up to the compliance assistance efforts, CT DEEP has consistently pursued multimedia inspections at auto recyclers and enforcement actions in pursuit of achieving compliance within this sector. To expedite the development and issuance of Consent Orders, tailored templates with a simplified pre-calculation of penalties for a common set of violations was developed for this sector.

Wet Weather - Industrial Stormwater General Permit Compliance Initiative

The Department is continuing its efforts to improve compliance with its General Permit for the Discharge of Stormwater Associated with Industrial Activity (“industrial stormwater general permit”). Several years ago, the Department began targeting facilities in the **auto recycling, marina and construction sectors** that had stormwater monitoring results that demonstrated their discharges to be in excess of discharge goals contained in the general permit. Multi-media inspections were conducted for the above-referenced sectors and, as necessary, follow-up enforcement action is taken.

Marinas Compliance Initiative

In FY 11, the CT DEEP implemented a targeted compliance initiative for marinas to bring them into compliance with a specific area of environmental concern – pressure washing of vessel hulls treated with copper-based marine antifouling paints. Follow-up enforcement action will continue in FY 13 as necessary. A large majority of marinas in the state have either entered into the consent order or have indicated that they are already in compliance with the vessel pressure washing requirements. The remaining facilities are being prioritized by CT DEEP for inspection and any necessary follow-up measures if needed to bring them into compliance. To date, almost all marinas have demonstrated compliance with requirements to properly manage wastewaters from the pressure washing of vessel hulls.

Generator Status Checks/Manifests Initiative

For many years CT DEEP has utilized readily available data to identify indicators of noncompliance. Specifically, CT DEEP uses the hazardous waste manifest database to screen for companies that are shipping LQG amounts of hazardous waste and are not notified in RCRIS as a LQG. CT DEEP has found this to be an effective and efficient approach to schedule use of limited inspector resources at locations where there is a greater likelihood for noncompliance rather than relying on a random selection of generators to be inspected.

UST /SQG Compliance Initiative

About four years ago the Department implemented an innovative inspection initiative utilizing seasonal resources (i.e., college interns) to strategically increase the Department’s field presence in the regulated community to address noncompliance. The two areas of focus were the Resource Conservation and Recovery Act (“RCRA”) small quantity generators (“SQGs”) and Underground Storage Tank (“UST”) Programs where additional information was needed to target compliance efforts effectively. The Department has continued this effort through an identification of areas where additional compliance assistance is needed as well as identification of where enforcement action for RCRA and UST violations is necessary based upon the inspection results from previous years.

Based upon the lessons learned from the SQG site visits and an analysis of where additional areas of compliance assistance is needed, the Department has developed with the use of SEP funding a compliance assistance initiative for SQG’s. An SQG training program along with guidance material has been developed and distributed. In addition, an e-government tool, an electronic learning course for generators of hazardous waste, has been launched and made available free of charge on the Department’s web site.

Construction Industry

Construction and Demolition Guidance: The construction and demolition industry generates waste wood products contaminated with lead based paint or chemical residues. Commercial and industrial sites may have

process chemicals, oils, cleaning products or other chemical products stored onsite. These products may be classified as hazardous waste or must be shipped to a permitted facility or require special waste disposal. CT DEEP provides outreach materials to this industry also with the opportunity for a DEEP inspector audit, thereby ensuring safe waste management practices in the future.

Construction Stormwater General Permit Compliance Initiative: Recognizing the ongoing need to protect streams, wetlands and other important habitats from construction related impacts, the Department has made substantial efforts to ensure that developers are aware of the need to employ appropriate erosion control and stormwater management measures at construction sites. Despite these efforts, the Department identifies many construction sites each year that have significant compliance problems. These cases are often difficult and time-consuming to resolve, which can over burden limited staff resources.

In response, in FY 08-09 the Department developed an expedited compliance approach (streamlined penalty calculations and co-tailored template) aimed at streamlining its efforts to respond more quickly to sedimentation problems, and to ensure compliance with erosion control and stormwater management requirements at construction sites greater than 5 acres.

Recycling

The RCRA hazardous and solid waste program will continue to pilot the use of an abbreviated recycling inspection checklist as a supplement to certain RCRA and Solid Waste Facility inspections. The checklist provides a quick assessment of whether the inspected sites have statutory and regulatory required recycling programs in place, and whether mandated recyclables are being properly managed. Use of the checklist does not add a substantive amount of time to inspections, so it should not affect RCRA or Solid Waste inspection goals. This project is intended as a pilot for later use Department-wide.

In FY 09-10, on a pilot basis, the RCRA hazardous and solid waste programs developed a template for requiring a recycling business profile or audit as part of enforcement settlements. This initiative increases the regulated entities' understanding of the recycling requirements and increases compliance with the state's recycling requirements. By making this material available on the website, the Department broadens its outreach efforts beyond the generators and facilities that the RCRA hazardous and solid waste program normally inspects and reaches out to sectors such as institutions, large office buildings and businesses, and malls and other retail establishments. In addition, the Department continually enhances the recycling information available on the web site.

Electronic Equipment Recycling

CT DEEP continues to implement the electronic equipment recycling law that was passed in 2007. Final regulations were approved in June, 2010. Under the new law, residents have convenient and free opportunities for recycling their computers, televisions and monitors. The financial burden for recycling electronic waste will rest with the manufacturers, while the towns will have their electronic waste picked up and recycled at no expense. As of 2011, computers, televisions and monitors are banned from disposal and must be recycled.

Financial Assurance

In FY 05, the Department was the first state to volunteer to participate in an EPA pilot program to review potential compliance issues with RCRA Subpart H financial assurance requirements. The pilot was spurred by notable recent corporate defaults and scandals, such as Safety-Kleen and Enron, and has resulted in a national

enforcement priority. This program will continue within available resources, including coordination with EPA to ensure proper cleanup of releases to the environment is conducted even if a responsible party defaults on its obligation.

Air Toxics - Anti-Idling Strategy: Diesel Emission Reductions

As a complement to the Department's Clean Diesel Plan, the Department has implemented an anti-idling strategy to address the problem of excessive motor vehicle idling. Key elements of this strategy involve educating the public, improving enforcement tools and targeting key sectors. The major effort in this area is the Department's anti-idling signage program, which provides notice to drivers and is critical to educating the public and improving compliance rates.

Woodsmoke Strategy

As more and more Connecticut residents switched to wood burning as an alternative source of energy, the Department began to receive more smoke and nuisance odors. Realizing that the majority of complaints related to health issues, the Department partnered with the Department of Public Health and developed a strategy to assist local health districts in responding to these complaints. Key elements of this strategy involved educating local health districts, developing guidance and providing technical training. The major efforts in this area were the development of a Wood Smoke Guidance Document and cost-free training for reading smoke opacity and odor detection. By providing local health districts the knowledge and tools, residents of Connecticut receive a faster and more efficient response to their wood smoke complaints.

Small Commercial Businesses

During 2009, CT DEEP offered a compliance assistance program directed at small businesses such as garden centers, retail home improvement centers, pool supply centers and hardware stores. The purpose of this assistance was to make retail facilities in Connecticut more aware of environmental regulatory requirements. Due to the size and nature of their business, this sector often gets overlooked, or falls outside the focus of traditional regulatory programs.

This initiative was funded through an SEP as part of a multi-media enforcement action against The Home Depot and included best management practices (BMPs) for proper waste, stormwater, and pesticide storage and handling. These BMPs focus on specific practices that are capable of preventing and minimizing groundwater and surface water pollution as a result of day-to-day activities in this sector. The BMPs have been published in an easy to read guide entitled, "[*Environmental Best Management Practices Guide for Small Businesses.*](#)"

Additional Compliance Assistance and Pollution Prevention Initiatives in Priority Sectors

Mercury Action (dental mercury; phase-out of certain mercury containing products; limiting mercury emissions from MWC and SSI's); Hospitality-CT Green Lodging (voluntary self-certification); Toxics in Packaging Compliance; Dry Cleaners; Vehicle Service Industry; Schools (energy efficiency - high building performance standards); Hospitals (Roundtable and coordination with EPA on self-audits); Organic Land Care; Greening DEP Conservation Plan; and Green "less toxic" Cleaning.

B. PROCESS FOR SRF REVIEW

- **Review period:** Federal Fiscal Year 2010 – October 1, 2009–September 30, 2010
- **Key dates and Communication with the state**
CT DEEP hosted a kick-off meeting to begin the review on June 1, 2011 at its Headquarters in Hartford, Connecticut. The CT DEEP Enforcement Coordinator and managers and senior staff from Region 1 and CT DEEP participated in the meeting. After the kick-off meeting, state and federal staff worked out their own schedules for data examinations, file reviews and meetings. All file reviews took place at CT DEEP's Hartford office. File reviews began immediately after the kick-off meeting.

Region 1's SRF Coordinator and CT DEEP's Director of Enforcement Policy and Coordination discussed procedural and substantive aspects of the review by phone. EPA program reviewers worked out their own schedules with their state counterparts for data evaluation, file reviews and meetings. These activities occurred during meetings at CT DEEP and by phone. The SRF meetings and calls often took place during regularly scheduled state oversight meetings and calls.

File reviews and SRF site visits mostly occurred in summer 2011. EPA reviewers drafted preliminary findings in Fall 2011 and shared them informally with their CT DEEP program counterparts in early 2012, and also during regularly scheduled program oversight meetings and calls. Throughout this process EPA and CT DEEP revised and refined findings and recommendations. This included steps by CT DEEP to address and resolve some issues identified by EPA. EPA reviewers submitted draft findings and supporting material to the Region 1 SRF Coordinator in May/June, 2012.

- **State and regional lead contacts for review.**

Connecticut Department of Energy and Environmental Protection

- Nicole Lugli, Director, Office of Enforcement Policy and Coordination
- Bob Girard, Assistant Director, Air Enforcement Division
- Oswald Inglese, Director, Water Permitting and Enforcement Division
- Robert Isner, Director, Waste Engineering and Enforcement Division

EPA Region 1

- Sam Silverman, Deputy Director, Office of Environmental Stewardship
- Mark Mahoney/Lucy Casella, SRF Coordinator
- Linda Gray-Brolin, RCRA
- Mike Fedak, Clean Water Act
- Beth Kudarauskas, Clean Air Act

III. STATUS OF OUTSTANDING RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of CT DEP's compliance and enforcement programs, Region 1 and CT DEP identified a number of actions to be taken to address issues found during the review. The table below shows the actions that have not been completed at the time of the current SRF review. (Appendix A contains a comprehensive list of completed and outstanding actions for reference.)

State	Status	Due Date	Media	Element	Finding
CT - Round 1	Completed	1/1/2008	CAA	Violations ID'ed Appropriately	Inspection Documentation
CT - Round 1	Completed	9/30/2009	CAA	Penalties Collected	Correct UI translation issues
CT - Round 1	Completed	12/31/2011	CWA	Violations ID'ed Appropriately	Evaluate feasibility of sampling capacity
CT - Round 1	Completed	12/31/2009	CWA	Penalty Calculations	Document basis for Economic Benefit Calculations
CT - Round 1	Completed	9/30/2010	CWA	Data Timely	Plan Implementation of ICIS/NPDES Policy Statement
CT - Round 1	Completed	9/30/2009	RCRA	Insp Universe	Clarify LQG inspection counts
CT - Round 1	Completed	9/30/2008	RCRA	SNC Accuracy	Report dates for return to compliance
CT - Round 1	Completed	9/30/2009	RCRA	Timely & Appropriate Actions	Improve timeliness of referrals
CT - Round 1	Completed	9/30/2008	RCRA	Penalties Collected	Improve penalty calculations
CT - Round 1	Completed	9/30/2007	RCRA	Data Complete	Improve data completeness

V. FINDINGS

Clean Air Act Program

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.		
1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Both the data metrics (preliminary data analysis) and the file review metrics indicate that there were no issues regarding the reporting of all minimum data requirements.
	Explanation	CT is reporting all MDRs including Title V and CMS universes as well as federally reportable actions.
	Metric(s) and Quantitative Value(s)	<p>For all but one data metric in Element 1, CT met or exceeded the national average statistics. For example, 100% of HPVs have a discovery date, violation type code and violating pollutant.</p> <p>1c4 — CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005: 52/58 = 89.7% National Goal = 100% National Average = 87.7%</p> <p>1c6 — CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005: 87/89 = 97.8% National Goal = 100% National Average = 94.4%</p> <p>1h1 — HPV Day Zero Pathway Discovery date: Percent DZs with discovery: 18/18 = 100% National Goal = 100% National Average = 59%</p> <p>1h2 — HPV Day Zero Pathway Violating Pollutants: Percent DZs: 18/18 = 100% National Goal = 100% National Average = 95.4%</p> <p>1h3 — HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s): 18/18 = 100% National Goal = 100% National Average = 91.2%</p>
	State Response	
	Recommendation(s)	

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

1-2	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Metric 1c5 indicates that CT is reporting subparts on 66.7% of NESHAP facilities.
	Explanation	<p>CT has reported a subpart on only 8 out of 12, or 66.7% of NESHAP facilities. Accordingly, there are 4 NESHAP facilities that do not have a NESHAP subpart. CT is reporting NESHAP subparts at a rate that is higher than the national average of 48.7%.</p> <p>Because CT is appropriately reporting all other MDRs and this particular metric deals with a relatively small universe of sources, this is considered a minor issue.</p>
	Metric(s) and Quantitative Value(s)	<p>Metric 1c5 – Subpart Designation: Percent NESHAP facilities with FCEs conducted after 10/1/2005: 8/12 = 66.7%</p> <ul style="list-style-type: none"> • National Goal: 100% • National Average: 48.7%
	State Response	DEEP has corrected these minor MDR deviations.
	Recommendation(s)	

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	A few of the inspection/enforcement files (4/20) contained very minor data inaccuracies.
	Explanation	A review of the data metrics revealed no significant problems with data accuracy. However, data metric 2a revealed that 75% of the facilities in Connecticut that are in violation are HPVs. According to the metric, a goal of 50% is ideal and a value of 50% to 100% indicates that there may be gaps in violation reporting. Nothing in the review of CT's data or files suggests that there are gaps in violation reporting. In fact,

		<p>CT is reporting violations at more facilities than those with active HPVs, indicating appropriate data reporting.</p> <p>The file review revealed that some of the files (4 of 20) contained minor data inconsistencies. Two of the files had a street address that was slightly different in the state file and OTIS, most likely due to a typo. Two files had zipcodes that were different from the zipcode listed in OTIS, likely due to typos. The last data problem was an inspection date that was different by one day in OTIS versus the state file.</p>
	Metric(s) and Quantitative Value(s)	A total of 4 of the 20 files reviewed, or 20% had very minor data inconsistencies.
	State Response	<p>Data metric 2a is not in itself an indication of a non-performance problem with the HPV Policy but is a pointer to increased review regarding implementation of MDR compliance status reporting and Federally Reportable Violation or FRV Guidance implementation. After a more in depth review Region 1 found no non-performance problems.</p> <p>Based upon the review by Region 1 with respect to Metric 2a and the discovery of very minor data inconsistencies that were most likely typos, Connecticut feels that we have met the SRF Program Requirements for Element 2.</p>
	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 type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	CT's inspection and enforcement data is not being reported to AFS in a timely manner.
	Explanation	<p>CT's inspection and enforcement data, including HPV data, usually takes more than 60 days to be reported to AFS. In FY2010 a number of factors contributed to delayed reporting, many of which were beyond the control of the Air Bureau.</p> <p>CT uses the Universal Interface (UI) to upload MDR data from CT's Bureau of Air Management Enforcement Database (BAMED). During FY2010, the server that the UI resided on was virtualized and renamed. IT personnel didn't redirect the UI to the new server name; therefore, the UI was not functional during parts of March and April 2010.</p> <p>CT, like most states, accesses the federal AFS database using Host on Demand (HOD). During 2010, CT, as well as most HOD users, had problems accessing HOD due to Java software problems and security applications.</p>

	<p>Furthermore, in July 2010 CT's AFS data manager was promoted to a supervisory position with increased duties and responsibilities and due to hiring constraints, the AFS responsibilities followed with him to his new position.</p> <p>At this time, the known technical issues hindering CT's ability to timely upload data to AFS have been corrected. CT has identified 2 individuals within the Air Bureau who will take on the data management and AFS reporting responsibilities, and has begun training one of those individuals.</p> <p>AFS is an antiquated mainframe system that is not user-friendly and as such requires significant training. Region 1 has been working with CT's AFS data manager to identify and pursue opportunities for training. EPA Region 1 has worked with CT in the past to provide in-person AFS training, and plans to continue to work together to train staff as necessary.</p>
Metric(s) and Quantitative Value(s)	<p>Metric 3a - 11.1% (2 of 18) of CT's HPVs were entered within 60 days.</p> <p>Metric 3b1 - 22.6% of CT's inspection actions are reported within 60 days.</p> <p>Metric 3b2 - 48.5% of CT's enforcement actions are reported within 60 days.</p>
State Response	<p>Connecticut is working closely with Region 1's AFS data manager to develop an AFS training plan to train multiple staff. It is anticipated that training will be prolonged due to the archaic nature of the AFS mainframe system that is not easy to use. Connecticut is also actively working with EPA and regional organizations on AFS modernization.</p>
Recommendation(s)	<p>CT's AFS supervisor should work with Region 1's AFS data manager to develop an AFS training plan by December 31, 2012. The AFS training plan should outline the requirements necessary to train staff in AFS. By December 31, 2012 EPA Region 1 will meet with the CT AFS data manager and provide in-person AFS training as necessary.</p> <p>EPA Region 1 will discuss the progress of development and implementation of the AFS training plan with CT Air Bureau personnel during quarterly meetings. It is expected that by building additional expertise and capacity in maintaining the AFS database, CT will be able to provide MDRs within 60 days.</p>

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	Both the data metrics and the file review metrics indicate that there were no issues regarding the completion of commitments.
	Explanation	<p>98.8% (79/80) of CMS majors were inspected on the most recent CMS cycle. CT did not inspect one CMS major, Tegrant, because EPA asked CT to wait until EPA completed an open investigation. CT completed an FCE at Tegrant on 7/27/2010.</p> <p>98.8% (246/249) of CT's SM80s were inspected on the most recent 5 year CMS cycle. One source was not inspected because they were closed prior to the date they were due to be inspected. Another source is co-located at a Title V source (Pfizer) and the inspection is associated with the major source AFS ID. The last source had a date achieved error in AFS. Therefore, CT inspected 99.6% (248/249) of the SM80 universe.</p>
	Metric(s) and Quantitative Value(s)	Metric 4a: CT inspected 98.8% of CMS majors and 98.8% of SM80s within the most recent CMS cycle.
	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	CT continues to meet all CMS inspection commitments.
	Explanation	<p>98.8%, or 79 of 80 CMS majors were inspected in the most recent 2 year CMS cycle. One CMS major, Tegrant, was not inspected because EPA Region 1 was actively conducting an investigation and asked CT to delay the FCE. CT conducted the FCE at Tegrant once EPA completed the investigation.</p> <p>75.1% of SM80s have been inspected since FY2007, the current CMS cycle. It is expected that a state will inspect approximately 20% of the SM80 universe per year (or 100% over a 5 year period). The review year for this report is FY2010, so approximately 80% of the SM80 universe should be inspected. However, sources come in and out of the SM80 universe and are not all on the same CMS inspection cycle. Therefore, Metric 5b2 is a more accurate indicator of CT’s CMS inspection activity at SM80 sources. CT has inspected 98.8% of the SM80 universe in the last 5 fiscal years.</p>
	Metric(s) and Quantitative Value(s)	Metric 5a – 98.8% of CMS majors with a FCE on 2 FY cycle Metric 5b1 – 75.1% of SM80s with FCE since FY2007 Metric 5b2 – 98.8% of SM80s with FCE in last 5 FYs
	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>CT does an excellent job of fully documenting FCEs, especially FCEs at major sources.</p>
	Explanation	<p>During FY2010, the Air Bureau implemented a new Title V (TV) inspection program designed to improve the quality of inspections and inspection reports. The changes to the TV inspection program were done as the result of a LEAN process with the goal of improving the quality and consistency of TV inspections. The Air Bureau sought to conduct better TV inspections, not necessarily faster inspections.</p> <p>As part of the preparation for each TV inspection, a binder, called the “Pit Crew Binder” is put together for each source. The binder includes all the necessary documentation needed by the inspector to prepare for the inspection including documents such as the Title V permit, the Title V Compliance Checklist, the pre-inspection questionnaire (PIQ), facility compliance and enforcement history, and any MACT requirements or checklists. The inspectors spend a half day (or longer if needed) in the office reviewing the Pit Crew Binder and preparing for the inspection.</p> <p>For each TV facility in CT, a TV Compliance Checklist has been developed. The Compliance Checklist is facility-specific and is based on the requirements in the TV Permit. The TV Compliance Checklist is used by inspectors in the field to ensure proper documentation that every requirement is evaluated for compliance and that an adequate sampling of records is reviewed. This new Title V inspection process, specifically the development of the TV Compliance Checklist, has led to changes in the formatting of CT’s TV permits and TV Compliance Certifications.</p> <p>Furthermore, the Air Bureau has revised the inspection schedule to conduct TV inspections after TV Certifications have been received and the preliminary review has been completed. This ensures that inspectors are aware of areas of non-compliance that are reported in the TV Certification.</p> <p>The compilation of documents in the Pit Crew Binder has streamlined the inspection report writing for the inspectors, while improving the consistency and quality of information provided. The inspection report is designed to serve as a compendium of all the different pieces involved in a FCE. A report cover page summarizes pertinent inspection data and serves as a directory of the information provided in the report. Space is available in the inspection report template for the inspector to provide a written discussion for each element required in the compliance monitoring report. The narrative elements of the report are used to document any changes to the facility that are not covered in the Title V Permit or other facility documents. The documents in the Pit Crew Binder are included as attachments to the inspection report. For example, the TV Compliance Checklist would be included as an attachment to the</p>

