

# **STATE REVIEW FRAMEWORK**

## **Wyoming**

**Clean Water Act, Clean Air Act, and  
Resource Conservation and Recovery Act  
Implementation in Federal Fiscal Year 2017**

**U.S. Environmental Protection Agency  
Region 8**

**Final Report  
June 19, 2019**

# I. Introduction

## A. Overview of the State Review Framework

The State Review Framework (SRF) is a key mechanism for EPA oversight, providing a nationally consistent process for reviewing the performance of state delegated compliance and enforcement programs under three core federal statutes: Clean Air Act, Clean Water Act, and Resource Conservation and Recovery Act. Through SRF, EPA periodically reviews such programs using a standardized set of metrics to evaluate their performance against performance standards laid out in federal statute, EPA regulations, policy, and guidance. When states do not achieve standards, the EPA will work with them to improve performance.

Established in 2004, the review was developed jointly by EPA and Environmental Council of the States (ECOS) in response to calls both inside and outside the agency for improved, more consistent oversight of state delegated programs. The goals of the review that were agreed upon at its formation remain relevant and unchanged today:

1. Ensure delegated and EPA-run programs meet federal policy and baseline performance standards
2. Promote fair and consistent enforcement necessary to protect human health and the environment
3. Promote equitable treatment and level interstate playing field for business
4. Provide transparency with publicly available data and reports

## B. The Review Process

The review is conducted on a rolling five-year cycle such that all programs are reviewed approximately once every five years. The EPA evaluates programs on a one-year period of performance, typically the one-year prior to review, using a standard set of metrics to make findings on performance in five areas (elements) around which the report is organized: data, inspections, violations, enforcement, and penalties. Wherever program performance is found to deviate significantly from federal policy or standards, the EPA will issue recommendations for corrective action which are monitored by EPA until completed and program performance improves.

The SRF is currently in its 4th Round (FY2018-2022) of reviews, preceded by Round 3 (FY2012-2017), Round 2 (2008-2011), and Round 1 (FY2004-2007). Additional information and final reports can be found at the EPA website under [State Review Framework](#).

# II. Navigating the Report

The final report contains the results and relevant information from the review including EPA and program contact information, metric values, performance findings and explanations, program responses, and EPA recommendations for corrective action where any significant deficiencies in performance were found.

## A. Metrics

There are two general types of metrics used to assess program performance. The first are **data metrics**, which reflect verified inspection and enforcement data from the national data systems of each media, or statute. The second, and generally more significant, are **file metrics**, which are derived from the review of individual facility files in order to determine if the program is performing their compliance and enforcement responsibilities adequately.

Other information considered by EPA to make performance findings in addition to the metrics includes results from previous SRF reviews, data metrics from the years in-between reviews, multi-year metric trends.

## **B. Performance Findings**

The EPA makes findings on performance in five program areas:

- **Data** - completeness, accuracy, and timeliness of data entry into national data systems
- **Inspections** - meeting inspection and coverage commitments, inspection report quality, and report timeliness
- **Violations** - identification of violations, accuracy of compliance determinations, and determination of significant noncompliance (SNC) or high priority violators (HPV)
- **Enforcement** - timeliness and appropriateness of enforcement, returning facilities to compliance
- **Penalties** - calculation including gravity and economic benefit components, assessment, and collection

Though performance generally varies across a spectrum, for the purposes of conducting a standardized review, SRF categorizes performance into three findings levels:

**Meets or Exceeds:** No issues are found. Base standards of performance are met or exceeded.

**Area for Attention:** Minor issues are found. One or more metrics indicates performance issues related to quality, process, or policy. The implementing agency is considered able to correct the issue without additional EPA oversight.

**Area for Improvement:** Significant issues are found. One or more metrics indicates routine and/or widespread performance issues related to quality, process, or policy. A recommendation for corrective action is issued which contains specific actions and schedule for completion. The EPA monitors implementation until completion.

## **C. Recommendations for Corrective Action**

Whenever the EPA makes a finding on performance of *Area for Improvement*, the EPA will include a recommendation for corrective action, or recommendation, in the report. The purpose of recommendations are to address significant performance issues and bring program performance back in line with federal policy and standards. All recommendations should include specific actions and a schedule for completion, and their implementation is monitored by the EPA until completion.