		<p>inspection report to document the compliance monitoring activities conducted in the field. This approach effectively documents a thorough compliance evaluation while minimizing time spent re-writing and re-inventing information included in other facility documents.</p> <p>This new Title V inspection program was effectively implemented in FY2010. As demonstrated in the file review metrics, the Air Bureau has implemented a very effective inspection program. One inspection report that was reviewed did not provide an adequate description of compliance monitoring activities. However, additional training on the new inspection procedures as well as slight changes in the report format have made it so this type of oversight is unlikely to occur again.</p> <p>Through the implementation of the Title V inspection program, CT has demonstrated a commitment to quality and consistency in the compliance monitoring program.</p>
	Metric(s) and Quantitative Value(s)	<p>Metric 6a – 14 files with FCEs were reviewed</p> <p>Metric 6b – 100% (14/14) files reviewed met the definition of an FCE</p> <p>Metric 6c – 93% (13/14) files reviewed met the requirements of a compliance monitoring report (CMR)</p>
	State Response	
	Recommendation(s)	

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

7-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	CT is making accurate compliance determinations and reporting observations to the national database.
	Explanation	Based on the file review, 100% of the inspections accurately determined compliance and provided adequate documentation in the file. Also, 100% of the enforcement files accurately represented compliance status in AFS.
	Metric(s) and Quantitative Value(s)	Metric 7a: 100% (14/14) of the inspection files led to an accurate compliance determination. Metric 7b: 100% (4/4) of the files accurately represent the compliance status in AFS.
	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	Both the data metrics and the file review metrics indicate that there were no issues regarding the identification of HPVs.
	Explanation	100% of the files reviewed accurately determined HPVs and the data metrics all meet the national goal criteria.
	Metric(s) and Quantitative Value(s)	Metric 8a – CT’s HPV discovery rate per major source is 12.2% . This is greater than the national average of 7%. Metric 8c – 75% of sources that were previously an HPV received formal enforcement in CT. This is greater than the national average of 67.9%. Metric 8E – 100% of the Major and SM sources in CT that failed a stack test received a HPV listing. This is greater than the national average of 41.4%.
	State Response	
	Recommendation(s)	

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	The file review metrics indicate that CT’s formal enforcement actions return facilities to compliance in a specific time frame.
	Explanation	Of the 8 formal enforcement actions reviewed, 100% documented injunctive relief and returned or will return a facility to physical compliance.
	Metric(s) and Quantitative Value(s)	Of the 8 formal enforcement files reviewed, 100% documented injunctive relief and returned the facility to compliance.
	State Response	
	Recommendation(s)	

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

10-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	<p>CT did not consistently meet the timeliness guidelines set forth in EPA’s “Timely and Appropriate” guidance document.</p>
	Explanation	<p>CT was found to always take appropriate enforcement once violations were identified, however, for the review period, CT did not consistently meet the timeliness guidelines set forth in EPA’s “Timely and Appropriate” guidance document. In 7 out of the 9 enforcement files reviewed for HPVs, CT did not address the violations within 270 days of Day Zero.</p> <p>Upon discovery of a violation, CT Air Bureau Enforcement Staff are required to issue a Notice of Violation within 90 days, a requirement in CT’s Enforcement Response Policy (ERP). When formal enforcement is appropriate, CT engages the facility in negotiations that will ultimately result in the issuance of an administrative order by consent. These consent orders are negotiated in advance and may be multi-media and include injunctive relief, penalty and SEPs, when appropriate.</p> <p>Because of the complexity of the HPV cases, the negotiations often take longer than 270 days. Regardless of how the original violation is discovered, CT evaluates overall facility compliance for formal enforcement actions. Based on CT due diligence that entails further investigation into an HPV source to determine whether additional violations exist, CT may find several violations and sometimes add multiple HPV pathways. This often means that a single formal action (consent order) will address several violations, which may be several federal Day Zero actions.</p> <p>CT is hesitant to issue numerous, formal enforcement actions for a given HPV source once additional violations are discovered and prefers to hold up the initial, formal enforcement action until such time that all the original and additional violations discovered for a given HPV are fully documented and supported and can be incorporated into one formal enforcement action. CT’s rationale for limiting the number of formal enforcement actions it issues to a given HPV source is managing resources.</p> <p>In addition, CT has an Enforcement Response Policy that establishes a separate timeline for state high priority violations. The CT ERP requires that state high priority violations be addressed within 300 days. At times, the difference between the federal HPV Policy and the CT ERP results in competing priorities.</p>
	Metric(s) and Quantitative Value(s)	<p>22%, or 2 of 9 HPV files reviewed met the Timely and Appropriate timeline of 270 days.</p> <p>100% (7/7) HPVs included an appropriate enforcement response</p>
	State Response	<p>The U.S. Office of the Inspector General concluded that federal HPVs were not being addressed by states in a timely manner. Therefore, a HPV Workgroup was formed to determine which policy revisions were necessary to ensure the most effective implementation of the HPV Policy. CT DEEP has made recommendations that EPA</p>

		<p>along with state representatives investigate existing state enforcement response policies and devise a universal timeline that meets the needs of all the states. CT DEEP has found that most complex cases, which typically are federal HPVs, require approximately twelve months or more to resolve. The workgroup has taken CT DEEP's recommendations into consideration. We will continue to work with EPA Region 1 and participate in the workgroup to help ensure that enforcement timeliness under the HPV Policy is more reasonable and flexible to accommodate the complexity of the enforcement cases subject to the policy.</p>
	<p>Recommendation(s)</p>	<p>To address the timeliness of HPV addressing actions, CT Air Bureau Supervisors should periodically use available in-house electronic enforcement reporting tools to initiate an internal discussion with staff. These discussions should serve as a reminder of HPV timelines and will provide an opportunity for supervisors to identify issues and keep cases moving. When multiple violations are involved, supervisors should consider whether issuing separate enforcement actions is appropriate. For HPV cases that are not progressing towards a timely addressing action (consent order), supervisors should discuss the possibility of a referral to the State Attorney General.</p> <p>EPA will continue to meet with CT Air Bureau on a quarterly basis to review federal HPV cases and ensure timely and appropriate action is taken. Starting on September 30, 2012, EPA will ask during the quarterly meetings about HPV cases that have not been addressed. EPA will use the SRF metrics and the quarterly meetings to ensure implementation of these recommendations. If the meetings and metrics show improvement over four consecutive quarters, EPA will close out this recommendation.</p>

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

11-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Penalty calculations include both economic benefit and gravity when appropriate.
	Explanation	Each enforcement file reviewed adequately documents the evaluation of both economic benefit and gravity in the penalty calculation. When no economic benefit is included in the penalty calculation, CT includes a justification for this decision in the file.
	Metric(s) and Quantitative Value(s)	11a – 100% (8/8) enforcement files reviewed appropriately evaluated both economic benefit and gravity
	State Response	
	Recommendation(s)	

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

12-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	No issues were found with the final penalty assessment and collection.
	Explanation	Based on the file review, CT thoroughly documents the calculation, adjustment, and collection of penalties, with written justification if necessary. Also, CT’s data indicate that 80% of HPVs involve a formal enforcement action with penalty. The national goal for this data metric is 80%.
	Metric(s) and Quantitative Value(s)	Metric 12b – 80% (8/10) of enforcement actions at HPVs included a penalty Metric 12c – 100% (8/8) files adequately documented the penalty including any difference between initial and final penalty calculation Metric 12d – 100% (8/8) files documented collection of the penalty
	State Response	
	Recommendation(s)	

Clean Water 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 type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The issuance and closeout of informal enforcement actions that are currently tracked in a separate State database are not entered in EPA’s compliance tracking database (ICIS). Compliance schedule milestones included in State permits and enforcement actions are not currently entered in ICIS.
	Explanation	Discharge Monitoring Report (DMR) compliance monitoring, inspection, enforcement action and penalty data are entered in ICIS for NPDES majors. DMR, inspection, enforcement action, and penalty data are also maintained in ICIS for NPDES non-majors and significant industrial users (SIUs). Data was sufficiently complete such that there were no manual resolutions of inaccurate data. Informal actions and compliance schedule milestones were not entered in ICIS. Separate State data bases are used track the issuance, response, and closeout of the significant number of informal actions that are annually issued as well as the compliance schedule milestones included in NPDES permits and State enforcement actions.
	Metric(s) and Quantitative Value(s)	<p>1b1 - % of major individual permits with correctly coded limits: $94/96 = 97.9\%$</p> <ul style="list-style-type: none"> ▪ National Goal > 95% ▪ National Average = 92.9% <p>1b2 - % of major individual permits with DMR entry rate based on MRs expected: $747/760 = 98.3\%$</p> <ul style="list-style-type: none"> ▪ National Goal > 95% ▪ National Average = 93.7% <p>1b3 - % of major individual permits DMR entry rate based on DMRs expected: $97/97 = 100\%$</p> <ul style="list-style-type: none"> ▪ National Goal >95% ▪ National Average = 96.9% <p>1b4 - % major individual permits manual RNC/SNC override rate: $0/12 = 0\%$</p> <p>1c1 - % of non- major individual permits with correctly coded limits: $62/68 = 91.2\%$</p> <p>1c2 - % of non- major individual permits with discharge monitoring report (DMR) entry rate based on DMRs expected: $310/330 = 93.9\%$</p> <p>1c3 - % of major individual permits DMR entry rate based on DMRs expected: $72/72 = 100\%$</p> <p>1e2 - informal actions: number of State actions at major facilities – 0</p> <p>1e4 - informal actions: number of State actions at major facilities – 0</p> <p>1f2 – formal actions: number of State actions at major facilities – 3</p> <p>1f4 - formal actions: number of State actions at non-major facilities – 25</p> <p>Additionally, three of the four formal enforcement actions that were reviewed included compliance schedules that were not reflected in ICIS.</p>
	State Response	EPA Regional 1 has agreed to provide us with training on how to enter the additional data elements into ICIS. Contingent on our receiving this training, CT DEEP will start entering it in ICIS by the proposed date.

		<p>CT DEEP already tracks informal actions and compliance schedules in state databases. To begin also entering this information into ICIS will be duplicative and a strain on dwindling resources. Therefore, CT DEEP has been tracking with interest EPA's efforts to develop exchanges nodes that will allow states to upload information from their databases into ICIS, and had held off on doing the duplicative data entry. As discussed in Section II of the report:</p> <p>As part of CT DEEP's Information Technology transformation, in the future, CT DEEP intends to move towards a centralized state information management data system. CT DEEP would also like to work with EPA to eliminate the need for double data entry of the same information into both EPA and the state's information management systems through the use of the exchange network. CT DEEP's recent Information Technology transformation is focused on investing in technology to improve the agency's business process to be more responsive, efficient and transparent.</p>
	Recommendation	<p>It is agreed that by January 1, 2013, the CT DEEP will enter and track informal enforcement actions as well as compliance schedule milestones included in NPDES permits and enforcement actions in ICIS. By June 30, 2013, EPA will assess whether the recommendations have been implemented and whether additional training regarding the entry of this information in ICIS is warranted.</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	<p>Discrepancies exist between EPA's and the CT DEEP's inspection data bases.</p> <p>Enforcement actions are not linked in ICIS to the violations at major NPDES facilities.</p> <p>Compliance schedules are tracked in a separate State database but are not entered in ICIS.</p> <p>Informal actions are tracked in a separate State database but are not entered in ICIS.</p> <p>State inspection data for SIUs and stormwater permittees are entered in ICIS but are not captured in the data metrics.</p>

	Explanation	<p>Required data elements were accurately entered into ICIS for eleven of the fourteen inspection files that were reviewed. The remaining three files, with data that did not match the data reported in ICIS, appeared to be related to coding errors involving incorrect inspection types or dates.</p> <p>Issuance and closeout of State administrative compliance and penalty actions are tracked in ICIS. However, State enforcement actions for NPDES major facilities are not linked to the violations in ICIS resulting in artificially high non-compliance rates. In addition, two of the four formal enforcement actions that were reviewed included Supplemental Environmental Projects, the cost for which was included in the total State penalty numbers entered in ICIS.</p> <p>Informal enforcement actions and compliance schedules were not entered in ICIS; therefore, data entry for these metrics is not considered accurate.</p> <p>The CT DEEP conducted 38 industrial stormwater inspections and 26 construction stormwater inspections, the majority of which are not reflected in metric 5c. These inspections were entered in ICIS. The CT DEEP also conducted 142 inspections at 113 SIU facilities. These inspections were also entered in ICIS. However, this data was not captured in the 5c data metrics.</p>
	Metric(s) and Quantitative Value(s)	<p>2a – actions linked to violations: major facilities – 0/3</p> <p>2b - % of files reviewed where data is accurately reflected in the national data system: 13/18= 72.2%</p> <p>5b2 - % inspections at NPDES non-majors with general permits – 2/150 = 1.3%</p> <p>5c- % other inspections performed – 1/5 = 20.0%</p>
	State Response	<p>Based upon clarification provided by EPA Region I that pertains to FFY 12 data, CT DEEP agrees to reconcile inspection reports and databases with the data entered in ICIS. Contingent on EPA providing our staff training on entry of data into ICIS, CT DEEP agrees to meet with EPA to establish protocols and procedures for properly linking enforcement actions to the underlying violations in ICIS.</p> <p>Although penalty amounts are not one of the required data elements to be entered into ICIS, CT DEEP does enter this information. EPA’s practice is to separate out monetary penalty amounts from SEP amounts. However, CT considers SEPs to be part of the total penalty amount. (Our SEP Policy provides guidance under what circumstances a portion of the gravity component of the total penalty, as calculated under our Civil Penalty Policy, may be offset with an SEP.) Therefore, to represent only the monetary portion of the penalty as the total penalty would be contrary to our own policies. CT DEEP is not opposed to providing EPA with a breakout of the monetary and SEP amounts, and tracks these values separately in our own databases. However, when CT DEEP presents summations of total penalties assessed in our enforcement cases, it includes the SEP values, whereas EPA presents penalty data in its various matrices and dashboards without SEP amounts. If we were to abide by EPA’s data entry protocol request, this would result in misrepresenting CT’s information in that the penalties would be underrepresented. Here is an example of a potential negative consequence of underreporting CT’s penalty amounts: perhaps being awarded certain government contracts or other contracts is contingent on a company demonstrating a good compliance record, including not being penalized over a certain amount. CT often has enforcement cases where the SEP comprises the majority of the total penalty. Decision makers who may rely on the information presented by EPA’s databases, could easily incorrectly award contracts to companies that received penalties in excess of the pertinent penalty cap, should CT adhere to EPA’s request.</p> <p>CT DEEP feels it is inappropriate to reiterate the recommendations for entering</p>

		<p>Informal Actions and Compliance Schedules into ICIS under Element 2. They are already addressed in Element 1, for data completeness. Element 2, as the title indicates, is supposed to be about the accuracy of the data that is entered into ICIS. See Element 1 for the State’s full Response on these items. To summarize, CT DEEP would like to work with EPA to eliminate the need for double data entry of the same information into both EPA and the state’s information management systems through the use of the exchange network.</p> <p>CT DEEP encourages EPA to determine why EPA’s data metrics is not capturing most of the SIU and stormwater inspections that CT is entering into ICIS. We welcome EPA’s assistance in confirming that our data entry procedures are correct in this regard, to eliminate that as a possibility. Beyond that, this would be a data programming issue for EPA to resolve that requires no additional state action we can foresee. However, we will certainly assist EPA where we can in its efforts to rectify the data inaccuracies.</p>
	<p>Recommendation(s)</p>	<p>It is recommended that the following action be taken by October 31, 2012:</p> <ul style="list-style-type: none"> • State inspection reports and databases be reconciled with the data entered in ICIS; <p>It is recommended that the following actions be taken by January 1, 2013:</p> <ul style="list-style-type: none"> • EPA and the CT DEEP data staffs meet to establish protocols and procedures for properly linking enforcement actions to the underlying violations in ICIS; • Penalty & SEP information be entered in the appropriate ICIS data fields; • See NPDES Element 1 for Informal Action data entry recommendation; • See NPDES Element 1 for Compliance Schedule data entry recommendation; and • CT DEEP, EPA Region I, and Headquarters’ data staffs collectively determine why CT DEEP’s stormwater and SIU inspections are not being captured in the 5b2 & 5c metrics and implement the necessary changes such that these metrics properly reflect the CT DEEP’s inspection efforts in these areas.

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

3-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	<p>Minor data discrepancies were found when comparing the frozen data set to the production data set.</p> <p>Compliance schedules tracked in a separate State data base are not entered in ICIS.</p> <p>Informal actions are tracked in a separate State database and not entered in ICIS.</p>
	Explanation	<p>Data verification deadline was 2/16/11. Based upon the minimal discrepancies that exist between the production and frozen data sets, data entry is generally considered timely. Informal enforcement actions and compliance schedules were not entered in ICIS; therefore, data entry for these metrics is not considered timely.</p>
	Metric(s) and Quantitative Value(s)	3a - Comparison of data sets
	State Response	<p>CT DEEP disputes that this is an Area for State Improvement.</p> <p>CT DEEP feels it is inappropriate to reiterate the recommendations for entering Informal Actions and Compliance Schedules into ICIS under Element 3. They are already addressed in Element 1, for data completeness. See Element 1 for the State’s full Response on these items. To summarize, CT DEEP would like to work with EPA to eliminate the need for double data entry of the same information into both EPA and the state’s information management systems through the use of the exchange network.</p> <p>Also, regarding the finding of minor data discrepancies comparing frozen data to production data, it must be stressed that ICIS data inherently changes over time. Therefore consistency of data over time is not a valid matrix to judge the timeliness of data entry. For example, Permittees submit revised effluent monitoring data to correct inaccuracies discovered at some later date, and the revised data is entered into ICIS. The permittee may discover the inaccuracies on their own, or they may be discovered by CT DEEP’s enforcement staff. CT DEEP inspectors spot check the analytical results on laboratory reports to the data the permittee self-reports on their Discharge Monitoring Reports (“DMRs”), and any errors are required to be corrected and submitted on revised DMRs.</p> <p>The minor data discrepancy between the Frozen and Production data pulls that is cited in the Findings, as explained to us by Region 1, is that the universe of NPDES Majors changes by one. Since the Frozen data on OTIS does not allow drilling down to see the specific data, CT DEEP cannot compare the two lists to determine the specifics. EPA Region 1 did not provide the specifics, nor the cause for the discrepancy between the two data pulls. To assume that the discrepancy is because of the timeliness of data entry when the true cause is unknown is inappropriate. There are plenty of other plausible reasons. A permit may be revoked, surrendered or reclassified at any time throughout the year. In fact, CT DEEP had to wait a long time for EPA to process its requests to reclassify some NPDES Majors to NPDES Minors in recent years. None of these scenarios has anything to do with the timeliness of data entry.</p>
	Recommendation(s)	<p>It is recommended that the following actions be taken by January 1, 2013:</p> <ul style="list-style-type: none"> • See NPDES Element 1 for Informal Action data entry recommendation • See NPDES Element 1 for Compliance Schedule recommendation.

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	The CT DEEP met its enforcement/compliance commitments contained in the SRF1 recommendations as well as those contained in its Performance Partnership Agreement with the Region’s Enforcement Office.
	Explanation	<p>A number of recommendations were included in the first round State Review Frameworks report (SRF1). The State has taken several measures to address the recommendations of SRF1 including the entry of inspection and penalty information into ICIS and implementation of measures to improve the timeframes for completing inspection reports and initiating and completing enforcement actions. Additional measures have also been taken to document economic benefit calculations and the reduction of penalties that occurred during penalty negotiations.</p> <p>Training on the State Enforcement Response Policy, Enforcement Desk Reference, Civil Penalty & SEP policies have been conducted in conjunction with LEAN exercises to expedite various aspects of the CT DEEP’s compliance monitoring and enforcement programs. Economic benefit calculations have been better documented including the use of EPA’s BEN model, penalty data is now being entered in ICIS, and the problems associated with the coding of permit limits for NPDES permit limits have been resolved. The remaining SRF1 recommendation that is still pending relates to the CT DEEP’s supplementation of its data entry efforts within six months of the finalization of the ICIS-NPDES Policy Statement. The Draft ICIS-NPDES Policy Statement was never finalized. However, portions of the policy, including guidance regarding the entry of SEVs, have been developed. The development of formal protocols for entering SEVs remains to be resolved (See NPDES Elements 7 & 8). In addition, as noted in NPDES Element 2, discrepancies were noted between the reviewed inspection reports and the data contained in ICIS. To a large degree, these data errors can be resolved by an annual reconciliation of the date and type of inspections with the CT DEEP’s inspection reports and databases.</p> <p>Stormwater inspections are being entered in ICIS, and inspection report recommendations have been implemented. The timeframes for completing inspection reports and initiating and completing enforcement actions have significantly improved.</p> <p>See NPDES Elements 2, 7 and 8.</p>
	Metric(s) and Quantitative Value(s)	There are no data metrics for Element 4.
	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 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 CT DEEP met its Compliance Monitoring Strategy (CMS) commitments for inspections of traditional NPDES majors, traditional non-majors, and SIUs. It did not meet its combined CMS commitment for industrial and construction stormwater inspections.
	Explanation	77 of 96 traditional NPDES majors (80.2%) were inspected. NPDES major inspection coverage exceeded its CMS commitment of 50%. 40 of 67 (59.7%) of the traditional non-majors were inspected. This significantly exceeded the 20% goals established in the CMS. In addition, the CT DEEP met its negotiated CMS SIU inspection commitment of 50% , having conducted 142 inspections at 113 facilities (52.8%). As a state-run pretreatment program, this data was not captured in the 5c data metrics despite the fact these inspections were entered into ICIS. The CT DEEP did not meet its combined CMS commitment for conducting a total of 100 industrial and construction stormwater inspections The CT DEEP did conduct 38 industrial stormwater inspections and 26 construction stormwater inspections that are not all reflected in metric 5c. The conduct of stormwater inspections for sites less than 5 acres but greater than one acre has been delegated to individual municipalities.
	Metric(s) and Quantitative Value(s)	5a - % of NPDES majors inspected: $77/96 = 80.2\%$ <ul style="list-style-type: none"> ▪ National Goal = 100% ▪ National Average = 62.5% 5b - % NPDES traditional non-majors inspected: $40/67 = 59.7\%$ 5b2 - % inspections at NPDES non-major with general permits – $2/150 = 1.3\%$ 5c- % Other inspections performed – $1/5 = 20.0\%$
	State Response	The goal of 100 inspections was based on CT DEEP’s past inspection rates, which reflected our efforts to be responsive to construction project complaints. In 2010, such complaints decreased, so there was a corresponding decrease in those inspections. Also, there was a reorganization in the stormwater section reducing the number of FTEs available to conduct stormwater inspections. Finally, due to a LEAN initiative, stormwater enforcement prioritized reducing the backlog of over approximately 900 informal enforcement actions.
	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	<p>The CT DEEP’s inspection reports were found to be complete and provided sufficient documentation to lead to accurate compliance determinations.</p> <p>Of the twelve inspection reports that were reviewed, eight were completed within 30 days, the benchmark established by CT DEEP guidance, and four were completed later than 30 days after the inspection.</p>
	Explanation	<p>12 of 13 inspection reports were found to be complete and most included comprehensive checklists. The level of narrative varied in the reports, with those reports that were accompanied by checklists containing the least amount of narrative. SEVs were identified in the reports. Photo documentation was limited to the stormwater inspections. Timeliness of report preparation varied from 1 to 140 days. The average report preparation time was 41 days, which is slightly above the CT DEEP’s goal of 30 days. The median report preparation time was 27 days. Eight reports were completed within 30 days, three within 80 days, and one report was completed over 100 days after the inspection. Most of the delays in finalizing inspection reports were associated with waiting for sampling results. Deficiencies noted in the reports were generally addressed by e-mail and follow-up responses from the facilities.</p> <p>The one inspection report that was reviewed and was not determined to be complete was erroneously characterized as a stormwater compliance evaluation inspection when it actually was a reconnaissance inspection comprised of photographs and field notes.</p>
	Metric(s) and Quantitative Value(s)	<p>6b - % of inspection reports reviewed that are complete: 12/13 = 92.3%</p> <p>6c - % of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination: 12/13 = 92.3%</p> <p>6d - % of inspection reports reviewed that are timely: 8/12 = 66.7%</p>
	State Response	
	Recommendation(s)	

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

7-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Compliance determinations are accurately made. SEVs are accurately reported on inspection forms, but no protocols and procedures exist regarding the entry of NPDES major inspection SEVs in ICIS.
	Explanation	<p>1 of 1 majors (100%) had unresolved compliance schedule violations, which is above the national average of 15.9%. The violation is actually a data error as it relates to a Region I case for which compliance with the schedule occurred, but the data was not entered into ICIS. The actual percentage is also skewed by the denominator that indicates that compliance schedules are not routinely entered in ICIS, as there are several NPDES majors with compliance schedules that are not reflected in this value. See recommendations associated with NPDES Element 2. 2 of 22 majors (9.1%) had unresolved permit schedule violations which is below the national average of 15.9% . The percentage of facilities that violated their NPDES permit effluent limits at least once (78.1%) is greater than the national average, but the percentage of majors in SNC (12.5% - metric 8a) is well below the national average of 22.9% .</p> <p>SEVs were listed in seven of the nine reviewed inspection reports that identified violations. Three of the four inspections of major NPDES facilities identified SEVs. No violations were reported in the inspection of the fourth major NPDES facility. SEVs were identified at four of the non-major NPDES facilities.</p>
	Metric(s) and Quantitative Value(s)	7a1 – number of single-event violations at active majors - 0 7a2 - number of single-event violations at active non-majors - 0 7b - % of facilities with unresolved compliance schedule violations: 1/1 = 100% 7c - % of facilities with unresolved permit schedule violations: 2/22 = 9.1% 7d - % major facilities with DMR violations: 75/96 = 78.1% 7e - % of inspection reports or facility files reviewed that led to accurate compliance determinations: 11/12 = 91.7% 8a - % of major facilities in SNC: 12/96 = 12.5%
	State Response	CT DEEP agrees to abide by EPA’s recommendation contingent on receipt of the promised EPA Region 1 written guidance, guidance on how/when SEVs are to be closed out, and training on how to do the data entry into ICIS.
	Recommendation(s)	By November 1, 2012, Region I will provide the CT DEEP written guidance regarding the entry of SEVs in ICIS for NPDES majors. By December 31, 2012, the CT DEEP must develop and submit a standard operating procedure regarding the entry of SEVs that is consistent with Region I’s guidance. Beginning January 1, 2013, CT DEEP should begin entering SEVs into ICIS for NPDES majors.. Region I will monitor CT DEEP’s data entry of these SEVs for no less than two quarters. This monitoring will begin on January 1, 2013. Region I will close this recommendation once CT DEEP has consistently entered these SEVs into ICIS for two consecutive quarters.

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	The CT DEEP accurately determined significant non-compliance (SNC) violations. However, as noted in NPDES Element 7, no protocols and procedures exist regarding the entry of NPDES major inspection SNC SEVs in ICIS.
	Explanation	<p>The percentage of majors in SNC (12.5%) is well below the national average of 22.9%. SEVs were listed in seven of the nine reviewed inspection reports that identified violations. Three of the four inspections of major NPDES facilities identified SEVs, none of which met the SNC criteria. No violations were reported in the inspection of the fourth major NPDES facility. SEVs were identified at four of the non-major NPDES facilities. The one non-major facility for which SEVs were determined to be SNC was addressed with a formal enforcement action.</p> <p>The absence of protocols and procedures for entering SNC SEVs into ICIS is an issue that CT DEEP needs to address.</p>
	Metric(s) and Quantitative Value(s)	8a1 – Active major facilities in SNC during reporting year: 12 8a2 – % of active major facilities in SNC during the reporting year: $12/96 = 12.5\%$ 8b - % of single event violation(s) that are accurately identified as SNC or Non-SNC: $3/3 = 100\%$ 8c - % of single event violation(s) identified as SNC that are reported timely: 0/0
	State Response	See State Response in NPDES Element 7.
	Recommendation(s)	See recommendations in NPDES Element 7.

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	The State enforcement responses return facilities with SNC and non-SNC violations to compliance.
	Explanation	The one major facility that was reviewed received a formal enforcement action that returned the facility that was in SNC to compliance. 3 of 3 of the remaining non-major facilities that received a formal enforcement action returned the facilities with non-SNC violations to compliance. An informal Notice of Violation (NOV) that was subsequently escalated to a formal enforcement action when violations continued was also reviewed. CT DEEP’s informal NOVs are of two forms - field NOVs and office NOVs. EPA is copied on both forms, and office NOV respondents are required to send a copy of their NOV responses to EPA. CT DEEP’s standard office NOVs require that the respondent document and certify its compliance within 30 days. If compliance cannot be achieved within 30 days, the NOV requires the submission of a schedule to return to compliance.
	Metric(s) and Quantitative Value(s)	9a – number of formal enforcement actions reviewed: 4, informal actions: 1 9b - % of enforcement responses that have returned or will return a source in SNC to compliance: 1/1 = 100% 9c - % of enforcement responses that have returned or will return a source with non-SNC violations to compliance: 4/4 = 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	Timely and appropriate enforcement actions are taken.
	Explanation	2 of the 4 formal enforcement actions that were reviewed were taken in a timely manner in accordance with the CT DEEP’s Enforcement Response Policy. The third administrative consent order marginally exceeded guidelines included in the State’s Enforcement Response Policy for the drafting and finalization of administrative consent orders. The fourth administrative consent order was associated with a NPDES major Federal facility that was delayed in large part by decisions regarding the applicability of the Uniform National Discharge Standards policy. Justifications for the delays were included in the project documentation.
	Metric(s) and Quantitative Value(s)	10 a - % major facilities without timely action: $9/96 = 9.5\%$ <ul style="list-style-type: none"> ▪ National Goal = 2% ▪ National Average = 17.5% 10b - % of enforcement responses reviewed that address SNC that are taken in a timely manner: $0/1 = 0\%$ 10c - % of enforcement responses reviewed that address SNC that are appropriate to the violations: $2/2 = 100\%$ 10d - % of enforcement responses reviewed that appropriately address non-SNC violations: $3/3 = 100\%$ 10e - % enforcement responses for non-SNC violations where a response was taken in a timely manner: $2/3 = 66.7\%$
	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	Penalty calculations considered and included appropriate gravity and economic benefit.
	Explanation	<p>3 of 4 formal enforcement actions that were reviewed included penalties. Penalty justifications were included in all project files that included penalties. Narrative explanations of the rationale for reducing or increasing proposed penalties were included where appropriate.</p> <p>All of the penalty calculations considered and included appropriate gravity and economic benefit summaries. New protocols and procedures have been implemented and training provided to ensure that comments in SRF1 were addressed. These protocols, procedures, and guidance documents for documenting and justifying penalties represent a “Good Practice” in that the information regarding date of discovery, compliance with Enforcement Response Policy guidance, and penalty information is provided on a consolidated Formal Action Data Sheet that is included in the State’s Enforcement Desk Reference Tool. This intranet-based tool is designed to give each staff person immediate access to the most current enforcement policies, formats, and instructions needed to process an enforcement action from initiation through completion.</p>
	Metric(s) and Quantitative Value(s)	11a – % of penalty calculations that consider and include where appropriate gravity and economic benefit: 3/3 = 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 checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Differences between initial and final penalty are documented in the file.
	Explanation	<p>3 of 3 penalties reviewed documented the difference and rationale for any differences between the initial and final assessed penalty.</p> <p>3 of 3 enforcement actions with penalties documented the collection of the penalty. As noted in the prior NPDES Element, documentation of penalty reductions/increases are included of the Formal Action Data Sheet and Enforcement Action Summaries that are included in the State’s Enforcement Desk Reference Tool.</p>
	Metric(s) and Quantitative Value(s)	<p>12a - % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty: $3/3 = 100\%$</p> <p>12b - % of enforcement actions with penalties that document collection of penalty: $3/3 = 100\%$</p>
	State Response	
	Recommendation(s)	

Resource Conservation and Recovery Act Program

Element 1 — Data Completeness: Degree to which the Minimum Data Requirements are complete.		
1-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The minimum data requirements, including site universe counts, inspection counts, violation counts, SNC counts, and assessed penalties are accurate according to the file review metrics and the Preliminary Data Analysis (PDA). The informal enforcement actions counts and formal enforcement action counts were not complete.
	Explanation	<p>CT DEEP enters inspections and enforcement actions into RCRAInfo. CT DEEP also maintains its own database that includes inspection and enforcement activity. Five formal enforcement actions had not been entered into RCRAInfo. There were referrals to the CT AG’s Office for six separate Ritz Camera locations. The Ritz Camera facility (located in Southbury, CT) was a referral that was entered into RCRAInfo because it was the only site that had an EPA identification number. The other five locations were non- notifiers and did not get entered into RCRAInfo. A stipulated judgment for Furniture Clinic was not entered into RCRAInfo,.</p> <p>The Ritz Camera actions and the Furniture Clinic actions have now been entered in RCRAInfo.</p>
	Metric(s) and Quantitative Value(s)	Data Metrics R01A1S to R01G0E – See Appendix D
	State Response	CT DEEP has self-reported the missing enforcement data in the national database after comparing it to that which is maintained by the state. Given the large size of the universe of data handled, only a relatively small number of data items did not appear in RCRAInfo. CT DEEP will work with EPA New England to ensure collection and maintenance of complete, accurate and timely data.
	Recommendation(s)	<p>CT DEEP should ensure that all enforcement actions are entered into RCRAInfo in a timely manner. CT DEEP is encouraged to run the RCRARep data quality reports and to run the RCRARep detailed reports to ensure that RCRAInfo and the state data base agree. EPA Region 1 RCRAInfo coordinators are available to help the state with data questions/issues.</p> <p>SRF Round 1 recommended that EPA and CT DEEP agree to review the above statistics as they are reflected in state records and in RCRAInfo and to reconcile any differences between the two data sets and to conduct this review on an annual basis. By January 15, 2013, CT DEEP and EPA will reconcile the RCRAInfo and the CT DEEP’s databases for FY12 data. CT DEEP and EPA will continue this activity, annually, as part of the Annual Data Metrics Analysis.</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	<p>CT DEEP has an open violation backlog in the national data system. Some enforcement actions were not entered, and some formal actions that were entered were not linked to SNC dates. The compliance determinations, violations discovered and/or addressed are reported in the national system and are accurately entered and maintained for recent actions.</p>
	Explanation	<p>Fifteen files, which included inspection reports and associated enforcement actions, were reviewed. Each of these inspections was properly reported into the national RCRAInfo database. In each of the files reviewed with SNC determinations (City Chemical LLC, Conard Corporation, Deringer Ney Inc, Graphic Image Inc., RBC Heim), CT DEEP accurately reported the SNC classification into the national RCRAInfo database.</p> <p>Data metric 2b: There are 157 sites which appear to be in violation for greater than 240 days. Many of these sites represent a delay in entry of return to compliance date for sites that received enforcement. Some of the sites included in this metric are old informal enforcement actions, with no final compliance assessment. CT DEEP is working on addressing the backlog, but has limited resources to devote to data cleanup. The number of sites with open violations has been reduced to 86 since the data was frozen. CT DEEP will continue to address its backlog and enter return to compliance dates for new cases in a timely manner.</p> <p>Also, there was a data issue for nine formal actions listed that were not linked to the SNC dates: Advanced Graphics, Birken Manufacturing Co, Conard Corp, RBC Heim, and five Ritz Camera facilities. Note at the writing of this report, the issue of linking the formal actions to the SNY dates in RCRAInfo has been discussed with the CT DEEP and these nine enforcement actions have been linked to the SNY dates in RCRAInfo.</p>
	Metric(s) and Quantitative Value(s)	<p>Of the 15 files selected, each inspection was reported into the national database (100%). Five (5) facilities had been determined SNC and 5/5 (100%) were reported into the national database.</p> <p>R02A1S- Number of sites SNC-determined on day of formal action(1FY) - 11 R02A2S- Number of sites SNC-determined within one week of formal action (1FY)-0 R02B0S- Number of sites in violation for greater than 240 days-157 Metric 2c- % of files reviewed where mandatory data are accurately reflected in the national data system - 100%</p>

	State Response	<p>CT DEEP will work closely with EPA New England to address the old secondary priority violations as resources allow. None of the 157 sites is appropriate for escalating to formal action. CT DEEP has already resolved a significant percentage of these outstanding secondary priority violations. CT DEEP continues to collect and maintain complete, accurate and timely data. We note that, as EPA identified, the data entered in the system was in fact accurate, and recognize that the issue with SNC linkage caused some of the cases not reported. This linkage issue was addressed once EPA provided proper guidance on national practice.</p> <p>CT DEEP views this as a relatively minor data management issue resulting from unclear instruction by EPA and for which a remedy is already in place. As discussed in the State Response for Element 10, CT DEEP does not concur that the SPV violations open more than 240 days is a direct problem, nor is it an indicator that the federal or state ERP is not being adhered to. CT DEEP respectfully requests that the finding be revised to “Area for State Attention” or as initially determined by EPA New England as “Meets SRF Program Requirements”.</p>
	Recommendation(s)	<p>CT DEEP will reduce the open violation backlog by addressing 10 - 20 % (as resources allow) of the remaining 86 outstanding violations per year. CT DEEP will submit an annual status report on January 15, 2013 on the state’s efforts to reduce this open violation backlog. Note: at the time of the writing of this report, CT DEEP had already reviewed and noted that 27.4 % of the universe of outstanding violations that were noted in this FY 2010 SRF review and found them in compliance. (See Element 10).</p> <p>CT DEEP will ensure the “return to compliance” dates are entered for each violation identified in RCRAInfo, to prevent the accumulation of old and outstanding violations.</p> <p>CT DEEP will ensure the SNC is linked to the formal enforcement action issued (See Explanation in Element 10) so that all data for formal enforcement actions is accurately represented.</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 <input type="checkbox"/> Meets SRF Program Requirements Area for State Attention <input checked="" type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The data metrics indicate that 5 formal enforcement actions and 19 informal actions were not entered into RCRAInfo in a timely manner. The file review of 15 compliance and enforcement files indicates that CT DEEP implements timely data entry once inspections are completed and informal and formal enforcement actions are taken.
	Explanation	<p>As discussed in Elements 1 and 2, CT DEEP did not enter all of its enforcement actions into RCRAInfo.</p> <p>Fifteen files were selected and reviewed including the inspection reports and associated enforcement actions. Each of these inspections was properly reported into the national RCRAInfo database. In each of the files reviewed with SNC determinations (City Chemical LLC, Conard Corporation, Deringer Ney Inc, Graphic Image Inc., RBC Heim), CT DEEP accurately reported the SNC classification into the national RCRAInfo database.</p>
	Metric(s) and Quantitative Value(s)	<p>Of the 15 files selected, each inspection was reported into the national database (100%). Five (5) facilities had been determined SNC and 5/5 (100%) were reported timely into the national database.</p> <p>R03A0S-Percent SNCs entered more than 60 days after designation (1FY)-0%</p>
	State Response	CT DEEP has self-reported the missing enforcement data in the national database after comparing it to that which is maintained by the state. Given the large size of the universe of data handled, only a relatively small number of data items did not appear in RCRAInfo. CT DEEP will work with EPA New England to ensure collection and maintenance of complete, accurate and timely data.
	Recommendation(s)	See first Recommendation in Element 1.

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	CT DEEP completed 143 inspections in FY10.
	Explanation	<p>CT DEEP met and often exceeded its FY10 Compliance and Enforcement commitments. In FY10, CT DEEP committed to complete 129 inspections contained in the FY 10-12 Compliance Strategy. CT DEEP completed 143 RCRA enforcement/compliance commitments. In FY 10, CT DEEP implemented EPA’s flex alternative #3 and inspected 10 percent of the LQG and redirected its remaining resources to inspect, among other things, facilities that appeared to be operating out of their notified status. By screening the CT DEEP manifest database, DEEP identified SQGs, CESQGS and non-notifiers operating as LQGs and shipping greater than 1000 kg of hazardous waste without complying with applicable requirements.</p>
	Metric(s) and Quantitative Value(s)	<p>In FY10, CT DEEP committed to conduct 129 inspections. CT DEEP completed a total of 143 inspections (101 CEIs, 25 FCIs, 12 CSEs, and 5 CDEs). Forty-four LQG inspections were conducted including 41 CEIs and 3 FCIs. 26 SQG inspections were conducted, including 17 CEIs, 8 FCIs, 1 CSE. Five TSD inspections were conducted. The remaining inspections were conducted at various facilities outside the LGQ/SQG/TSD universe.</p> <p>143/129 of FY10 grant commitment Metric 4a - Planned inspections completed -100% Metric 4b - Planned commitments completed -111%</p>
	State Response	<p>We note that several categories of inspections completed (totaling 21 inspections) were not included in the count of 143 inspections completed. Specifically, six Compliance Assistance Visits [RCRAInfo inspection type code CAV], 15 Financial Record Review [RCRAInfo code FRR] inspections, and five Key Indicator Inspections [RCRAInfo code KII] were conducted yet are not reflected, as these inspection types were apparently not part of the review framework’s data analysis. These inspection types and counts were part of the approved commitment list agreed to between CT and EPA New England as part of the state’s Performance Partnership Agreement for FY10. In addition to consistently exceeding the commitment the compliance monitoring, staff proactively participate with additional compliance assistance activities to enhance compliance rates in CT.</p> <p>Given that the state exceeded the commitment by about one-third (when all 164 inspections are included), and that CT DEEP also met or exceeded all other substantive components of Elements 5, 6 and 7 relating to inspections, we believe that the finding for completion of commitments should have been identified as a “Good Practice.” CT DEEP has always exceeded its commitments, and will continue to strive for achieving results that are above and beyond program requirements. The CT DEEP inspection program is complimented by a strong administrative enforcement program that produces consistently timely and appropriate enforcement actions, and by a host of well developed and implemented SOPs centralized through DEEP’s Enforcement Desk Reference.</p>
	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	CT DEEP meets planned inspection/compliance evaluation goals.																								
	Explanation	CT DEEPs inspection coverage meets or exceeds national goals or averages as contained in the data metrics for TSD inspections. For four of the five fiscal years covered in this review period, FY 07 - FY 10, CT DEEP implemented EPA’s flex alternative #3 and inspected 10 percent of the LQGs and redirected its remaining resources to inspect facilities that appeared to be operating out of their notified status.																								
	Metric(s) and Quantitative Value(s)	<p>For four of the five years covered under this review, CT DEEP implemented flex alternative # 3 thereby impacting CT DEEP’s inspection coverage for LQGs which resulted in a 57.89% for the five year inspection coverage. In FY10, CT DEEP committed to conduct 129 inspections. CT DEEP completed a total of 143 inspections (101 CEIs, 25 FCIs, 12 CSEs, and 5 CDEs). Forty-four (44) LQG inspections were conducted including 41 CEIs and 3 FCIs. 26 SQG inspections were conducted, including 17 CEIs, 8 FCIs, 1 CSE. Five TSD inspections were conducted. The remaining inspections were conducted at various facilities outside the LGQ/SQG/TSD universe and included complaint investigations, compliance assurance visits, junkyard multimedia inspections and field sampling.</p> <p>CT DEEP sent the end-of-year report on the accomplishments to Region 1 for all four fiscal years FY07, FY08, FY09 and FY10 to Region 1, as part of the flexibility requirement.</p> <p>a) Number of inspections the state committed to in its alternate CMS: b) the number of inspections completed c) the percentage of the inspection coverage completed (b/a):</p> <table border="1"> <thead> <tr> <th>FY</th> <th>a)</th> <th>b)</th> <th>c)</th> </tr> </thead> <tbody> <tr> <td>FY10</td> <td>129</td> <td>143</td> <td>111%</td> </tr> <tr> <td>FY09</td> <td>156</td> <td>159</td> <td>102%</td> </tr> <tr> <td>FY08</td> <td>156</td> <td>156</td> <td>100%</td> </tr> <tr> <td>FY07</td> <td>175-250</td> <td>176</td> <td>101%</td> </tr> <tr> <td>FY06</td> <td>175-250</td> <td>188</td> <td>107%</td> </tr> </tbody> </table> <p>R05A0S - Inspection coverage for operating TSDFs (2FY) - 100% R05B0S - Inspection coverage for LQGs (1FY) - 14.9% R05C0S - Inspection coverage for LQGs (5FY) - 57.89% R05D0S - Inspection coverage for active SQGs (5FY) - 9.3% R05E1S - Inspection coverage at active CESQGs (5FY) - 57 R05E2S - Inspection coverage at active transporters (5FY) - 27 R05E3S - Inspection coverage at non-notifiers (5FY) - 1 R05E4S - Inspection coverage at active sites other than those listed in 5a-d and 5e1-5e (5FY) – 14</p>	FY	a)	b)	c)	FY10	129	143	111%	FY09	156	159	102%	FY08	156	156	100%	FY07	175-250	176	101%	FY06	175-250	188	107%
FY	a)	b)	c)																							
FY10	129	143	111%																							
FY09	156	159	102%																							
FY08	156	156	100%																							
FY07	175-250	176	101%																							
FY06	175-250	188	107%																							
	State Response	CT DEEP has always exceeded its work commitments, and will continue to strive for achieving results that are above and beyond program requirements. As noted in Element 4, several categories of inspections were not included in the final count, Specifically, six Compliance Assistance Visits [RCRAInfo inspection type code																								

		CAV], 15 Financial Record Review [RCRAInfo code FRR] inspections, and five Key Indicator Inspections [RCRAInfo code KII] were conducted yet are not reflected, as these inspection types were apparently not part of the review framework's data analysis..specifically, CAVs and FRRs.
	Recommendation(s)	CT DEEP must send an end-of-year report for LQG Flexibility to Region I by the end of October for each year in which flexibility has been approved, as set out in the RCRA Compliance Monitoring Strategy.