### III. Review Process Information

#### Clean Water Act (CWA)

**Review period:** FY 2017

#### **Key dates:**

- SRF Kick-Off Letter: March 15, 2018 (See Appendix)
- CWA NPDES File Review: April 2-4, 2018
- CAA File Review: August 13-15, 2018
- RCRA File Review: Done remotely - May 2018

#### **State and EPA key contacts for review:**

##### **Key EPA Review Contacts**

- David Piantanida, SRF Coordinator and NPDES File Reviewer: (303) 312-6200, [piantanida.david@epa.gov](mailto:piantanida.david@epa.gov)
- Linda Jacobson, RCRA Lead: 303-312-6503, [jacobson.linda@epa.gov](mailto:jacobson.linda@epa.gov)
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- Michael Boeglin, NPDES File Reviewer, [Boeglin.michael@epa.gov](mailto:Boeglin.michael@epa.gov)
- Bob Gallagher, CAA Lead: (406) 457-5020, [gallagher.bob@epa.gov](mailto:gallagher.bob@epa.gov)

##### **Key EPA and State Contacts:**

- Kevin Wells (CWA): [kevin.wells@wyo.gov](mailto:kevin.wells@wyo.gov)
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# Executive Summary

## Introduction

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The EPA Region 8 enforcement staff conducted a State Review Framework (SRF) enforcement program oversight review of the Wyoming Department of Environmental Quality in 2018.

The EPA bases SRF findings on data and file review metrics, and conversations with program management and staff. The EPA will track recommended actions from the review in the SRF Tracker and publish reports and recommendations on the EPA's Enforcement and Compliance History Online (ECHO) web site.

## Areas of Strong Performance

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The following are aspects of the program that, according to the review, are being implemented at a high level:

### Clean Water Act (CWA)

- The state's penalty calculations documented and included gravity and economic benefit, documented the rationale for the difference between the initial penalty and final penalty, and documented proof that penalties were collected.
- The state's permit limit data entry rate exceeded the national goal.
- The state met or exceeded its inspection commitments for majors, non-majors, stormwater construction and industrial stormwater.
- The state's inspection reports are generally complete and sufficient to determine compliance at the facility.
- The state generally completes inspection reports within the goal set by their Enforcement Management System (EMS).

### Clean Air Act (CAA)

- The state achieved FCE Coverage of Majors and Mega-sites with results entered into ICIS Air for 100% of inspections conducted.
- The state achieved FCE Coverage of SM-80s with results entered into ICIS Air for 100% of inspections conducted.

- The state reviewed Title V Annual Compliance Certifications with results entered into ICIS Air for 98.2% of the certifications.
- The state achieved appropriate documentation of the FCE Elements for 95.8% of FCEs reviewed.
- The state had appropriate information for compliance determination for 95.8% of CMRs reviewed.

### **Resource Conservation and Recovery Act (RCRA)**

- The state entered 100% of information in RCRAInfo based on files reviewed.
- All of the data elements required to be entered into RCRAInfo had been entered in a timely and accurate fashion for the 41 files reviewed by EPA.
- The state does an excellent job of LQG inspections, with an annual inspection coverage for BR LQGs of 40.90% compared to a national average of 16.10%. They also had a 25% annual inspection coverage for active LQGs. Additionally, the state met the TSDf requirement by inspecting the two operating TSDfS in the state.
- Inspection reports are timely and thorough allowing appropriate violation determination.
- The state takes timely and appropriate enforcement actions to address identified violations.
- The state requires corrective measures to return facilities to compliance and follows up through required submittals or onsite inspections to verify return to compliance has occurred.

### **Priority Issues to Address**

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The following are aspects of the program that, according to the review, are not meeting federal standards and should be prioritized for management attention:

#### **Clean Water Act (CWA)**

- ICIS did not contain complete and accurate data for all facilities.
- The state did not meet its commitment for a municipal separate storm sewer system (MS4) audit and has not been conducting MS4 inspections for several years.

Included below is a brief overview of the WY CWA past performance issues from previous State Review Framework (SRF) reviews. This overview demonstrates that issues from previous reviews have been resolved while some of the same issues have continued. The metric and finding level from Round 3 as compared to Round 4 are provided below – starting with the Clean Water Act Program.

<b>Metric</b>	<b>Round 3 Finding Level (FY12)</b>	<b>Round 4 Finding Level (FY17)</b>
2b Files reviewed where data are accurately reflected in the national data system	Area for State Improvement	Area for State Improvement
4a7 Number of Phase I and II MS4 audits or inspections.	Meets or Exceeds Expectations	Area for State Improvement
6a Inspection reports complete and sufficient to determine compliance at the facility	Area for State Improvement	Meets or Exceeds Expectations
7e Inspection reports reviewed that led to an accurate compliance determination	Area for State Improvement	Meets or Exceeds Expectations
8b Single-event violations accurately identified as SNC or non-SNC	Area for State Improvement	N/A *
8c Percentage of SEVs identified as SNC reported timely at major facilities	Area for State Improvement	N/A **
9a Percentage of enforcement responses that return or will return source in violation to compliance	Area for State Improvement	Meets or Exceeds Expectations
10a1 Major facilities with timely action as appropriate.	Area for State Improvement	N/A **
10b Enforcement responses reviewed that address violations in a timely and appropriate manner.	Area for State Improvement	Area for State Attention
11a Penalty calculations reviewed that consider and include gravity and economic benefit	Area for State Improvement	Meets or Exceeds Expectations

12a Documentation of the difference between initial and final penalty and rationale	Area for State Improvement	Meets or Exceeds Expectations
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\*Analysis of SEV data entry is evaluated under Round 4 metric 2b

\*\*CWA metric is now a review indicator in Round 4. A review indicator is not used to develop findings. It is used to identify areas for further analysis during the file review. When an indicator diverges significantly from the average, EPA should ensure that it pulls a sufficient sample of files to evaluate the issue during the file review.