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 checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The quality of the inspection or compliance evaluation reports was excellent. CT DEEP properly documented observations and included accurate descriptions of observations. The reports were also completed in a timely manner.
	Explanation	Fifteen inspections reports for the facilities selected were reviewed. The files selected reflect the full range of RCRA facilities and the associated enforcement responses available to CT DEEP. The reviewed inspection reports, using standardized and very detailed checklists, were completed shortly after the inspection was done. Reviewed inspection reports sufficiently document observations and include checklists, narratives, drawings, sufficient information on documents reviewed, and a summary of issues discussed at the end of the inspection between the inspectors and the facility contacts. The reviewed reports allow the reader to understand the observations made during the inspection and the areas within the facility that were inspected, including a general explanation of the processes occurring at the facility. Reports were comprehensive and included the right amount of detail to document the violations and to explain the production process at the facility being inspected.
	Metric(s) and Quantitative Value(s)	15/15 (100%) reviewed inspection reports were high quality and comprehensive reports. All fifteen (15) inspection reports were completed in approximately 30 days, and 4/15 were completed in under 14 days. Metric 6a - # of inspection reports reviewed - 15 Metric 6b - % of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility - 100% Metric 6c – Inspections completed within a determined time frame - 100%
	State Response	CT DEEP is proud to consistently continue to produce timely and comprehensive inspection reports. As noted by EPA New England, there were no issues identified and CT DEEP met 100% for all three metrics in the element. We believe that the finding for “Quality of Inspection or Compliance Evaluation Reports” should have been identified as a “Good Practice” as initially determined by EPA New England. CT DEEP uses standardized formats, operating procedures and other institutional controls to prepare complete, high quality and accurate reports. Assessment of this element should also consider CT DEEP also exceeds its annual commitment for inspections coverage and consistently completes the high quality reports well within established timeframes.
	Recommendation(s)	

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

7-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	Based on the inspection reports reviewed, CT DEEP is effectively documenting violations during inspections and promptly reporting and tracking them in the national database.
	Explanation	<p>CT DEEP makes timely and accurate compliance determinations for both SV and SNC violators, which are also accurately reflected in the RCRA Databases. The compliance enforcement files reviewed by Region 1 clearly document the status of each violation and the overall facility compliance status of SV or SNC. Fifteen files were selected and reviewed. In all fifteen files selected for review, the CT DEEP found violations in the facility operation during the CEI and documented the violations in the national database. Of these fifteen (15) files, five (5) facilities included enforcement beyond issuing a Notice of Violation. These five (5) enforcement actions thoroughly identified, documented, and reported the observed violations and tracked them appropriately in the national data base. Of the remaining informal actions, a review of the inspection reports suggests that violations were appropriately identified. Enforcement actions were timely and appropriate under the CT DEEP’s Enforcement Response Policy. The violations were properly reported and tracked in the national database.</p> <p>CT DEEP has detailed standard operating procedures in place to ensure that compliance determinations are well documented in multiple databases, including the national RCRAInfo database. In addition, CT DEEP developed and maintains an in-house Enforcement Tracking System (ETS) and a site information management system (SIMS), both of which ensure a thorough documentation of compliance determination. Monthly enforcement agenda meetings are also another means where individual cases and relevant violations are discussed in great detail to maintain overall compliance assurance.</p> <p>Lastly, CT DEEP’s Office of Enforcement Policy and Coordination maintains an Enforcement Desk Reference that centralizes guidance documents, policy statements, SOPs and templates for case development and documentation that facilitate adherence to DEEP enforcement protocols and consistency with the PPA/PPG.</p>
	Metric(s) and Quantitative Value(s)	<p>The average time between CT DEEP’s inspection completion and issuing the informal enforcement actions is timely (approximately 53 days). Five (5) files reviewed included enforcement beyond the initial Notice of Violation. The average time between the inspection and formal enforcement action is timely (approximately 273 days). These time frames are all within the time limits established in the CT DEEP’s Enforcement Response Policy.</p> <p>R07C0S - Violation identification rate at sites with inspections (1 FY) - 68.8%</p> <p>Metric 7a - % of accurate compliance determinations based on inspection reports - 100%</p> <p>Metric 7b - % of violation determinations in the files reviewed that are reported timely to the national database (within 150 days) - 100%</p>

	State Response	CT DEEP maintains a highly effective RCRA enforcement program with experienced staff that is very dedicated. Over the past decade, CT DEEP has worked closely with EPA New England to consistently identify and classify violations in a timely manner. CT DEEP has a violation identification rate above the national average, and as noted by EPA New England, CT DEEP maintains the Enforcement Tracking System (ETS) and Enforcement Desk Reference tools as enforcement program enhancements. We believe that the finding for “Identification of Alleged Violations” should have been identified as a “Good Practice.”
	Recommendation(s)	

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

8-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input type="checkbox"/> Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	CT DEEP makes accurate determinations of significant non-compliance. CT DEEP enters the SNC data in RCRAInfo at the time the formal action is issued. SNC data entry into RCRAInfo is not completed in a timely manner due to state program implementation.
	Explanation	<p>Based on the file review, CT DEEP makes timely and accurate compliance determinations for both SV and SNC violators, which are also accurately reflected in the RCRA Databases. The compliance/enforcement files reviewed clearly document the status of each violation and the overall facility compliance status of SV or SNC. Fifteen files were selected and reviewed. In all fifteen files reviewed, the CT DEEP found violations in the facility operation during the CEI and documented the violations in the national database. Of these fifteen (15) files, five (5) facilities included enforcement beyond issuing a Notice of Violation. These five (5) enforcement actions adequately identified, documented, and reported the observed violations and tracked them appropriately in the national data base. Of the remaining informal actions, a review of the inspection reports suggests that violations were appropriately identified.</p> <p>Data metric 8b shows the percent of SNC determinations made within 150 days is 0%. CT DEEP identifies sites that may receive formal actions (SNCs) within 90 days of the inspection. CT DEEP does not put the SNC designation into RCRAInfo while a case is being developed and the investigation is ongoing. Once the fact finding is complete and the action is developed, an accurate SNC determination is made and entered.</p> <p>CT DEEP issues timely and appropriate enforcement actions. For FY 10, CT DEEP issued 17 formal actions in under 360 days (ranging from 35- 355 days.) This data does not included stipulated judgments, handled by the CT AG, which often take longer than 360 days.</p>
	Metric(s) and Quantitative Value(s)	<p>A total of five (5) formal enforcement actions were reviewed. All five of the actions were appropriate, accurate, and timely.</p> <p>R08A0S - SNC identification rate at sites with inspection (1FY)- 10.1 % R08A0C - SNC identification rate at sites with evaluations (1FY)- 9.7 % R08B0S - Percent of SNC determinations made within 150 days (1FY) - 0 R08C0S - Percent of formal actions taken that received a prior SNC listing(1FY)- 86.7% Metric 8h - % of violations in files reviewed that were accurately determined to be SNC- 100%</p>
	State Response	This is a flawed metric as it combines both a substantive component for accurately detecting significant noncompliance and a data component for timeliness of data entry. This element should focus on the substantive issue as data is already covered by Elements 1, 2 and 3. CT DEEP maintains a highly effective RCRA enforcement program, including identification of SNCs and HPVs. In the past, EPA New England had concurred that SNC determinations could be logged into RCRAInfo at the time of issuance of each formal enforcement action. CT DEEP will work closely with EPA

		New England to resolve this matter by reverting back to original practice of determining SNC violations within 150 days from Day Zero. CT DEEP respectfully requests that the finding be revised to “Meets SRF Program Requirements” as initially determined by EPA New England and would accept a footnote or cross reference to Element 3 to address timeliness of data entry.
	Recommendation(s)	By March 31, 2013, CT DEEP will make SNC determinations that are consistent with the Enforcement Response Policy and will enter SNC to the RCRA database in a timely fashion.

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 checked="" type="checkbox"/> Good Practice Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	CT DEEP issued enforcement actions in all cases, including injunctive relief or other complying actions to return the facility to compliance within a specified time frame. The facilities identified as SNC were issued formal actions.
	Explanation	Region 1 reviewed a total of thirteen (13) enforcement actions (5 formal and 8 informal enforcement actions). The five formal actions reviewed were the following: <ol style="list-style-type: none"> 1. City Chemical - The consent order included requirements to hire a consultant or verify in-house expertise, submit a future compliance plan and conduct a recycling review/submit a business recycling profile. The consent order included a payment schedule under which the company paid its penalty. The expedited consent order process was used. A certificate of compliance has been issued. 2. Conard Corporation - The consent order included requirements to hire a consultant, submit a future compliance plan, conduct a recycling review/submit a business recycling profile, pay a civil penalty, and perform an SEP. The expedited consent order process was used. A certificate of compliance has been issued. 3. Deringer-Ney, Inc. - The consent order included requirements to hire a consultant, submit a future compliance plan, conduct a recycling review/submit a business recycling profile, perform a RCRA generator closure in one waste storage location, pay a civil penalty, and perform an SEP. The expedited consent order process was used. A certificate of compliance has been issued. 4. Graphic Image - The consent order (which is still open) includes requirements to hire a consultant, submit a future compliance plan and conduct a recycling review/submit a business recycling profile. The consent order includes a penalty payment schedule, with the option to perform approved SEPs to offset a portion of the penalty. The expedited consent order process was not used in this case. The consent order is still open because the company is having difficulty making its penalty payments, and has requested additional time to do so. 5. RB Heim - The consent order included requirements to hire a consultant, submit a future compliance plan and conduct a recycling review/submit a business recycling

	<p>profile. The consent order included a payment schedule under which the company paid its penalty. A certificate of compliance has been issued.</p> <p>Also, CT DEEP’s business recycling profile required under its consent orders is consistent with DEEP’s Solid Waste Management Plan, and EPA’s Resource Conservation Challenge objectives. CT DEEP’s RCRA program has instituted a expedited consent order process where penalty reductions consistent with CT DEEP’s Civil Penalty Policy are offered from the outset of a proposed consent order so as to incentivize the Respondent to resolve the enforcement action in a more timely manner rather than prolonging to process through traditional negotiations.</p> <p>All thirteen, or 100% of the enforcement actions, required corrective actions and included return to compliance schedules, if needed.</p>
Metric(s) and Quantitative Value(s)	<p>Metric 9a- # of formal enforcement responses reviewed-5</p> <p>Metric 9b- % of formal enforcement responses that include required corrective action that will return the facility to compliance in a specified time frame -100%</p> <p>Metric 9c- % of enforcement responses that have returned or will return Secondary violators (SVs) to compliance -100%</p>
State Response	<p>CT DEEP’s formal enforcement actions meet and exceed (emphasis added) the evaluation criteria. CT DEEP’s SOPs for RCRA program consent orders include specific timeframes to return facilities to compliance, retention of consultants to oversee return to compliance, development of future compliance plans, and audits to ensure compliance with the state’s recycling laws. A Certificate of Compliance has been issued for four of the five formal actions reviewed demonstrating that the CT DEEP enforcement actions result in prompt return to compliance.</p> <p>CT DEEP’s formal actions require respondents to not only correct violations, and pay appropriate penalties, but compel the respondents to make operational changes to ensure their business plan is one that is designed to facility and promote compliance. RCRA formal actions also require audits to ensure recycling practices are compliant with DEEP recycling law which is directly supportive of the goals and objectives of the EPA’s Resource Conservation Challenge. CT DEEP is not aware of any other state that also requires this as an SOP.</p> <p>CT DEEP’s formal actions are consistently developed through use of the Enforcement Desk Reference, monthly enforcement strategy (Agenda) meetings, tracked through a newly developed Enforcement Tracking System, and facilities are inspected within 3 years after a formal action is closed to further ensure that compliance is being maintained.</p> <p>This Element should be assessed with consideration of CT DEEP meeting or exceeding all substantive components or Elements 5, 6, 7 and 10. We believe that the finding for “Enforcement Actions Promote Return to Compliance” should have been identified as a “Good Practice.”</p>
Recommendation(s)	<p>On April 22, 2013, OECA approved a “Good Practice” rating for this element.</p>

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 Meets SRF Program Requirements <input checked="" type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	The CT DEEP Enforcement Response Policy does not conform with the national policy in regard to secondary violations. The court settlement cases of CT DEEP's enforcement actions are not timely under national policy.
	Explanation	<p>The CT DEEP operates under an Enforcement Response Policy (ERP) effective June 1, 1999 that is consistent, and sometimes more conservative, than EPA's, except that it does not allow for automatic escalation to high priority for secondary priority violations after 240 days of continued noncompliance. CT DEEP reviews each case on its merit in order to determine if escalation is necessary, and has done so consistently for many years. Specifically Section II.3.C (Secondary Priority Violations) of the CT ERP indicates "If the NOV does not within 30 days result in full compliance or establishment of a compliance schedule, a decision must be made whether to escalate to issuance of an order or referral". As a practical matter and function of limited resources, there are some lower priority cases that are not escalated solely because time has elapsed. These cases are kept open and tracked as part of the overall workload and may be escalated if the case prioritization changes over time or due to the addition of new facts. CT DEEP continues to work on these old informal actions as limited resources allow. A large number of this universe includes facilities that are closed and/or out of business, according to CT DEEP. These old NOV cases are not formal enforcement action candidates. New enforcement actions are the CT DEEP's priority.</p> <p>The reviewed files showed the following enforcement response: The average time between the inspection and the issuance of a Notice of Violation was approximately 53 days. The average time between the inspection and the issuance of a formal enforcement action for the files reviewed was approximately 273 days. In the files reviewed, the CT DEEP correctly pursued formal enforcement in each case where the violations were significant and the violator was determined to be SNC.</p> <p>Based on the file review, CT DEEP issued formal enforcement actions within 360 days. Informal enforcement actions were also issued in a timely manner. All secondary violator notifications and all secondary violator returns to compliance are carried out in a timely manner.</p> <p>Data element 10(a) shows the number of timely formal enforcement actions occurred in only 36.4% of cases (4/11). There were four (4) cases of the 20 formal enforcement cases listed that were issued over 360 days. These four cases: Lehman Bros Inc. (1071 days), G&K Services, Phoenix Products (399 days), and Furniture Clinic (1345 days) were court settlement cases. The court cases are lengthy and are beyond the control of the CT DEEP. Also, there was a data issue for nine formal actions listed that were not linked to the SNY dates: Advanced Graphics, Birken Manufacturing Co, Conard Corp, RBC Heim, and five Ritz Camera facilities. Note at the writing of this report, the issue of linking the formal actions to the SNY dates in RCRAInfo has been discussed with the CT DEEP and these nine enforcement actions have been linked to the SNY dates in RCRAInfo. The corrected data element 10 (a) is</p>

		<p>80% (16/20 cases.)</p> <p>Data element 2(b) shows there were 157 sites listed in violation greater than 240 days. (Currently, there are 86 sites.) The CT DEEP Enforcement Response Policy does not conform with the national policy in regard to the Secondary Priority Violations.</p>
	<p>Metric(s) and Quantitative Value(s)</p>	<p>100 % of the formal enforcement actions reviewed (5 of 5) had final enforcement actions issued within 360 days.</p> <p>R10A0S - Percent of SNCs with formal action/referral taken within 360 days (1FY)- 36.4%</p> <p>R10B0S - No activity indicator-number formal actions (1FY)- 15</p> <p>Metric 10c-% of formal enforcement responses reviewed that are taken in a timely manner- 100%</p> <p>Metric 10d-% of formal enforcement responses reviewed that are appropriate to the violations- 100%</p>
	<p>State Response</p>	<p>CT DEEP’s ERP is not less stringent than the national ERP, especially when it comes to the criteria for escalation of SPV violations. CT DEEP’s ERP requires return to compliance within 30 days of issuing a Notice of Violation, which must be issued within 90 day from Day Zero, and evaluation if formal action is necessary within that timeframe or shortly thereafter. The national ERP requires escalation to formal action after 240 days from Day Zero, <i>if appropriate</i> (emphasis added).</p> <p>CT DEEP will continue to monitor open violations for SPVs in RCRAInfo and will escalate to a formal action when appropriate in light of available resources and HPV case load. A practice to blindly escalate open SPVs after 240 days, would result in diverting limited enforcement resources to lower risk and lower priority cases, and should not be a standard operating procedure.</p> <p>Given that there we do not believe the finding is accurate as the State ERP does conform to the federal ERP, CT DEEP respectfully requests that the finding be revised to “Good Practice” as initially determined by EPA New England or at a minimum “Meets SRF Program Requirements”. CT DEEP agrees to monitor, and within available resources, reduce the list of open SPVs, but we do not agree that a change to the State ERP is required or appropriate.</p>
	<p>Recommendation(s)</p>	<p>CT DEEP should make the state Enforcement Response Policy at least as stringent as EPA’s RCRA Enforcement Response Policy concerning Secondary Priority Violations.</p> <p>Also, refer to the Element 2 recommendations.</p>

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

11-1	This finding is a(n)	<input type="checkbox"/> Good Practice <input checked="" type="checkbox"/> Meets SRF Program Requirements <input type="checkbox"/> Area for State Attention <input type="checkbox"/> Area for State Improvement – Recommendations Required
	Finding	CT DEEP’s enforcement files indicate that the initial penalty calculations include both economic benefit and gravity calculations, and use the BEN model or other methods that are consistent with national policy.
	Explanation	In 100% of all enforcement cases in which penalties were justified, CT DEEP had penalty calculations that were consistent with national policy. EPA reviewed the following five (5) enforcement case files: City Chemical, Conard, Deringer Ney, Graphic Image and RB Heim where penalties were assessed and determined that CT DEEP is calculating and collecting penalties for both economic benefit and gravity where appropriate.
	Metric(s) and Quantitative Value(s)	Metric 11a -% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit- 100%
	State Response	<p>CT DEEP’s civil penalties are consistently developed pursuant to the Civil Penalty Policy using standardized formats and other relevant SOP’s centralized through DEEP’s Enforcement Desk Reference, monthly enforcement strategy (Agenda) meetings, are tracked through a newly developed Enforcement Tracking System. All civil penalties are thoroughly documented including initial calculations and all subsequent revisions thereafter.</p> <p>CT DEEP respectfully requests that the finding be revised to “Good Practice” as initially determined by EPA New England.</p>
	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)	<p>Good Practice</p> <p><input checked="" type="checkbox"/> Meets SRF Program Requirements</p> <p><input type="checkbox"/> Area for State Attention</p> <p><input type="checkbox"/> Area for State Improvement – Recommendations Required</p>
	Finding	CT DEEP thoroughly documents all decisions associated with the penalty assessment, reduction, and collection.
	Explanation	<p>A total of five formal actions were reviewed. In all five of the enforcement case files reviewed, CT DEEP documented all changes in the penalty. For FY 10, CT DEEP collected \$270,888 in penalties and had 84.6 % of final formal actions with penalty, as compared to 78.4% for the national average.</p> <p>CT DEEP is seeking and collecting appropriate penalties and its enforcement case files thoroughly document the rationale for reducing the penalty. All enforcement case files reviewed document all changes in the penalty from the initial penalty to the final assessed penalty. The files also include the Penalty Calculation Worksheets (one of the Enforcement Action Worksheets of CT DEEP’s Enforcement Desk Reference), in accordance with CT DEEP’s Civil Penalty Policy. Each enforcement case contained documentation for payment of the final penalty. The penalty is paid to Accounts Receivable and is then entered into the SIMS database. The enforcement officer checks SIMS for penalty payment and then enters the penalty paid into RCRAInfo.</p>
	Metric(s) and Quantitative Value(s)	<p>R12A0S- No activity indicator- penalties(1FY)-\$270,888</p> <p>R12B0S- Percent of final formal actions with penalty (1FY)-84.6%</p> <p>Metric 12a-% of penalties reviewed that document the difference and rationale between the initial and the final assessed penalty-100%</p>
	State Response	
	Recommendation(s)	

V. ELEMENT 13 SUBMISSION

Please see *Enforcement and Compliance Tools, Processes and Strategic Approach* in **II. CT Background Information on State Program and Review Process** above.

APPENDIX A: STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of CT DEEP's compliance and enforcement programs, Region 1 and CT DEEP 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.

State	Status	Due Date	Media	E#	Element	Finding
CT - Round 1	Completed	1/1/2008	CAA	E2	Violations ID'ed Appropriately	Inspection Documentation
CT - Round 1	Completed	9/30/2008	CAA	E2	Violations ID'ed Appropriately	Enforcement history added to inspection files
CT - Round 1	Completed	9/30/2009	CAA	E8	Penalties Collected	Correct UI translation issues
CT - Round 1	Completed	9/30/2008	CAA	E11	Data Accurate	Update Compliance Status for All Enforcement Action
CT - Round 1	Completed	10/15/2007	CWA	E1	Insp Universe	Reconcile NPDES data
CT - Round 1	Completed	12/31/2007	CWA	E2	Violations ID'ed Appropriately	Modify Inspection Checklist
CT - Round 1	Completed	12/31/2011	CWA	E2	Violations ID'ed Appropriately	Evaluate feasibility of sampling capacity
CT - Round 1	Completed	3/31/2008	CWA	E3	Violations ID'ed Timely	Improve Inspection Report Timeliness
CT - Round 1	Completed	9/30/2008	CWA	E4	SNC Accuracy	SEV data entry training
CT - Round 1	Completed	9/30/2008	CWA	E5	Return to Compliance	Use Available Enforcement Resources
CT - Round 1	Completed	12/31/2008	CWA	E6	Timely & Appropriate Actions	Expedite Consent Orders
CT - Round 1	Completed	3/31/2008	CWA	E6	Timely & Appropriate Actions	Provide Guidance on "Discovery of Violation" in Multi-media Cases
CT - Round 1	Completed	12/31/2009	CWA	E7	Penalty Calculations	Document basis for Economic Benefit Calculations
CT - Round 1	Completed	12/31/2007	CWA	E8	Penalties Collected	Improve Entry of Penalty Data in ICIS
CT - Round 1	Completed	12/31/2007	CWA	E10	Data Timely	Improve PCS/ICIS Transition
CT - Round 1	Completed	9/30/2010	CWA	E10	Data Timely	Plan Implementation of ICIS/NPDES Policy Statement
CT - Round 1	Completed	9/30/2009	RCRA	E1	Insp Universe	Clarify LQG inspection counts

CT - Round 1	Completed	9/30/2008	RCRA	E2	Violations ID'ed Appropriately	Document violation with photographs
CT - Round 1	Completed	9/30/2008	RCRA	E3	Violations ID'ed Timely	Clarify Day Zero Policy
CT - Round 1	Completed	9/30/2008	RCRA	E4	SNC Accuracy	Clarify SNC data entry
CT - Round 1	Completed	9/30/2008	RCRA	E4	SNC Accuracy	Report dates for return to compliance
CT - Round 1	Completed	9/30/2009	RCRA	E6	Timely & Appropriate Actions	Improve timeliness of referrals
CT - Round 1	Completed	9/30/2008	RCRA	E8	Penalties Collected	Improve penalty calculations
CT - Round 1	Completed	9/30/2007	RCRA	E12	Data Complete	Improve data completeness

APPENDIX B: OFFICIAL DATA PULL

Clean Air Act

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Connecticut Metric Prod	Count Prod	Universe Prod	Not Prod	Counted	Connecticut Metric Frozen	Count Frozen	Universe Frozen	Frozen	Not Counted
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			83	NA	NA	NA		83	NA	NA	NA	NA
A01A1C	Title V Universe: AFS Operating Majors (Current)	Data Quality	Combined			83	NA	NA	NA		83	NA	NA	NA	NA
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			83	NA	NA	NA		83	NA	NA	NA	NA
A01A2C	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	Combined			83	NA	NA	NA		83	NA	NA	NA	NA
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			251	NA	NA	NA		251	NA	NA	NA	NA
A01B1C	Source Count: Synthetic Minors (Current)	Data Quality	Combined			251	NA	NA	NA		251	NA	NA	NA	NA
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			8	NA	NA	NA		8	NA	NA	NA	NA
A01B2C	Source Count: NESHAP Minors (Current)	Data Quality	Combined			8	NA	NA	NA		8	NA	NA	NA	NA
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			373	NA	NA	NA		373	NA	NA	NA	NA
A01B3C	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	Combined			373	NA	NA	NA		373	NA	NA	NA	NA
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			86	NA	NA	NA		86	NA	NA	NA	NA
A01C1C	CAA Subprogram Designations: NSPS (Current)	Data Quality	Combined			86	NA	NA	NA		86	NA	NA	NA	NA
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			18	NA	NA	NA		18	NA	NA	NA	NA
A01C2C	CAA Subprogram Designations: NESHAP (Current)	Data Quality	Combined			18	NA	NA	NA		18	NA	NA	NA	NA
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			83	NA	NA	NA		83	NA	NA	NA	NA
A01C3C	CAA Subprogram Designations: MACT (Current)	Data Quality	Combined			83	NA	NA	NA		83	NA	NA	NA	NA

A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	87.7%	89.7 %	52	58	6	89.7 %	52	58	6
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	48.7%	66.7 %	8	12	4	66.7 %	8	12	4
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	94.4%	97.8 %	87	89	2	97.8 %	87	89	2
A01C6C	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	Combined	100%	92.5%	93.5 %	87	93	6	93.5 %	87	93	6
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			99	NA	NA	NA	99	NA	NA	NA
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			99	NA	NA	NA	99	NA	NA	NA
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			12	NA	NA	NA	12	NA	NA	NA
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			93	NA	NA	NA	93	NA	NA	NA
A01E0C	Historical Non-Compliance Counts (1 FY)	Data Quality	Combined			103	NA	NA	NA	103	NA	NA	NA
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			61	NA	NA	NA	59	NA	NA	NA
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			43	NA	NA	NA	43	NA	NA	NA
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			18	NA	NA	NA	19	NA	NA	NA
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			17	NA	NA	NA	18	NA	NA	NA
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	59.0%	100.0 %	18	18	0	100.0 %	19	19	0
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	95.4%	100.0 %	18	18	0	100.0 %	19	19	0
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	91.2%	100.0 %	18	18	0	100.0 %	19	19	0
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			14	NA	NA	NA	14	NA	NA	NA
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			13	NA	NA	NA	13	NA	NA	NA
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$454,769	NA	NA	NA	\$454,769	NA	NA	NA
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		1	NA	NA	NA	1	NA	NA	NA
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	46.0%	75.0 %	15	20	5	75.0 %	15	20	5

A02A0C	Number of HPV's/Number of NC Sources (1 FY)	Data Quality	Combined	<= 50%	44.9%	65.2 %	15	23	8	65.2 %	15	23	8
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	0	330	330	0.0%	0	330	330
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State				1	NA	NA	NA	1	NA	NA
A03A0S	Percent HPV's Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	34.0%	11.1 %	2	18	16	10.5 %	2	19	17
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	58.5%	22.6 %	134	593	459	22.6 %	134	593	459
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	69.0%	48.5 %	32	66	34	50.8 %	33	65	32
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	89.4%	98.8 %	79	80	1	98.8 %	79	80	1
A05A1C	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	Combined	100%	89.6%	98.8 %	79	80	1	98.8 %	79	80	1
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	84.5%	98.8 %	82	83	1	98.8 %	82	83	1
A05A2C	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	Combined	100%	84.8%	98.8 %	82	83	1	98.8 %	82	83	1
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	92.1%	75.1 %	187	249	62	75.1 %	187	249	62
A05B1C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	Combined	20% - 100%	92.5%	75.1 %	187	249	62	75.1 %	187	249	62
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	92.0%	98.8 %	246	249	3	98.8 %	246	249	3
A05B2C	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	Combined		92.3%	98.8 %	246	249	3	98.8 %	246	249	3
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.1%	97.3 %	249	256	7	97.3 %	249	256	7
A05C0C	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	Combined		79.3%	98.0 %	251	256	5	98.0 %	251	256	5
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		28.8%	13.9 %	321	2,310	1,989	13.9 %	320	2,309	1,989
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State				3	NA	NA	NA	3	NA	NA

A05E0C	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	Combined				3	NA	NA	NA	3	NA	NA	NA
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State				0	NA	NA	NA	0	NA	NA	NA
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.3%	100.0%	75	75	0	100.0%	75	75	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%	30.5%	43	141	98	30.5%	43	141	98	
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	43.2%	100.0%	2	2	0	100.0%	2	2	0	
A07C2E	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0 / 0	0 / 0	0	0	0	0 / 0	0	0	0	
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	6.5%	12.0%	10	83	73	12.0%	10	83	73	
A08A0E	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	EPA		0.6%	0.0%	0	83	83	0.0%	0	83	83	
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.4%	1.2%	3	251	248	1.2%	3	251	248	
A08B0E	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	EPA	> 1/2 National Avg	0.0%	0.0%	0	251	251	0.0%	0	251	251	
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	68.0%	75.0%	6	8	2	75.0%	6	8	2	
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	49.5%	31.2%	5	16	11	31.2%	5	16	11	
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	40.9%	100.0%	2	2	0	100.0%	2	2	0	
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		35.9%	65.9%	27	41	14	65.9%	27	41	14	
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State				13	NA	NA	NA	13	NA	NA	NA
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	89.2%	80.0%	8	10	2	80.0%	8	10	2	

Clean Water Act

Metric	Metric Description	Metric Type	Agency	Goal	National Average	National Prod	CT Metric	Count Prod	Universe DMR	Not
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			96		NA	NA	NA
P01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0		NA	NA	NA
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			69		NA	NA	NA
P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			153		NA	NA	NA
P01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	99.9%	100.0%		99	99	0
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	94.6%	98.3%		736	749	13
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=; 95%	93.3%	100.0%		97	97	0
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality	Combined			0.0%		0	15	15
P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			100.0%		66	66	0
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			93.0%		264	284	20
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			93.8%		60	64	4
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			17.4%		12	69	57
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			13.0%		10	77	67
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			0		NA	NA	NA
P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			0		NA	NA	NA
P01E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			0		NA	NA	NA
P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			0		NA	NA	NA
P01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0		NA	NA	NA

P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01E3E	Informal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	NA	NA	NA
P01E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	NA	NA	NA
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			5	NA	NA	NA
P01F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			3	NA	NA	NA
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			4	NA	NA	NA
P01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			3	NA	NA	NA
P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			23	NA	NA	NA
P01F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			1	NA	NA	NA
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			22	NA	NA	NA
P01F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			1	NA	NA	NA
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			25	NA	NA	NA
P01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			2	NA	NA	NA
P01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$2,564,783	NA	NA	NA
P01G2E	Penalties: total penalties (1 FY)	Data Quality	EPA			\$596,000	NA	NA	NA
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$1,646,000	NA	NA	NA
P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$596,000	NA	NA	NA
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$918,783	NA	NA	NA
P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$17,000	NA	NA	NA
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$2,564,783	NA	NA	NA
P01G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA			\$596,000	NA	NA	NA
P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		0.0%	0	5	5
P02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	>=; 80%		0.0%	0	3	3
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	65.2%	87.5%	84	96	12

P05A0E	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100%	5.8%	4.2%	4	96	92
P05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	67.9%	87.5%	84	96	12
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			59.7%	40	67	27
P05B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA			1.5%	1	67	66
P05B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			61.2%	41	67	26
P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			1.3%	2	150	148
P05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA			0.0%	0	150	150
P05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			1.3%	2	150	148
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational	State			0.0%	0	5	5
		Only							
P05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational	EPA			0.0%	0	5	5
		Only							
P05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational	Combined			0.0%	0	5	5
		Only							
P07A1C	Single-event violations at majors (1 FY)	Review	Combined			0	NA	NA	NA
		Indicator							
P07A2C	Single-event violations at non-majors (1 FY)	Informational	Combined			0	NA	NA	NA
		Only							
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		21.4%	57.1%	4	7	3
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		17.9%	10.0%	2	20	18
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		52.3%	75.0%	72	96	24
P08A1C	Major facilities in SNC (1 FY)	Review	Combined			15	NA	NA	NA
		Indicator							
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review	Combined		21.6%	15.6%	15	96	81
		Indicator							
P10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.8%	9.4%	9	96	87

RCRA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	CT Metric Prod	Count Prod	Universe Prod	Not Prod Counted	CT Metric Froz	Count Froz	Universe Froz	Not Froz Counted
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State		8	NA	NA	NA	8	NA	NA	NA	
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State		351	NA	NA	NA	351	NA	NA	NA	
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State		1,772	NA	NA	NA	1,773	NA	NA	NA	
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State		1,213	NA	NA	NA	1,213	NA	NA	NA	
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State		275	NA	NA	NA	275	NA	NA	NA	
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State		110	NA	NA	NA	110	NA	NA	NA	
R01B1E	Compliance monitoring: number of inspections (1 FY)	Data Quality	EPA		4	NA	NA	NA	4	NA	NA	NA	
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State		109	NA	NA	NA	109	NA	NA	NA	
R01B2E	Compliance monitoring: sites inspected (1 FY)	Data Quality	EPA		4	NA	NA	NA	4	NA	NA	NA	
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State		326	NA	NA	NA	326	NA	NA	NA	
R01C1E	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA		5	NA	NA	NA	5	NA	NA	NA	
R01C2S	Number of sites with violations determined during the FY	Data Quality	State		75	NA	NA	NA	75	NA	NA	NA	
R01C2E	Number of sites with violations determined during the FY	Data Quality	EPA		0	NA	NA	NA	0	NA	NA	NA	
R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State		38	NA	NA	NA	38	NA	NA	NA	
R01D1E	Informal actions: number of sites (1 FY)	Data Quality	EPA		0	NA	NA	NA	0	NA	NA	NA	
R01D2S	Informal actions: number of actions (1 FY)	Data Quality	State		40	NA	NA	NA	40	NA	NA	NA	
R01D2E	Informal actions: number of actions (1 FY)	Data Quality	EPA		0	NA	NA	NA	0	NA	NA	NA	
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State		11	NA	NA	NA	11	NA	NA	NA	
R01E1E	SNC: number of sites with new SNC (1 FY)	Data Quality	EPA		0	NA	NA	NA	0	NA	NA	NA	
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State		39	NA	NA	NA	39	NA	NA	NA	

R01E2E	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA			1	NA	NA	NA	1	NA	NA	NA
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			15	NA	NA	NA	15	NA	NA	NA
R01F1E	Formal action: number of sites (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
R01F2S	Formal action: number taken (1 FY)	Data Quality	State			15	NA	NA	NA	15	NA	NA	NA
R01F2E	Formal action: number taken (1 FY)	Data Quality	EPA			0	NA	NA	NA	0	NA	NA	NA
R01G0S	Total amount of final penalties (1 FY)	Data Quality	State			\$270,888	NA	NA	NA	\$270,888	NA	NA	NA
R01G0E	Total amount of final penalties (1 FY)	Data Quality	EPA			\$0	NA	NA	NA	\$0	NA	NA	NA
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			11	NA	NA	NA	11	NA	NA	NA
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0	NA	NA	NA	0	NA	NA	NA
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			157	NA	NA	NA	157	NA	NA	NA
R02B0E	Number of sites in violation for greater than 240 days	Data Quality	EPA			5	NA	NA	NA	5	NA	NA	NA
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			0.0%	0	14	14	0.0%	0	14	14
R03A0E	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	EPA			0 / 0	0	0	0	0 / 0	0	0	0
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100 %	87.4 %	100.0 %	8	8	0	100.0%	8	8	0
R05A0C	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100 %	92.7 %	100.0 %	8	8	0	100.0%	8	8	0
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.1 %	14.9%	41	275	234	14.9%	41	275	234
R05B0C	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	25.8 %	16.0%	44	275	231	16.0%	44	275	231
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100 %	61.7 %	57.8%	159	275	116	57.8%	159	275	116
R05C0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100 %	66.5 %	62.2%	171	275	104	62.2%	171	275	104
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			9.3%	165	177	1607	9.4%	166	1773	1607
R05D0C	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined			9.7%	172	177	1600	9.8%	173	1773	1600
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only	State			57	NA	NA	NA	57	NA	NA	NA
R05E1C	Inspections at active CESQGs (5 FYs)	Informational Only	Combined			57	NA	NA	NA	57	NA	NA	NA
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			27	NA	NA	NA	27	NA	NA	NA
R05E2C	Inspections at active transporters (5 FYs)	Informational Only	Combined			28	NA	NA	NA	28	NA	NA	NA

R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			1	NA	NA	NA	1	NA	NA	NA
R05E3C	Inspections at non-notifiers (5 FYs)	Informational Only	Combined			1	NA	NA	NA	1	NA	NA	NA
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			14	NA	NA	NA	14	NA	NA	NA
R05E4C	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	Combined			16	NA	NA	NA	16	NA	NA	NA
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			68.8%	75	109	34	68.8%	75	109	34
R07C0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA			0.0%	0	4	4	0.0%	0	4	4
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	2.6%	10.1%	11	109	98	10.1%	11	109	98
R08A0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 National Avg	2.8%	9.7%	11	113	102	9.7%	11	113	102
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	83.0%	0.0%	0	11	11	0.0%	0	11	11
R08B0E	Percent of SNC determinations made within 150 days (1 FY)	Goal	EPA	100%	71.0%	0 / 0	0	0	0	0 / 0	0	0	0
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	62.2%	86.7%	13	15	2	86.7%	13	15	2
R08C0E	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	EPA	1/2 National Avg	72.7%	0 / 0	0	0	0	0 / 0	0	0	0
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	46.9%	36.4%	4	11	7	36.4%	4	11	7
R10A0C	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	Combined	80%	42.5%	36.4%	4	11	7	36.4%	4	11	7
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			15	NA	NA	NA	15	NA	NA	NA
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$270,888	NA	NA	NA	\$270,888	NA	NA	NA
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	80.7%	84.6%	11	13	2	84.6%	11	13	2
R12B0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 National Avg	78.8%	84.6%	11	13	2	84.6%	11	13	2

APPENDIX C: PDA TRANSMITTAL LETTER

Appendices C, D, and E provide the results of the Preliminary Data Analysis (PDA). The Preliminary Data Analysis forms the initial structure for the SRF report, and helps ensure that the data metrics are adequately analyzed prior to the on-site review.

This is a critical component of the SRF process because it allows the reviewers to be prepared and knowledgeable about potential problem areas before the on-site 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 metric results.

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

Region 1 reviewers sent the PDAs to their CT DEEP counterparts via e-mail or during previously scheduled meetings.

APPENDIX D: PRELIMINARY DATA ANALYSIS CHART

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

The PDA reviews each data metric and evaluates state performance against the national goal or average, if appropriate. The PDA chart in this section of the SRF report only includes metrics where potential concerns or areas of exemplary performance are identified. (The full PDA worksheet in Appendix E contains every metric: positive, neutral, or negative.) Initial Findings indicate the observed results. Initial Findings are preliminary observations. They are used as a basis for 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.

Clean Air Act

Original Data Pulled from Online Tracking Information System (OTIS)							EPA Preliminary Analysis
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Connecticut Metric Prod	Initial Findings
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			83	Appears Acceptable
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			83	Appears Acceptable
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			251	Appears Acceptable
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			8	Appears Acceptable
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			373	Appears Acceptable
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			86	Appears Acceptable
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			18	Appears Acceptable
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			83	Appears Acceptable
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	87.7%	89.7%	Appears Acceptable
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	48.7%	66.7%	Appears Acceptable

A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	94.4%	97.8%	Appears Acceptable
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			99	Appears Acceptable
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			99	Appears Acceptable
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			12	Appears Acceptable
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			93	Appears Acceptable
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			61	Appears Acceptable
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			43	Appears Acceptable
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			18	Appears Acceptable
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			17	Appears Acceptable
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	59.0%	100.0%	Appears Acceptable
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	95.4%	100.0%	Appears Acceptable
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	91.2%	100.0%	Appears Acceptable
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			14	Appears Acceptable
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			13	Appears Acceptable
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$454,769	Appears Acceptable
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		1	Appears Acceptable
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	46.0%	75.0%	Appears Acceptable
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3%	0.0%	Appears Acceptable
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			1	Appears Acceptable
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	34.0%	11.1%	Potential Concern
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	58.5%	22.6%	Potential Concern
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	69.0%	48.5%	Potential Concern

A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	89.4%	98.8%	Appears Acceptable
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage (most recent 2 FY)	Review Indicator	State	100%	84.5%	98.8%	Appears Acceptable
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	92.1%	75.1%	Appears Acceptable
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	92.0%	98.8%	Appears Acceptable
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.1%	97.3%	Appears Acceptable
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		28.8%	13.9%	Appears Acceptable
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			3	Appears Acceptable
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	Appears Acceptable
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.3%	100.0%	Appears Acceptable
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%	30.5%	Appears Acceptable
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	43.2%	100.0%	Appears Acceptable
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	6.5%	12.0%	Appears Acceptable
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.4%	1.2%	Appears Acceptable
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	68.0%	75.0%	Appears Acceptable
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	49.5%	31.2%	Appears Acceptable
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	40.9%	100.0%	Appears Acceptable
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		35.9%	65.9%	Appears Acceptable
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			13	Appears Acceptable
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	89.2%	80.0%	Appears Acceptable

Clean Water Act

Metric	Metric Description	Metric Type	Agency	National Goal	Average National	Connecticut Metric	Evaluation	Initial Findings
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality	Combined			96	Appears Acceptable	
P01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality	Combined			0	Appears Acceptable	
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality	Combined			69	Appears Acceptable	
P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality	Combined			153	Appears Acceptable	
P01B1C	Major individual permits: correctly coded limits (Current)	Goal	Combined	>=; 95%	92.9%	97.9%	Appears Acceptable	
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	Combined	>=; 95%	93.7%	98.3%	Appears Acceptable	
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	Combined	>=; 95%	96.9%	100.0 %	Appears Acceptable	
P01B4C	Major individual permits: manual RNC/SNC override rate (1	Data Quality	Combined			0.0%	Appears Acceptable	

	FY)							
P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only	Combined			91.2%	Appears Acceptable	
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only	Combined			93.9%	Appears Acceptable	
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only	Combined			100.0 %	Appears Acceptable	
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only	Combined			26.1%		
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only	Combined			0 / 0	Appears Acceptable	
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only	Combined			0	Appears Acceptable	
P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality	State			0	Potential Concern	A separate State data base is used to track the issuance, response, and closeout of the significant number of informal actions that are annually issued.
P01E1E	Informal actions: number of major facilities (1 FY)	Data Quality	EPA			0	Appears Acceptable	

P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality	State			0	Potential Concern	See discussion under metric P01E1S
P01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			0	Appears Acceptable	
P01E3S	Informal actions: number of non-major facilities (1 FY)	Data Quality	State			0	Potential Concern	See discussion under metric P01E1S
P01E3E	Informal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	Appears Acceptable	
P01E4S	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			0	Potential Concern	See discussion under metric P01E1S
P01E4E	Informal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	Appears Acceptable	
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality	State			3	Minor Issue	Discrepancies between the summary data and drill - down listings were communicated to EPA Headquarters by the CT DEEP.
P01F1E	Formal actions: number of major facilities (1 FY)	Data Quality	EPA			2	Appears Acceptable	
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality	State			2	Minor Issue	Discrepancies between the summary data and drill - down listings were communicated to EPA Headquarters by the CT DEEP.
P01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality	EPA			2	Appears Acceptable	

P01F3S	Formal actions: number of non-major facilities (1 FY)	Data Quality	State			25	Appears Acceptable	
P01F3E	Formal actions: number of non-major facilities (1 FY)	Data Quality	EPA			0	Appears Acceptable	
P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	State			25	Appears Acceptable	
P01F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality	EPA			0	Appears Acceptable	
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality	State			26	Appears Acceptable	
P01G1E	Penalties: total number of penalties (1 FY)	Data Quality	EPA			0	Appears Acceptable	
P01G2S	Penalties: total penalties (1 FY)	Data Quality	State			\$1,013,135	Potential Concern	Discrepancies between the summary data and drill - down listings were communicated to EPA Headquarters by the CT DEEP. The only State penalty summary metric that reconciles with the drill-down case list is metric 1g4. For all other State penalty metrics the summaries do not reconcile with the sum of the penalties included on the specific case lists.
P01G2E	Penalties: total penalties (1 FY)	Data Quality	EPA			\$0	Appears Acceptable	
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	State			\$2,048,300	Potential Concern	See discussion under metric P01G2S
P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality	EPA			\$596,000	Appears Acceptable	

P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	State			\$1,529,618	Appears Acceptable	
P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only	EPA			\$0	Appears Acceptable	
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality	State			\$1,013,135	Potential Concern	See discussion under metric P01G2S
P01G5E	No activity indicator - total number of penalties (1 FY)	Data Quality	EPA			\$0	Appears Acceptable	
P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	State	>=; 80%		0.0%	Appears Acceptable	
P02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	EPA	>=; 80%		0.0%	Appears Acceptable	
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	State	100%	60.7%	80.2%	Appears Acceptable	
P05A0E	Inspection coverage: NPDES majors (1 FY)	Goal	EPA	100%	5.1%	0.0%	Appears Acceptable	
P05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	Combined	100%	63.5%	80.2%	Appears Acceptable	
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	State			59.7%	Appears Acceptable	
P05B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	EPA			0.0%	Appears Acceptable	
P05B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal	Combined			59.7%	Appears Acceptable	

P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	State			1.3%	Appears Acceptable	
P05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	EPA			0.0%	Appears Acceptable	
P05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal	Combined			1.3%	Appears Acceptable	
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	State			20.0%	Minor Concern	The CT DEEP conducted 142 inspections at 113 SIUs. As a state-run pretreatment program, this data was not captured in the P05C0s data metrics despite the fact that the SIU inspections were entered in ICIS. The CT DEEP did not meet its combined CMS commitment for conducting a total of 100 industrial and construction stormwater inspections. The CTDEP did conduct 38 industrial stormwater inspections and 26 construction stormwater inspections that are not all reflected in metric 5c.
P05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	EPA			0.0%	Appears Acceptable	
P05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only	Combined			20.0%	Minor Concern	See discussion under metric P05C0S
P07A1C	Single-event violations at majors (1 FY)	Review Indicator	Combined			0	Potential Concern	Three of the four inspections of major NPDES facilities identified SEVs, none of which met the SNC criteria. No violations were reported in the inspection of the fourth major NPDES facility. No protocols for entry of SNC SEVs into compliance tracking system (ICIS) for major facilities are in place.

P07A2C	Single-event violations at non-majors (1 FY)	Informational Only	Combined			0	Minor Concern	SEVs were identified at three of the non-major NPDES facilities. The one non-major facility for which SEVs were determined to be SNC was addressed with a formal enforcement action. SNC SEVs not required to be entered into ICIS.
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality	Combined		22.6%	100.0%	Potential Concern	Compliance schedule milestones included in permits and State enforcement actions are not currently tracked in ICIS
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality	Combined		21.9%	9.1%	Potential Concern	Compliance schedule milestones included in permits and State enforcement actions are not currently tracked in ICIS
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality	Combined		52.8%	78.1%	Appears Acceptable	
P08A1C	Major facilities in SNC (1 FY)	Review Indicator	Combined			12	Potential Concern	Enforcement actions are not linked to violations in ICIS by either the State or EPA resulting in an artificially high SNC rate.
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator	Combined		24.6%	12.5%	Potential Concern	Enforcement actions are not linked to violations in ICIS by either the State or EPA resulting in an artificially high SNC rate.
P10A0C	Major facilities without timely action (1 FY)	Goal	Combined	< 2%	18.3%	9.4%	Potential Concern	Enforcement actions are not linked to violations in ICIS by either the State or EPA resulting in an artificially high SNC rate.

RCRA

Connecticut State Review Framework – RCRA Data Metrics FY 2010

Original Data Pulled from Online Tracking Information System (OTIS)							EPA Preliminary Analysis	
Metric	Metric Description	Metric Type	Agency	National Goal	National Average	CT Metric Prod	Evaluation	Initial Findings
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality	State			8	appears acceptable	
R01A2S	Number of active LQGs in RCRAInfo	Data Quality	State			351	appears acceptable	
R01A3S	Number of active SQGs in RCRAInfo	Data Quality	State			1,772	appears acceptable	
R01A4S	Number of all other active sites in RCRAInfo	Data Quality	State			1,213	appears acceptable	
R01A5S	Number of LQGs per latest official biennial report	Data Quality	State			275	appears acceptable	
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			110	appears acceptable	
R01B1E	Compliance monitoring: number of inspections (1 FY)	Data Quality	EPA			4	appears acceptable	
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			109	appears acceptable	
R01B2E	Compliance monitoring: sites inspected (1 FY)	Data Quality	EPA			4		
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality	State			326		
R01C1E	Number of sites with violations determined at any time (1 FY)	Data Quality	EPA			5		

R01C2S	Number of sites with violations determined during the FY	Data Quality	State			75		
R01C2E	Number of sites with violations determined during the FY	Data Quality	EPA			0		
R01D1S	Informal actions: number of sites (1 FY)	Data Quality	State			38	Minor issue	CT DEEP enters all enforcement actions into RCRAInfo when the action is issued. The state also maintains an Excel database with the enforcement actions, as a double check. Region accepts adjusted state data.
R01D1E	Informal actions: number of sites (1 FY)	Data Quality	EPA			0		
R01D2S	Informal actions: number of actions (1 FY)	Data Quality	State			40	Minor issue	Same as D1S.
R01D2E	Informal actions: number of actions (1 FY)	Data Quality	EPA			0		
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality	State			11		
R01E1E	SNC: number of sites with new SNC (1 FY)	Data Quality	EPA			0		
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality	State			39		
R01E2E	SNC: Number of sites in SNC (1 FY)	Data Quality	EPA			1		
R01F1S	Formal action: number of sites (1 FY)	Data Quality	State			15	Minor issue	Same as D1S
R01F1E	Formal action: number of sites (1 FY)	Data Quality	EPA			0		

R01F2S	Formal action: number taken (1 FY)	Data Quality	State			15	Minor issue	Same as D1S
R01F2E	Formal action: number taken (1 FY)	Data Quality	EPA			0	appears acceptable	
R01G0S	Total amount of final penalties (1 FY)	Data Quality	State			\$270,888		
R01G0E	Total amount of final penalties (1 FY)	Data Quality	EPA			\$0		
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality	State			11		
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality	State			0		
R02B0S	Number of sites in violation for greater than 240 days	Data Quality	State			157		
R02B0E	Number of sites in violation for greater than 240 days	Data Quality	EPA			5	Minor Issue	For NOVs that remain open after 240 days, the CT DEEP does not have an automatic escalation per the approved CT DEEP ERP. CT DEEP reviews on a case by case basis to escalate a case. CT DEEP continues to work on these old informal actions, as resources allow. New enforcement actions are the CT DEEP priority.
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	State			0.0%		

R03A0E	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator	EPA			0 / 0		
R05A0S	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100 %	87.4%	100.0%		
R05A0C	Inspection coverage for operating TSDFs (2 FYs)	Goal	Combined	100 %	92.7%	100.0%		
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	State	20%	24.1%	14.9%	appears acceptable	CT DEEP was operating under a pre-approved flex alternative for FY 10. See outcome report dated 11/03/2010. The combined inspection coverage is 16%, which is close to the National Goal of 20%. CT DEEP will inspect 20% of the LQG in FY11.
R05B0C	Inspection coverage for LQGs (1 FY)	Goal	Combined	20%	25.8%	16.0%		
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	State	100 %	61.7%	57.8%		
R05C0C	Inspection coverage for LQGs (5 FYs)	Goal	Combined	100 %	66.5%	62.2%		
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			9.3%		
R05D0C	Inspection coverage for active SQGs (5 FYs)	Informational Only	Combined			9.7%		
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only	State			57		
R05E1C	Inspections at active CESQGs (5 FYs)	Informational Only	Combined			57		
R05E2S	Inspections at active transporters (5 FYs)	Informational Only	State			27		

R05E2C	Inspections at active transporters (5 FYs)	Informational Only	Combined			28		
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only	State			1		
R05E3C	Inspections at non-notifiers (5 FYs)	Informational Only	Combined			1		
R05E4S	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			14		
R05E4C	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	Combined			16		
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			68.8%		
R07C0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator	EPA			0.0%		
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	2.6%	10.1%		
R08A0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	Combined	1/2 National Avg	2.8%	9.7%		

R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100 %	83.0%	0.0%	Minor issue	Based on RCRAInfo and EPA file reviews, state SNC identification usually happens within 150 days of Day Zero. SNN/SNY flags generally correspond to the day of the inspection or the last day of the inspection (if it is a multiday inspection).
R08B0E	Percent of SNC determinations made within 150 days (1 FY)	Goal	EPA	100 %	71.0%	0 / 0		
R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	62.2%	86.7%		
R08C0E	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	EPA	1/2 National Avg	72.7%	0 / 0		
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	State	80%	46.9%	36.4%		
R10A0C	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	Combined	80%	42.5%	36.4%		
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			15	Minor issue	Same as D1S
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator	State			\$270,888		

R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	80.7%	84.6%		
R12B0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	Combined	1/2 National Avg	78.8%	84.6%		

APPENDIX E: PDA WORKSHEET (with State and EPA Comments)

CAA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	Connecticut Metric Prod	Count Prod	Universe Prod	Not Counted Prod	Connecticut Metric Froz	Count Froz	Universe Froz	Not Counted Froz	State Discrepancy (Yes/No)	State Correction	State Data Source	Discrepancy Explanation	Evaluation	Initial Findings
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			83	NA	NA	NA	83	NA	NA	NA	No					Appears Acceptable
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			83	NA	NA	NA	83	NA	NA	NA	No					Appears Acceptable
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			251	NA	NA	NA	251	NA	NA	NA	No					Appears Acceptable
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			8	NA	NA	NA	8	NA	NA	NA	No					Appears Acceptable
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			373	NA	NA	NA	373	NA	NA	NA	No					Appears Acceptable
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			86	NA	NA	NA	86	NA	NA	NA	No					Appears Acceptable
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			18	NA	NA	NA	18	NA	NA	NA	No					Appears Acceptable
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			83	NA	NA	NA	83	NA	NA	NA	No					Appears Acceptable
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	87.7 %	89.7%	52	58	6	89.7 %	52	58	6	No					Appears Acceptable
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	48.7 %	66.7%	8	12	4	66.7 %	8	12	4	No					Appears Acceptable

A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	94.4 %	97.8%	87	89	2	97.8 %	87	89	2	No				Appears Acceptable
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			99	NA	NA	NA	99	NA	NA	NA	No				Appears Acceptable
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			99	NA	NA	NA	99	NA	NA	NA	No				Appears Acceptable
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			12	NA	NA	NA	12	NA	NA	NA	No				Appears Acceptable
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			93	NA	NA	NA	93	NA	NA	NA	No				Appears Acceptable
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			61	NA	NA	NA	59	NA	NA	NA	No				Appears Acceptable
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			43	NA	NA	NA	43	NA	NA	NA	No				Appears Acceptable
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			18	NA	NA	NA	19	NA	NA	NA	No				Appears Acceptable
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			17	NA	NA	NA	18	NA	NA	NA	No				Appears Acceptable
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	59.0 %	100.0 %	18	18	0	100.0%	19	19	0	No				Appears Acceptable
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	95.4 %	100.0 %	18	18	0	100.0%	19	19	0	No				Appears Acceptable
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	91.2 %	100.0 %	18	18	0	100.0%	19	19	0	No				Appears Acceptable
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			14	NA	NA	NA	14	NA	NA	NA	No				Appears Acceptable
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			13	NA	NA	NA	13	NA	NA	NA	No				Appears Acceptable
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			\$454,769	NA	NA	NA	\$454,769	NA	NA	NA	No				Appears Acceptable
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		1	NA	NA	NA	1	NA	NA	NA	No				Appears Acceptable

A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	46.0 %	75.0%	15	20	5	75.0 %	15	20	5	No					Appears Acceptable
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	1.3 %	0.0%	0	330	330	0.0 %	0	330	330	No					Appears Acceptable
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			1	NA	NA	NA	1	NA	NA	NA	No					Appears Acceptable
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	34.0 %	11.1%	2	18	16	10.5 %	2	19	17	No					Potential Concern
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	58.5 %	22.6%	134	593	459	22.6 %	134	593	459	No					Potential Concern
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	69.0 %	48.5%	32	66	34	50.8 %	33	65	32	No					Potential Concern
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	89.4 %	98.8%	79	80	1	98.8 %	79	80	1	Yes			EPA requested that CT not inspect this one source b/c EPA had an open investigation. CT disputes the 98.8% because of this.		Appears Acceptable
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	84.5 %	98.8%	82	83	1	98.8 %	82	83	1	Yes			EPA requested that CT not inspect this one source b/c EPA had an open investigation. CT disputes the 98.8% because of this.		Appears Acceptable

A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	92.1 %	75.1%	187	249	62	75.1 %	187	249	62	No				Appears Acceptable
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	92.0 %	98.8%	246	249	3	98.8 %	246	249	3	No				Appears Acceptable
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.1 %	97.3%	249	256	7	97.3 %	249	256	7	No				Appears Acceptable
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		28.8 %	13.9%	321	2,310	1,989	13.9 %	320	2,309	1,989	No				Appears Acceptable
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			3	NA	NA	NA	3	NA	NA	NA	No				Appears Acceptable
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			0	NA	NA	NA	0	NA	NA	NA	No				Appears Acceptable
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	94.3 %	100.0 %	75	75	0	100.0%	75	75	0	No				Appears Acceptable
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 %	30.5%	43	141	98	30.5 %	43	141	98	No				Appears Acceptable
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	43.2 %	100.0 %	2	2	0	100.0%	2	2	0	No				Appears Acceptable
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	6.5 %	12.0%	10	83	73	12.0 %	10	83	73	No				Appears Acceptable
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	0.4 %	1.2%	3	251	248	1.2 %	3	251	248	No				Appears Acceptable
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	68.0 %	75.0%	6	8	2	75.0 %	6	8	2	No				Appears Acceptable
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	49.5 %	31.2%	5	16	11	31.2 %	5	16	11	No				Appears Acceptable

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	40.9 %	100.0 %	2	2	0	100.0%	2	2	0	No					Appears Acceptable
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		35.9 %	65.9%	27	41	14	65.9 %	27	41	14	No					Appears Acceptable
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			13	NA	NA	NA	13	NA	NA	NA	No					Appears Acceptable
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	89.2 %	80.0%	8	10	2	80.0 %	8	10	2	No					Appears Acceptable

CWA

Metric	Metric Description	Metric Type	National Goal	National Average	Connecticut Metric Froz	State Correction	State Data Source	Discrepancy Explanation
P01A1C	Active facility universe: NPDES major individual permits (Current)	Data Quality			96			
P01A2C	Active facility universe: NPDES major general permits (Current)	Data Quality			0			
P01A3C	Active facility universe: NPDES non-major individual permits (Current)	Data Quality			69			
P01A4C	Active facility universe: NPDES non-major general permits (Current)	Data Quality			153			
P01B1C	Major individual permits: correctly coded limits (Current)	Goal	>=; 95%	92.9%	97.9%			
C01B2C	Major individual permits: DMR entry rate based on MRs expected (Forms/Forms) (1 Qtr)	Goal	>=; 95%	93.7%	98.3%			
C01B3C	Major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Goal	>=; 95%	96.9%	100.0%			
P01B4C	Major individual permits: manual RNC/SNC override rate (1 FY)	Data Quality			0.0%			

P01C1C	Non-major individual permits: correctly coded limits (Current)	Informational Only			91.2%			
C01C2C	Non-major individual permits: DMR entry rate based on DMRs expected (Forms/Forms) (1 Qtr)	Informational Only			93.9%			
C01C3C	Non-major individual permits: DMR entry rate based on DMRs expected (Permits/Permits) (1 Qtr)	Informational Only			100.0%			
P01D1C	Violations at non-majors: noncompliance rate (1 FY)	Informational Only			26.1%			DMR entry for one specific facility was late despite the fact that DMRs were submitted on time. Facility should not be listed in non-compliance due to late entry by the CT DEEP.
C01D2C	Violations at non-majors: noncompliance rate in the annual noncompliance report (ANCR)(1 CY)	Informational Only			0 / 0			
P01D3C	Violations at non-majors: DMR non-receipt (3 FY)	Informational Only			0			
P01E1S	Informal actions: number of major facilities (1 FY)	Data Quality			0			
P01E1E	Informal actions: number of major facilities (1 FY)	Data Quality			0			

P01E2S	Informal actions: number of actions at major facilities (1 FY)	Data Quality			0			
P01E2E	Informal actions: number of actions at major facilities (1 FY)	Data Quality			0			
P01E3S	Informal actions: number of non- major facilities (1 FY)	Data Quality			0			
P01E3E	Informal actions: number of non- major facilities (1 FY)	Data Quality			0			
P01E4S	Informal actions: number of actions at non- major facilities (1 FY)	Data Quality			0			
P01E4E	Informal actions: number of actions at non- major facilities (1 FY)	Data Quality			0			
P01F1S	Formal actions: number of major facilities (1 FY)	Data Quality			3			Value on summary table does not agree with facilities listed in drop-down listing
P01F1E	Formal actions: number of major facilities (1 FY)	Data Quality			2			
P01F2S	Formal actions: number of actions at major facilities (1 FY)	Data Quality			2			Value on summary table does not agree with facilities listed in drop-down listing and does not include Federal facility listed in P01F1S.
P01F2E	Formal actions: number of actions at major facilities (1 FY)	Data Quality			2			
P01F3S	Formal actions: number of non- major facilities (1 FY)	Data Quality			25			
P01F3E	Formal actions: number of non- major facilities (1 FY)	Data Quality			0			

P01F4S	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality			25			
P01F4E	Formal actions: number of actions at non-major facilities (1 FY)	Data Quality			0			
P01G1S	Penalties: total number of penalties (1 FY)	Data Quality			26			
P01G1E	Penalties: total number of penalties (1 FY)	Data Quality			0			
P01G2S	Penalties: total penalties (1 FY)	Data Quality			\$1,013,135			Value in summary table does not reconcile with case listing in drill-down listing
P01G2E	Penalties: total penalties (1 FY)	Data Quality			\$0			
P01G3S	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality			\$2,048,300			Value in summary table does not reconcile with case listing in drill-down listing
P01G3E	Penalties: total collected pursuant to civil judicial actions (3 FY)	Data Quality			\$596,000			
P01G4S	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only			\$1,529,618			
P01G4E	Penalties: total collected pursuant to administrative actions (3 FY)	Informational Only			\$0			
P01G5S	No activity indicator - total number of penalties (1 FY)	Data Quality			\$1,013,135			Value in summary table does not reconcile with case listing in drill-down listing
P01G5E	No activity indicator - total number of penalties (1 FY)	Data Quality			\$0			

P02A0S	Actions linked to violations: major facilities (1 FY)	Data Quality	>=; 80%		0.0%			
P02A0E	Actions linked to violations: major facilities (1 FY)	Data Quality	>=; 80%		0.0%			
P05A0S	Inspection coverage: NPDES majors (1 FY)	Goal	100%	60.7%	80.2%			
P05A0E	Inspection coverage: NPDES majors (1 FY)	Goal	100%	5.1%	0.0%			
P05A0C	Inspection coverage: NPDES majors (1 FY)	Goal	100%	63.5%	80.2%			
P05B1S	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal			59.7%			
P05B1E	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal			0.0%			
P05B1C	Inspection coverage: NPDES non-major individual permits (1 FY)	Goal			59.7%			
P05B2S	Inspection coverage: NPDES non-major general permits (1 FY)	Goal			1.3%			
P05B2E	Inspection coverage: NPDES non-major general permits (1 FY)	Goal			0.0%			
P05B2C	Inspection coverage: NPDES non-major general permits (1 FY)	Goal			1.3%			
P05C0S	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only			20.0%			

P05C0E	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only			0.0%			
P05C0C	Inspection coverage: NPDES other (not 5a or 5b) (1 FY)	Informational Only			20.0%			
P07A1C	Single-event violations at majors (1 FY)	Review Indicator			0			
P07A2C	Single-event violations at non-majors (1 FY)	Informational Only			0			
P07B0C	Facilities with unresolved compliance schedule violations (at end of FY)	Data Quality		22.6%	100.0%			
P07C0C	Facilities with unresolved permit schedule violations (at end of FY)	Data Quality		21.9%	9.1%			
P07D0C	Percentage major facilities with DMR violations (1 FY)	Data Quality		52.8%	78.1%			
P08A1C	Major facilities in SNC (1 FY)	Review Indicator			12			
P08A2C	SNC rate: percent majors in SNC (1 FY)	Review Indicator		24.6%	12.5%			
P10A0C	Major facilities without timely action (1 FY)	Goal	< 2%	18.3%	9.4%			

APPENDIX E: PDA WORKSHEET (with State and EPA Comments)

Metric	Metric Description	Metric Type	National Goal	National Average	CT Metric Prod	State Correction	State Data Source	Discrepancy Explanation
R01A1S	Number of operating TSDFs in RCRAInfo	Data Quality			8			
R01A2S	Number of active LQGs in RCRAInfo	Data Quality			351			
R01A3S	Number of active SQGs in RCRAInfo	Data Quality			1,772			
R01A4S	Number of all other active sites in RCRAInfo	Data Quality			1,213			
R01A5S	Number of LQGs per latest official biennial report	Data Quality			275			
R01B1S	Compliance monitoring: number of inspections (1 FY)	Data Quality			110			
R01B1E	Compliance monitoring: number of inspections (1 FY)	Data Quality			4			
R01B2S	Compliance monitoring: sites inspected (1 FY)	Data Quality			109			
R01B2E	Compliance monitoring: sites inspected (1 FY)	Data Quality			4			
R01C1S	Number of sites with violations determined at any time (1 FY)	Data Quality			326			
R01C1E	Number of sites with violations determined at	Data Quality			5			

	any time (1 FY)							
R01C2S	Number of sites with violations determined during the FY	Data Quality			75			
R01C2E	Number of sites with violations determined during the FY	Data Quality			0			
R01D1S	Informal actions: number of sites (1 FY)	Data Quality			38	57	in-house enforcement tracking system	Data missing from EPA pull.
R01D1E	Informal actions: number of sites (1 FY)	Data Quality			0			
R01D2S	Informal actions: number of actions (1 FY)	Data Quality			40	59	in-house enforcement tracking system	Data missing from EPA pull.
R01D2E	Informal actions: number of actions (1 FY)	Data Quality			0			
R01E1S	SNC: number of sites with new SNC (1 FY)	Data Quality			11			
R01E1E	SNC: number of sites with new SNC (1 FY)	Data Quality			0			
R01E2S	SNC: Number of sites in SNC (1 FY)	Data Quality			39			
R01E2E	SNC: Number of sites in SNC (1 FY)	Data Quality			1			
R01F1S	Formal action: number of sites (1 FY)	Data Quality			15	20	in-house enforcement tracking system	Two AG Referrals not in EPA pull plus 4 Ritz Camera sites that must be added.
R01F1E	Formal action: number of sites (1 FY)	Data Quality			0			

R01F2S	Formal action: number taken (1 FY)	Data Quality			15	20	in-house enforcement tracking system	Two AG Referrals not in EPA pull plus 4 Ritz Camera sites that must be added.
R01F2E	Formal action: number taken (1 FY)	Data Quality			0			
R01G0S	Total amount of final penalties (1 FY)	Data Quality			\$270,888			
R01G0E	Total amount of final penalties (1 FY)	Data Quality			\$0			
R02A1S	Number of sites SNC-determined on day of formal action (1 FY)	Data Quality			11			
R02A2S	Number of sites SNC-determined within one week of formal action (1 FY)	Data Quality			0			
R02B0S	Number of sites in violation for greater than 240 days	Data Quality			157	N/A	State ERP	CT's ERP allows for not escalating after 240 days if company is on a compliance schedule.
R02B0E	Number of sites in violation for greater than 240 days	Data Quality			5			
R03A0S	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator			0.0%			
R03A0E	Percent SNCs entered ≥ 60 days after designation (1 FY)	Review Indicator			0 / 0			
R05A0S	Inspection coverage for	Goal	100%	87.4%	100.0%			

	operating TSDFs (2 FYs)							
R05A0C	Inspection coverage for operating TSDFs (2 FYs)	Goal	100%	92.7%	100.0%			
R05B0S	Inspection coverage for LQGs (1 FY)	Goal	20%	24.1%	14.9%	N/A	FY planning discussions.	Pre-approved during FY planning discussions (flex alternative #3)
R05B0C	Inspection coverage for LQGs (1 FY)	Goal	20%	25.8%	16.0%			
R05C0S	Inspection coverage for LQGs (5 FYs)	Goal	100%	61.7%	57.8%			
R05C0C	Inspection coverage for LQGs (5 FYs)	Goal	100%	66.5%	62.2%			
R05D0S	Inspection coverage for active SQGs (5 FYs)	Informational Only			9.3%			
R05D0C	Inspection coverage for active SQGs (5 FYs)	Informational Only			9.7%			
R05E1S	Inspections at active CESQGs (5 FYs)	Informational Only			57			
R05E1C	Inspections at active CESQGs (5 FYs)	Informational Only			57			
R05E2S	Inspections at active transporters (5 FYs)	Informational Only			27			
R05E2C	Inspections at active transporters (5 FYs)	Informational Only			28			
R05E3S	Inspections at non-notifiers (5 FYs)	Informational Only			1			
R05E3C	Inspections at non-notifiers (5 FYs)	Informational Only			1			
R05E4S	Inspections at active sites other than those listed in	Informational Only			14			

	5a-d and 5e1-5e3 (5 FYs)							
R05E4C	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only			16			
R07C0S	Violation identification rate at sites with inspections (1 FY)	Review Indicator			68.8%			
R07C0E	Violation identification rate at sites with inspections (1 FY)	Review Indicator			0.0%			
R08A0S	SNC identification rate at sites with inspections (1 FY)	Review Indicator	1/2 National Avg	2.6%	10.1%			
R08A0C	SNC identification rate at sites with evaluations (1 FY)	Review Indicator	1/2 National Avg	2.8%	9.7%			
R08B0S	Percent of SNC determinations made within 150 days (1 FY)	Goal	100%	83.0%	0.0%	N/A	N/A	Although CT identifies the need for formal action within 90 days from Day Zero, its normal practice is to turn on the SNC designation in RCRAInfo on the day of issuance of the formal action.
R08B0E	Percent of SNC determinations made within 150 days (1 FY)	Goal	100%	71.0%	0 / 0			

R08C0S	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	1/2 National Avg	62.2%	86.7%			
R08C0E	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	1/2 National Avg	72.7%	0 / 0			
R10A0S	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	80%	46.9%	36.4%			
R10A0C	Percent of SNCs with formal action/referral taken within 360 days (1 FY)	Review Indicator	80%	42.5%	36.4%			
R10B0S	No activity indicator - number of formal actions (1 FY)	Review Indicator			15	20	in-house enforcement tracking system	Two AG Referrals not in EPA pull plus 4 Ritz Camera sites must be added.
R12A0S	No activity indicator - penalties (1 FY)	Review Indicator			\$270,888			
R12B0S	Percent of final formal actions with penalty (1 FY)	Review Indicator	1/2 National Avg	80.7%	84.6%			
R12B0C	Percent of final formal actions with penalty (1 FY)	Review Indicator	1/2 National Avg	78.8%	84.6%			

APPENDIX F: FILE SELECTION

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

A. File Selection Process

Listed before the file selection tables (below) for Air, Water and RCRA.

B. File Selection Table

The file selection tables follow, and are organized by Air, Water and RCRA.

CAA

Using the State Review Framework File Selection Tool, a total of 205 records were identified under the Clean Air Act. As described in the File Selection Protocol document, based on the universe size, 20 files were selected for review. File selection was random, generally selecting every 10th record, ensuring that a mix of files with enforcement and inspection activity were included.

CT DEEP then had an opportunity to comment on the files selected for review and CT DEEP expressed concern over the selection of H.B. Ives. CT DEEP had conducted an inspection at the H.B. Ives facility to confirm that the facility was closed and no longer in operation. CT DEEP did not feel that this inspection was representative of the more complex inspections typically conducted in CT. As a result, H.B. Ives was removed from the file selection list and Jacobs Vehicle Systems was reviewed instead, for a total of 20 files.

Facility Name	AFS Number	Street	City	FCE	PCE	Violation	Stack Test Failures	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
B & C FINISHING	900309096	60 CRYSTAL POND PLACE	BRISTOL	1	0	0	0	0	0	0	0	0	SM80	accepted_representative
BRIDGEPORT ENERGY LLC	900109065	10 ATLANTIC STREET	BRIDGEPORT	1	0	4	0	0	0	0	1	298,091	MAJR	accepted_representative
BRISTOL-MYERS SQUIBB CO	900900016	5 RESEARCH PARKWAY	WALLINGFORD	1	0	0	0	0	1	1	0	0	MAJR	accepted_representative
CARPIN MFG, INC	900908736	411 AUSTIN RD	WATERBURY	1	0	0	0	0	0	0	0	0	OMIN	accepted_representative
COVANTA PROJECTS OF WALLINGFORD, L.P.	900909910	530 SOUTH CHERRY STREET	WALLINGFORD	1	0	2	1	1	1	1	1	0	MAJR	accepted_representative
EAST COAST CONTAINER, LLC	900905431	211 BROOKSIDE RD	WATERBURY	0	1	4	0	0	1	2	1	9,600	FRMI	accepted_representative
ELLIS R.V.T. SCHOOL, H H	901501141	613 UPPER MAPLE STREET	DANIELSON	1	0	0	0	0	0	0	0	0	SM80	accepted_representative
EYELEMATIC MFG CO, INC	900508853	1 SEEMAR ROAD	WATERTOWN	1	0	0	0	0	1	2	0	0	MAJR	accepted_representative
JACOBS VEHICLE SYSTEMS, INC	900300406	22 E DUDLEY TOWN ROAD	BLOOMFIELD	1	0	0	0	0	0	0	0	0	MAJR	accepted_representative
LABEL SYSTEMS, INC	900100265	56 CHERRY STREET	BRIDGEPORT	1	0	3	0	0	0	1	0	0	OMIN	accepted_representative
LEED HIMMEL INDUSTRIES, INC	900901303	75 LEEDER HILL DRIVE	HAMDEN	0	0	7	0	0	0	0	1	6,000	SM80	accepted_representative
MANCHESTER SEWER TREATMENT PLANT	900309058	57 LANDFILL WAY	MANCHESTER	0	0	4	0	1	0	0	1	16,913	MAJR	accepted_representative
NEW MILFORD FARMS, INC	900508907	60 BOARDMAN ROAD	NEW MILFORD	0	1	3	0	0	1	1	1	1,750	SM80	accepted_representative
PEPPERIDGE FARM, INC	900309312	1414 BLUE HILLS AVE.	BLOOMFIELD	1	0	4	0	0	0	1	0	0	OMIN	accepted_representative
REDLAND BRICK, INC / KF PLANT	900300193	1440 JOHN FITCH BLVD	SOUTH WINDSOR	1	0	0	0	0	0	0	0	0	MAJR	accepted_representative

STRATFORD ARMY ENGINE PLANT	900100158	550 MAIN STREET	STRATFORD	1	0	1	0	0	0	0	0	0	0	SM80	accepted_representative
STRATFORD SCHOOL FOR AVIATION MAINT TECH	900108945	200 GREAT MEADOW RD	STRATFORD	0	0	5	0	1	0	1	1	11,600	MAJR	accepted_representative	
TILCON CONNECTICUT - NEWINGTON PLANT	900300127	301 HARTFORD AVENUE	NEWINGTON	1	0	0	0	0	0	0	0	0	SM80	accepted_representative	
UBS	900104545	777 WASHINGTON BLVD	STAMFORD	0	1	2	5	0	1	3	0	0	FRMI	accepted_representative	
WATERFRONT STREET TERMINAL	900900020	280 WATERFRON T STREET	NEW HAVEN	1	0	0	0	0	0	0	0	0	MAJR	accepted_representative	

CWA

Using the State Review Framework File Selection Protocol the 343 listed CT DEEP items were downloaded into an Excel spreadsheet. The number of inspections, formal enforcement actions, facilities in SNC, facilities with other violations, and facilities with no violations were counted. Based upon the guidance document, approximately 20 facilities were targeted based upon the size of the universe. The following frequency of selection table was then generated:

	Count	Frequency	Number
Inspections	277	40	6.9
Formal Action	21	5	4.2
SNC	35	7	5.0
Violations	210	70	3.0
Non-Violations	133	70	1.9
Total			19.1

Every 40th facility that was inspected was then selected. The universe was resorted to list those facilities that had received a formal enforcement action. Every 5th facility was selected. The list was again resorted to list the facilities in SNC and every 7th facility was selected. Finally the list was sorted into separate lists of facilities with and without violations and every 70th facility was selected. If a previously selected facility was selected using a different sort, the next facility on the list was selected. A total of 19 facilities were selected, which is less than the minimum criteria included in the SRF File Selection Protocol. However, within the facilities selected, enforcement activities will be evaluated since a facility may meet multiple selection criteria, i.e., a single facility in SNC may have been inspected, and may have also received an enforcement action during FY'10. Accordingly, the sample size should be sufficient to provide a representative sample of the CT DEEP's enforcement activities.

After the files had been pulled for the file reviews, it was determined that the original file selections were based upon FY'09 and not FY'10 data. Given that most facilities are inspected annually by the CT DEEP, there was a limited need to re-characterize the compliance inspection universe since virtually all of the original inspection universe was also inspected in FY'10. The greatest impact on the file inspection universe occurred on the selection of enforcement actions since no facility that received a formal enforcement action in FY'09 also received an action in FY'10. To resolve this issue, the FY'10 formal enforcement actions were listed and every sixth action was selected for review.

Facility Name	Program ID	Address	City/Town	Inspection	Violation	Violation	Single Event	SNC	Informal	Formal	Penalty	Universe	Select
PRESERVE AT BUCKLAND POND	CTR101270	HILLSTOWN RD. AND BUSH HILL	MANCHESTER	1	0	0	0	0	0	0	0	Minor	I
PROSPECT ESTATES	CTR101267	193 COOK RD	PROSPECT	1	0	0	0	0	0	0	0	Minor	NV
WINDSOR STEVENS, INCORPORATED	CT0003441	STEVENS MILL ROAD	WINDSOR	1	0	0	0	0	0	0	0	Minor	I
CT YANKEE ATOMIC POWER CO	CT0003123	362 INJUN HOLLOW ROAD	HADDAM	0	0	0	0	0	0	1	109,500	Major	F
SOMERS MS4 PERMIT	CTR030103	TOWNWIDE	SOMERS	0	0	0	0	0	0	1	5,000	Minor	F
MIDDLETOWN YOUTH SOCCER, INC.	CTR101254	COUNTRY CLUB ROAD	MIDDLETOWN	2	0	0	0	0	0	1	37,800	Minor	NV
WATERBURY BUTTON COMPANY	CTP002397	1855 PECK LANE	CHESHIRE	1	1	0	0	0	0	0	0	Minor	I
WHEELABRATOR PUTNAM INC	CTP002303	344 RIVER ROAD	PUTNAM	0	2	0	0	0	0	0	0	Minor	V
NORTHEAST ELECTRONICS CORP	CTP000119	455 BIC DRIVE	MILFORD	1	3	0	1	0	0	0	0	Minor	S
NORTHEAST FISHERIES SCIENCE	CT0090182	212 ROGERS AVENUE	MILFORD	1	4	0	0	0	0	0	0	Minor	I
FIRBEROPTIC	CT0026832	28 QUASSET	POMFRET	0	4	0	0	0	0	1	40,000	Minor	F

S TECHNOLOGY INC		ROAD										
HARTFORD STEAM COMPANY	CT0004014	60 COLUMBUS BOULEVARD	HARTFORD	0	5	0	0	0	0	0	Major	V
UNITED TOOL & DIE CO INC THE	CTP000039	1 CARNEY RD	WEST HARTFORD	1	5	0	1	0	0	0	Minor	I
EAST HAMPTON WPCA	CT0024694	20 GILDERSLEEVE DRIVE	EAST HAMPTON	2	8	0	0	0	0	0	Major	I
SHARON WPCF	CT0101052	KING HILL RD.	SHARON	1	8	0	1	0	0	0	Minor	S
GREENWICH AMERICAN, INC.*	CT0030295	1 AMERICAN LANE	GREENWICH	1	8	0	2	0	0	0	Minor	S
WARREN CORPORATION	CTP000125	29 FURNACE AVENUE	STAFFORD SPRINGS	1	9	0	3	0	0	0	Minor	S
BRIDGEPORT EAST SIDE WPCF	CT0101010	695 SEAVIEW AVE	BRIDGEPORT	1	15	0	2	0	1	0	Major	F
PLAINVILLE WPCF	CT0100455	CRONK RD.	PLAINVILLE	1	30	0	4	0	0	0	Major	S
												19
				14	13		7		5			39
Selection Category												
Inspection	I											
Formal Action	F											
SNC	S											
Violation	V											
No Violation	NV											

RCRA

The total number of facilities in CT with RCRA activities in FY 10 was 158. EPA randomly chose every fifth facility on the selection tool list with monitoring activity and every fifth facility with enforcement activity. This produced fifteen random (accepted representative) facilities for review.

Name	Program ID	Street	City	State District	State	Zip code	Informal Action	Formal Action	Universe	Select
A J TUCK CO	CTD001451855	32 TUCK RD	BROOKFIELD	W	CT	06804	1	0	TSD(LDF)	accepted representative
CERRO FABRICATED PRODUCTS	CTD001145317	201 PINE ST	BRISTOL	W	CT	06010	0	0	TSD(LDF)	accepted representative
CINTAS CORP	CTD049590326	11 COMMERCIAL ST	BRANFORD	E	CT	06405	0	0	SQG	accepted representative
CITY CHEMICAL LLC	CTR000506568	139 ALLINGS CROSSING RD	WEST HAVEN	W	CT	06516	0	1	CES	accepted representative
CLEAN HARBORS OF CT INC	CTD000604488	51 BRODERICK RD	BRISTOL	W	CT	06010	0	0	TSD(LDF)	accepted representative
CONARD CORP	CTD004533485	101 COMMERCE ST	GLASTONBUR Y	E	CT	06033	1	1	LQG	accepted representative
DERINGER NEY INC	CTD001148394	2 DOUGLAS ST	BLOOMFIELD	E	CT	06002	1	1	SQG	accepted representative
ELECTRIC MOTION CO INC	CTD983902420	110 GROPPA DR	WINSTED	W	CT	06098	1	0	LQG	accepted representative
GRAPHIC IMAGE INC	CTR000508671	561 BOSTON POST RD	MILFORD	W	CT	06460	1	1	CES	accepted representative
HARTFORD COURANT	CTD001150747	285 BROAD ST	HARTFORD	E	CT	06105	0	0	SQG	accepted representative
K M C MUSIK INC	CTD005931969	37 GREENWOODS RD	NEW HARTFORD	W	CT	06057	0	0	LQG	accepted representative
LITHOGRAPHICS INC	CTD982710535	55 SPRING LA	FARMINGTON	W	CT	06032	1	0	LQG	accepted representative
MACRISTY INDUSTRIES INC	CTD059826727	206 NEWINGTON AVE	NEW BRITAIN	E	CT	06051	0	0	LQG	accepted representative
NEW LONDON MOTORS INC	CTD018765297	CORNER BROAD & COLMAN STS	NEW LONDON	E	CT	06320	0	0	SQG	accepted representative
R B C HEIM	CTD001162122	60 ROUNDHILL RD.	FAIRFIELD	W	CT	06842	1	1	SQG	accepted representative

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 Program

Name of State: Connecticut

Review Period: FFY2010

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Evaluation	Initial Findings
1	Metric 2c	% of files reviewed where MDR data are accurately reflected in AFS.	80%	Appears Acceptable	A total of 16 out of the 20 files reviewed reflected consistent MDR data when compared to the AFS/OTIS databases. Many of the data inconsistencies were minor (e.g., street address typos and name change needed an update); however, 1 out of the 20 files reviewed had an incorrect air program code. This facility had a TV air program code because it was subject to the Brick MACT. This MACT standard was vacated and therefore the facility does not have a TV permit, and is not required to get one.
	Metric 4a	Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan were completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? Yes or no? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning evaluation coverage are to be discussed pursuant to the metrics under Element 5. If a state/local agency had negotiated and received approval for conducting its compliance monitoring program pursuant to an alternative plan, details concerning the alternative plan and the S/L agency's implementation (including evaluation coverage) are to be discussed under this Metric.	98.8% of majors, 98.8% of SM80s	Appears Acceptable	The CT DEEP committed to following a CMS plan without seeking to negotiate an alternative plan. From the preliminary data analysis, CT DEEP inspected 79 of 80, or 98.8% of Title V major sources within FY2010. During past five year cycle, CT DEEP conducted FCEs at 246 of the 249, or 98.8% of the SM80s in the past 5 FYs. Since FY 2007, CT DEEP has conducted FCEs at 75.1% of the SM80s. CT DEEP appears to be on track to complete the SM80 inspections as required by the CMS.
	Metric 4b	Delineate the air compliance and enforcement commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The compliance and enforcement commitments should be delineated.		Appears Acceptable	In its CMS plan, CT DEEP commits to conducting FCEs at 50% of the major source universe and 20% of the synthetic minor 80 universe each year.
4	Metric 6a	# of files reviewed with FCEs.	14		
5	Metric 6b	% of FCEs that meet the definition of an FCE per the CMS policy.	100%	Appears Acceptable	The CT DEEP should be commended for writing very comprehensive and well organized inspection reports.
6	Metric 6c	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	93%	Appears Acceptable	A total of 13 out of 14 files reviewed met the definition of an FCE. One inspection report did not include on-site observations, but this was likely due to the implementation of a new report format.

7	Metric 7a	% of CMRs or facility files reviewed that led to accurate compliance determinations.	100%	Appears Acceptable	Based on the file review, 14 out of 14 inspections correctly determined facility compliance.
8	Metric 7b	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	100%	Appears Acceptable	Based on the file review, 4 out of 4 violations were accurately reflected in AFS.
9	Metric 8f	% of violations in files reviewed that were accurately determined to be HPV.	100%	Appears Acceptable	100% of the files accurately determined HPV status.
10	Metric 9a	# of formal enforcement responses reviewed.	8		
11	Metric 9b	% of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame.	100%	Appears Acceptable	A total of 8 of 8 of the enforcement files documented appropriate injunctive relief to return the facility to compliance.
12	Metric 10b	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	22%		A total of 2 of the 9 HPV files were addressed within 270 days. The HPV cases that CT has are very complex and address facility-wide compliance. In addition, the HPV guideline of 270 days conflicts with CT's ERP for 300 days for formal enforcement response.
13	Metric 10c	% of enforcement responses for HPVs appropriately addressed.	100%	Appears Acceptable	All of the files reviewed included an appropriate enforcement response.
14	Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	Appears Acceptable	All of the files reviewed included appropriate documentation of gravity and economic benefit.
15	Metric 12c	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	Appears Acceptable	All of the files documented penalty adjustments.
16	Metric 12d	% of files that document collection of penalty.	100%	Appears Acceptable	All files documented penalty collection.

Evaluation Criteria

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

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

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

CWA Program

Name of State: Connecticut		Review Period: October 1, 2009 thru September 30, 2010		
CWA Metric #	CWA File Review Metric:	Metric Value	Assessment	Initial Findings and Conclusions
Metric 2b	% of files reviewed where data is accurately reflected in the national data system.	72%	Potential Concern	RIDE elements were accurately entered into ICIS for eleven of the fourteen inspection files that were reviewed. The remaining three files with data that did not match the data that was reported in ICIS appeared to be related to coding errors or the incorrect entry of inspection type or dates. In addition, two of the four formal enforcement actions that were reviewed included Supplemental Environmental Projects, the cost for which were included in the total state penalty numbers entered in EPA's compliance tracking system (ICIS).
Metric 4a	% of planned inspections completed. Summarize using the Inspection Commitment Summary Table in the CWA PLG.		Appears Acceptable	77 of 95 of the traditional NPDES majors (81.1%) were inspected. The major inspection coverage was less than the national goal of 100% but greater than the national average coverage of 62.6%. 39 of 68 (57.4%) of the traditional non-majors were inspected. This significantly exceeded the 20% goals established in the Compliance Monitoring Strategy (CMS). In addition, the CT DEEP met its negotiated CMS SIU inspection commitment of 50% having conducted 142 inspections at 113 facilities (52.8%). As a state-run pretreatment program, this data was not captured in the 5d data metrics despite the fact that these inspections were entered in ICIS. The CT DEEP did not meet its combined CMS commitment for conducting a total of 100 industrial and construction stormwater inspections. The CT DEEP did conduct 38 industrial stormwater inspections and 26 construction stormwater inspections, the majority of which are not reflected in metric 5c.
Metric 4b	Other Commitments. Delineate the commitments for the FY under review and describe what was accomplished. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The commitments should be broken out and identified		N/A	
Metric 6a	# of inspection reports reviewed.	13		
Metric 6b	% of inspection reports reviewed that are complete.	92%	Appears Acceptable	12 of 13 inspection reports were found to be complete and most included comprehensive checklists. The one inspection report that was reviewed and was not determined to be complete was erroneously characterized as a stormwater compliance evaluation inspection when it actually was a reconnaissance inspection comprised of photographs and field notes.
Metric 6c	% of inspection reports reviewed that provide sufficient documentation to lead to an accurate compliance determination.	92%	Appears Acceptable	See Metric 6b discussion
Metric 6d	% of inspection reports reviewed that are timely.	62%	Minor issue	Timeliness of report preparation varied from 1 to 140 days. The average report preparation time was 41 days, which is slightly above the CT DEEP's goal of 30 days. The median report preparation time was 27 days. Most of the delays in finalizing inspection reports were associated with waiting for sampling results.
Metric 7e	% of inspection reports or facility files reviewed that led to accurate compliance determinations.	92%	Appears Acceptable	Compliance determinations are accurately made. SEVs are identified in inspection reports.
Metric 8b	% of single event violation(s) that are accurately identified as SNC or Non-SNC.	100%	Appears Acceptable	None of the SEVs that were identified in three of the four inspection reports for NPDES majors were determined to meet the Significant Noncompliance (SNC) criteria. There were no SEVs identified at the inspection of the fourth major NPDES facility.

Metric 8c	% of single event violation(s) identified as SNC that are reported timely.	N/A	Potential Concern	Since no SEVs at major facilities were determined to be in SNC this metric was not applicable. However, it is recognized that a protocol for entering SEVs into EPA's compliance tracking system needs to be developed and implemented by the CT DEEP based upon guidance to be provided by the Region.
Metric 9a	# of enforcement files reviewed	4		
Metric 9b	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	Appears Acceptable	The major facility that received a formal enforcement action returned the facility in SNC to compliance.
Metric 9c	% of enforcement responses that have returned or will return a source with non-SNC violations to compliance.	100%	Appears Acceptable	3 of 3 of the remaining non-major facilities that were reviewed received formal enforcement responses that returned the facilities with non-SNC violations to compliance. One of these three non-major facilities previously received a informal Notice of Violation that was subsequently escalated into an administrative consent order.
Metric 10b	% of enforcement responses reviewed that address SNC that are taken in a taken in a timely manner.	0%	Minor Concern	The consent order that was associated with a NPDES major Federal The consent order facility significantly exceeded the time frames recommended in the CT DEEP's Enforcement Response Policy. The action was delayed in part by decisions regarding the applicability of the Uniform National Discharge Standards policy. Justifications for the delays were included in the project documentation.
Metric 10c	% of enforcement responses reviewed that address SNC that are appropriate to the violations.	100%	Appears Acceptable	
Metric 10d	% of enforcement responses reviewed that appropriately address non-SNC violations.	100%	Appears Acceptable	
Metric 10e	% enforcement responses for non-SNC violations where a response was taken in a timely manner.		Minor Concern	2 of the 4 formal enforcement actions that were reviewed were taken in a timely manner in accordance with the CT DEEP's Enforcement Response Policy. The third administrative consent order marginally exceeded guidelines included in the State's Enforcement Response Policy for the drafting and finalization of administrative consent orders.
Metric 11a	% of penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	Appears Acceptable	All of the penalty calculations considered and included appropriate gravity and economic benefit summaries. New protocols and procedures have been implemented and training provided to address the deficiencies identified in these areas during SRF1.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	Appears Acceptable	3 of 4 formal enforcement actions that were reviewed included penalties. Penalty justifications were included in all project files that included penalties. Narrative explanations of the rationale for reducing or increasing proposed penalties were included where appropriate. These protocols, procedures, and guidance documents for documenting and justifying penalties represent a "Good Practice" in that the information regarding date of discovery, compliance with the State's Enforcement Response Policy guidance, and penalty information is provided on a consolidated Formal Action Data Sheet that is included in the State's Enforcement Desk Reference Tool.
Metric 12b	% of enforcement actions with penalties that document collection of penalty.	100%	Appears Acceptable	3 of 3 enforcement actions with penalties documented the collection of the penalty. As noted in the prior metric, documentation of penalty reductions/increases are included of the Formal Action Data Sheet and Enforcement Action Summaries that are included in the State's Enforcement Desk Reference Tool.

Findings Criteria

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

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

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

RCRA Program

Name of State: Connecticut

Review Period: FY 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 database.	100%	15 of the 15 files reviewed contained documentation to confirm that the mandatory data was reported accurately into the national data base.
Metric 4a	Planned inspections completed.	111%	In FY 10 CT DEEP committed to conduct 129 inspections as contained in the FY 10 -12 Compliance Assurance Strategy. CT DEEP conducted 143 inspections.
Metric 4b	Planned commitments completed.	100%	The planned inspections are the only commitments for the RCRA enforcement program.
Metric 6a	# of inspection reports reviewed.	15	15 inspection reports were reviewed. The files reviewed included the following types of facilities: LQG, SQG, CESQG, and TSD.
Metric 6b	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility	100%	15 of the 15 inspection reports reviewed contained all of the requirements and contained sufficient documentation to determine compliance at the facility .
Metric 6c	Inspections completed within a determined time frame	100%	All fifteen inspection reports were completed in approximately 30 days, 4 of the 15 were completed in under 14 days.
Metric 7a	% of accurate compliance determinations based on inspection reports.	100%	CT DEEP does an excellent job of compliance determinations. Of the 15 inspection reports reviewed, 5 resulted in formal enforcement actions, 8 resulted in informal enforcement actions.
Metric 7b	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days)	100%	CT DEEP determines the compliance status of the inspected facilities in a timely manner, within 150 days.
Metric 8h	% of violations in files reviewed that were accurately determined to be SNC.	100%	CT DEEP makes accurate determinations of significant non compliers. There were five SNC determined in the files reviewed and each determination was accurate.
Metric 9a	# of formal enforcement responses reviewed.	5	5 formal enforcement responses were reviewed.
Metric 9b	% of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame.	100%	5 of the 5 formal enforcement responses contained the documentation that they required the facilities to return to compliance. These five responses were consent orders with penalties that contained a compliance schedule, and there was documentation to confirm that the schedules were being met.
Metric 9 c	% of enforcement responses that have returned or will return Secondary violators (SVs) to compliance.	100%	7 of the 7 informal enforcement responses contained the documentation that required the facilities to return to compliance. 5 of the 7 also received consent orders
Metric 10c	% of formal enforcement responses reviewed that are taken in a timely manner.	100%	5 of the 5 enforcement responses were addressed in a timely manner.
Metric 10d	% of enforcement responses reviewed that are appropriate to the violations.	100%	5 of the 5 enforcement responses reviewed were appropriate to the violations.
Metric 11a	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	5 of the 5 formal enforcement penalty calculations reviewed considered both gravity and economic benefit.
Metric 12a	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	5 of the 5 files contained documentation for the rationale between the initial and the final assessed penalty.

Metric 12b	% of files that document collection of penalty.	100%	5 of the 5 files contained documentation that the penalty was collected.
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APPENDIX H: CORRESPONDENCE



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION I

5 Post Office Square, Suite 100

Boston, Massachusetts 02109-3912

May 18, 2011

Mr. Daniel C. Esty, Commissioner
Connecticut Department of Environmental Protection
79 Elm Street
Hartford, CT 06106-5127

Dear Mr. Esty:

Through this letter, EPA Region 1 New England is initiating a review of the Connecticut Department of Environmental Protection (CT DEP) RCRA Subtitle C Enforcement, Clean Water Act NPDES Enforcement Program and Clean Air Act Stationary Source Enforcement Programs. We will review inspection and enforcement activity from Federal Fiscal Year 2010.

In 2007, EPA regions completed the first round of reviews using the State Review Framework (SRF) protocol. This work created a baseline of performance from which future oversight of state compliance and enforcement programs can be tracked and managed. In 2008, the first round of reviews was evaluated and a work group composed of EPA headquarters, regional managers and staff, ECOS, state media associations, and other state representatives revised the SRF elements, metrics, process and guidance.

In the second round of the SRF (SRF/2), the review cycle has been extended by a year such that all states will be reviewed within a 4 year cycle, or by the end of Fiscal Year 2012.

SRF/2 is a continuation of a national effort that allows Region 1 New England to ensure that CT DEP meets agreed upon minimum performance levels in providing environmental and public health protection. The review will include:

- examination of inspection and enforcement activity from Federal Fiscal Year 2010 and any available more recent information on current operations,

- discussions between Region 1 New England and CT DEP program managers and staff,
- review of selected CT DEP inspection and enforcement files and policies,
- examination of data in EPA and CT DEP data systems, and
- review of CT DEP's follow-up to the recommendations made by Region 1 after SRF/1.

Region 1 New England and CT DEP have the option of agreeing to examine state programs that broaden the scope of traditional enforcement. This may include programs such as pollution prevention, compliance assistance, and innovative approaches to achieving compliance, documenting and reporting outputs, outcomes and indicators, or supplemental environmental projects. We welcome CT DEP suggesting other compliance programs for EPA review.

We expect to complete the CT DEP review, including the final report, by October 31, 2011.

Our intent is to assist CT DEP in achieving implementation of programs that meet federal standards and are based on the goals we have agreed to in CT DEP's Performance Partnership Agreement. Region 1 New England and CT DEP are partners in carrying out the review. If we find issues, we want to address them in the most constructive manner possible.

Region 1 New England has established a cross-program team of managers and senior staff to implement the CT DEP review. Mark Mahoney will be Region 1 New England's primary contact for the review. He will lead the review team, directing all aspects of the review for the Region. Sam Silverman, Deputy Director, Office of Environmental Stewardship, is the Region 1 New England senior manager with overall responsibility for the review. The program experts on the review team will be:

- Linda Gray-Brolin, RCRA
- Mike Fedak, Clean Water Act
- Beth Kudarauskas, Clean Air Act

I hope to meet with you and your senior managers to go over the review expectations, procedures, and schedule. Our review team will participate in this meeting and we hope that CT DEP managers and staff involved in the review can join us.

The SRF/2 protocol includes numerous program specific worksheets, metrics, and report templates that Region 1 New England and CT DEP will use to complete the review. We believe it will assist us in carrying out an efficient, focused review. All of these materials have been developed jointly by EPA regional and HQ staff and numerous state officials.

In attachment a to this letter is the official data set (ODS) that will be used in the SRF review for the CAA, CWA and RCRA programs. We ask that CT DEP please respond to Mark Mahoney by June 10, 2011 with an indication that you agree with the ODS, or if there are discrepancies, please provide that information electronically in the provided spreadsheet file. Mark can be reached at (617) 918-1842, or by e-mail at mahoney.mark@EPA.gov. Please note that minor discrepancies that would not have a substantive impact on the review do not need to be reported. If we do not receive a response from you by the date noted above, EPA will proceed with our preliminary data analysis utilizing the ODS provided with this letter.

EPA has designed the SRF Tracker as a repository for holding all SRF products including draft and final documents, letters, data sets, etc. It is also a management tool used to track the progress of a state review and to

follow-up on the recommendations. Regions will enter and update all information for their states in the SRF Tracker. OECA will use the Tracker to monitor implementation of SRF/2. States can view and comment on their information on the internet.

We look forward to working with you on this project.

Sincerely,

/s/

Susan Studlien, Director
Office of Environmental Stewardship

Attachment A: Official Data Sets

cc: By E-mail
Nicole M. Lugli, Director, Office of Enforcement Policy and Coordination
Curt Spalding, Regional Administrator
Ira Leighton, Deputy Regional Administrator
Region 1 New England Office Directors and Deputies
Lisa Lund, Director, Office of Compliance, OECA
Mark Mahoney, Region 1 New England

ATTACHMENT A

The Official Data Set (ODS) was pulled from the Online Tracking Information System (OTIS) Web site. We also will send an electronic version in Excel format by email. States can access these reports online with additional links and information on the OTIS site. (Note that the data may slightly change after each monthly data refresh.)

Please confirm that the data shown in the enclosed ODS spreadsheet accurately depicts state activity. Please pay particular attention to numbers shown under Elements 1 and 2. For example, do you agree with the number of inspections performed, violations found, actions taken, etc.? Significant discrepancies could have a bearing on the results of the SRF/2 review. If significant discrepancies exist (i.e., the state count of an activity is +/- 10 percent of the number shown, or the facility lists accessed in OTIS for a particular metric do not closely match state records), please note this on the spreadsheet in the columns provided to the right of the data. Please note that you do not need to provide exact counts when your numbers do not differ much from those provided – minor differences in the numbers are often the result of inherent lags between the time a state enters data in its system and when the data is uploaded to the program system and OTIS.

We encourage you to document significant differences between EPA and state numbers using the reporting format included with the spreadsheet. There are two major reasons for this. (1) It is important for EPA to understand these differences in the course of its work. (2) In the event of a Freedom of Information Act (FOIA) request, the official record would include the disputed number along with the correct number according to the state and an explanation of the discrepancy.

If you would like to get a sense of the facilities behind the numbers shown, you can use OTIS (<http://www.epa-otis.gov/otis/stateframework.html>). SRF data metrics results are shown on the OTIS SRF Web site on the first screen that is returned after a search is run. Lists of facilities that make up the ODS results are provided in most cases by clicking an underlined number. (Please note that OTIS data are updated monthly, so differences may exist between the hard copy and the site.) If core inspection, violation, or enforcement actions totals shown on the spreadsheet are not close to what you believe the true counts to be, please consider providing accurate facility lists to assist us with file selection.

Please respond to Mark Mahoney by June 10, 2011 with an indication that you agree with the ODS, or if there are discrepancies, please provide that information electronically in the provided spreadsheet file. Mark can be reached at (617) 918–1842, or by e-mail at mahoney.mark@EPA.gov. Please note that minor discrepancies that would not have a substantive impact on the review do not need to be reported. If we do not receive a response from you by the date noted above, EPA will proceed with our preliminary data analysis utilizing the ODS provided with this letter.

November 15, 2012

Susan Studlien, Director
Office of Environmental Stewardship
U.S. Environmental Protection Agency, Region I
5 Post Office Square Suite 100
Boston, MA 02109-3912

RE: Connecticut comments on State Review Framework (SRF) Round 2 Draft Report

Dear Ms. Studlien:

Enclosed please find the Connecticut Department of Energy and Environmental Protection (CT DEEP) comments on CT DEEP's draft State Review Framework (SRF) Round 2 Report for Federal Fiscal Year 2010 prepared by the Region 1, New England Office of the U.S. Environmental Protection Agency. We understand that this report was prepared in consultation with EPA's Office of Enforcement and Compliance Assurance (OECA).

In general, we are pleased with the results of the SRF Round 2 draft Report as related to the substantive program elements of the review. We appreciate the effort EPA Region 1 staff has put forth to comprehensively evaluate each of the CT DEEP programs. CT DEEP is recognized across all three programs evaluated – the Clean Air Act (CAA) program, Clean Water Act (CWA)/ National Pollutant Discharge Elimination System (NPDES) program and Resource Conservation and Recovery Act (RCRA) program for: either meeting or exceeding our inspection coverage; the quality of our inspection reports including the accurate identification of alleged violations which are the basis for strong and sustainable case development ; the degree to which enforcement actions include required corrective action that return facilities to compliance within a specified time frame; the degree to which CT DEEP takes timely and appropriate enforcement actions in accordance with the department's Enforcement Response Policy; and the degree to which penalty calculations and collection of penalties are documented.

We appreciate the CAA program's receipt of a "Good Practice" ranking for the quality of their inspection reports. EPA recognized how through a LEAN process, the CAA program implemented a new Title V inspection program designed to improve the consistency and quality of the inspection reports as well as streamline the report writing process. Due to the new protocols and procedures put in place for documenting penalty calculations, the CWA program also received a "Good Practice" ranking.

Despite the favorable results noted above, CT DEEP does not believe the SRF Round 2 Report thoroughly represents the full quality, strength and breadth of CT's compliance assurance program. Fundamentally, CT DEEP does not consider the SRF a constructive and comprehensive tool to adequately evaluate the robust nature of an

effective and efficient enforcement compliance assurance program. CT DEEP is interested in working with OECA and EPA Region I to re-evaluate the SRF and the underlying set of metrics to develop of framework that more appropriately focuses on the substantive program elements as well as the data elements.

While we understand and support the need for transparency of data for our citizens, OECA is placing more emphasis on sets of data that, unfortunately, build upon antiquated and flawed federal data systems that for many states requires double data entry and lacks necessary quality control measures. CT DEEP's recent Information Technology transformation is focused on investing in technology to improve the agency's business process to be more responsive, efficient and transparent. CT DEEP would like to work with EPA to eliminate the need for double data entry of the same information into both EPA and the state's information management systems through the use of the National Environmental Information Exchange Network (Exchange Network). The Exchange Network holds the potential to help more efficiently aggregate information from disparate State and EPA sources and make it available on the internet in a common format. More timely access to higher quality information will give both environmental managers and the public the power to make better decisions.

In addition, CT DEEP has several overarching comments on the recommendations of CT's draft SRF Round 2 Report. CT is one of the last Round 2 states to be evaluated. Consequently, when benchmarking CT against other Round 2 State Reports available on the internet, it appears that a couple of the revised approaches OECA has adopted for SRF Round 3 have been applied to CT in Round 2. This inconsistent evaluation of the elements puts CT at a disadvantage compared to the other Round 2 States. The differences are most evident in OECA's "cascading" of the data element concepts into the substantive file review elements and the criteria used to determine a "Good Practice."

OECA's increased emphasis on the need for timely data entry into the federal databases has skewed the recommendations "cascading" from the data driven elements into the metrics associated with the substantive program file reviews. While the substantive program file review portion of a file review element may be commended by EPA, the timely data entry element carried from Elements 1-3 to Elements 4 through 12 at times results in an inaccurate designation as an "Area for State Improvement" or "Area for State Attention." This is evident, for instance, within the CWA program in Elements 7 and 8 and for the RCRA program in Elements 8 and 10. In Element 7, EPA finds that CT DEEP's CWA program accurately reported alleged violations on the inspection forms but is deficient regarding the entry of NPDES major inspection Single Event Violations (SEVs) into ICIS (EPA national water database). As a result, for Element 7 instead of perhaps a partial credit, the CWA program receives an "Area for State Improvement." A critical point regarding the collection and entry of data needs is that CT DEEP has its own data system and is tracking these enforcement milestones. OECA's criticism stems from the pace of CT DEEP's entry of data into the individual federal data systems for CAA program, CWA program and RCRA program.

With regard to the “Good Practice” ranking, the RCRA program was downgraded by OECA from EPA Region I’s draft Report for several Elements. When benchmarking against other Round 2 states it does not appear that a consistent definition for “Good Practices” has been applied to CT. Some of the other Round 2 states recognized for “Good Practices” appear to be simply meeting their standard requirements as opposed to demonstrating a practice that is an innovative, noteworthy model for other states. The enclosed comments include details on several additional areas that CT DEEP believes are worthy of a “Good Practice” designation. This change in standard being applied by EPA for the Round 2 review unfairly undervalues the overall strong CT DEEP enforcement program and will likely be misconstrued by the public reviewing the SRF results.

Finally, EPA has recently expressed support to advance innovative approaches to improve compliance in light of the growing gap caused by shrinking resources, the expanding universe of sources and the emergent environmental and health priorities. As part of the “next generation of compliance,” EPA is interested in advancing initiatives such as electronic reporting with automated compliance evaluations; improved transparency; self-certification; and third party certification and verification. As part of the state’s Performance Partnership Agreement for FY10, for example, CT and EPA New England agreed upon an approved commitment list for the inspection types and counts for the RCRA program that included 129 inspections. The RCRA program went beyond the commitment list to complete 164 inspections. Out of those inspections, 21 monitoring type activities that contribute to CT DEEP’s efforts to enhance compliance rates through financial record reviews, abbreviated inspections and compliance assistance visits were not considered part of the review framework’s data analysis. If EPA is going to advance the “next generation of compliance,” there needs to be broader recognition and credit for “monitoring” in the SRF data analysis. As for Element 13, CT DEEP continues to be an advocate that the vital compliance assurance efforts relative to Element 13 be integrated and considered as part of the data or file metrics for the SRF review and integrated into the SRF process. (See enclosed Introduction section for CT DEEP’s Element 13 efforts).

Thank you for the opportunity to provide comments on the report. We look forward to working with you on the resolution of the issues noted above and in the enclosed program specific responses to the recommendations.

Sincerely,

/s/

Macky McCleary
Deputy Commissioner
Connecticut Department of Energy and Environmental Protection

CC: via e-mail:

Curt Spalding, Regional Administrator

Ira Leighton, Deputy Regional Administrator

Lisa Lund, Director, Office of Compliance, OECA

Sue Gilbertson, Chief, State and Tribal Oversight Branch, OECA

Greg Siedschlag, Regional SRF Liaison, OECA

Lucy Casella, Region 1 SRF Coordinator