### Clean Air Act (CAA)

- The state showed penalty calculations documenting gravity and economic benefit in 0% of cases reviewed.
- The state showed documented rationale for difference between initial and final penalty calculations in 0% of cases reviewed.
- The state achieved appropriate enforcement responses for 33% (5 out of 15) of the reviewed HPVs.
- Data entered into the national compliance database needs improvement.

Included below is a brief overview of the WY CAA past performance issues from previous State Review Framework (SRF) reviews. This overview demonstrates that issues from previous reviews have been resolved while some of the same issues have continued. The metric and finding level from Round 3 as compared to Round 4 are provided below.

Metric	Round 3 Finding Level (FY12)	Round 4 Finding Level (FY17)
3a2 Timely reporting of HPV determinations	Area for State Improvement	Area for State Improvement
2b Files reviewed where data are accurately reflected in the national data system	Area for State Improvement	Area for State Improvement
3b1 Timely Reporting of Compliance monitoring MDRs	Area for State Improvement	Meets or Exceeds Expectations



3b2 Timely reporting of stack test dates and results	Area for State Improvement	Meets or Exceeds Expectations
3b3 Timely Reporting of enforcement MDRs	Area for State Improvement	Meets or Exceeds Expectations
7b1 Violations reported per informal actions	Area for State Improvement	Meets or Exceeds Expectations
<b>Metric</b>	<b>Round 3 Finding Level (FY12)</b>	<b>Round 4 Finding Level (FY17)</b>
7b3 Violations reported per HPV identified	Area for State Improvement	Meets or Exceeds Expectations
8a HPV discovery rate at majors	Area for State Improvement	Meets or Exceeds Expectations
10b Percent of HPVs that have been have been addressed or removed consistent with the HPV Policy	Meets or Exceeds Expectations	Area for State Improvement
11a Penalty calculations reviewed that document gravity and economic benefit	Area for State Improvement	Area for State Improvement
12a Documentation of rationale for difference between initial penalty calculation and final penalty	Area for State Improvement	Area for State Improvement

### Resource Conservation and Recovery Act (RCRA)

- There were no priority areas to address in the RCRA Subtitle C Program.

# Clean Water Act Findings

## CWA Element 1 - Data

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### Finding 1-1

Meets or Exceeds Expectations

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#### Summary:

The state's permit limit data entry rate exceeded the national goal.

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#### Explanation:

The state's permit limit data entry rate was 100%, above the national goal of 95% and above the national average of 88.10%.

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#### State Response:

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#### Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
1b5 Completeness of data entry on major and non-major permit limits. [GOAL]	≥95%	88.1%	514	514	100%

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## CWA Element 1 - Data

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### Finding 1-2

Area for Attention

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#### Summary:

The state's DMR data entry rate for major and non-major facilities did not meet the national goal.

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#### Explanation:

The state's DMR data entry rate for major and non-major facilities was 77.70%, below the national goal of 95% and the national average of 90.60%. This is due to two things. First, when the state creates permit modifications it creates a duplicate parameter requirement in ICIS. The other issue is that the state's eDMR batching system is not sharing with ICIS in all instances. The state has committed to looking to this and we will discuss on the quarterly calls.

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#### State Response:

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**Relevant metrics:**

<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
1b6 Completeness of data entry on major and non-major discharge monitoring reports. [GOAL]	≥95%	90.6%	28725	36967	77.7%

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**CWA Element 1 - Data**

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**Finding 1-3**

Area for Improvement

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**Summary:**

ICIS did not contain complete and accurate data for all facilities.

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**Explanation:**

Files reviewed did not meet the data requirements of EPA's NPDES electronic reporting rule (40 CFR 127 - Appendix A) in the following ways: There were three letters of violation (LOVs) that were not entered into ICIS but were issued. There were fourteen instances where the date for a notice of violation (NOV) or LOV was not correct in ICIS. There was one inspection where the monitoring data from a spiked sample was misinterpreted and was logged as a single event violation (SEV) in ICIS. There was one facility that did not have the latitude or longitude entered into ICIS. There was one facility where the inspection was not entered into ICIS. There were three inspections that were entered as a reconnaissance with sampling and audit but these should have been entered as a compliance sampling inspection. There was one unpermitted facility reviewed and it was determined that the inspection was not entered into ICIS. The state said that inspections done at any unpermitted facilities were not entered into ICIS. There were two penalties collected but they were not entered into ICIS. Also, 35 files were reviewed to determine if required data was reflected in the national data system (ICIS). Only 9 files had complete and accurate data in the national data system which equates to a state percentage of 25.71. This is significantly below the national goal of 100%.

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**State Response:**

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**Recommendation:**

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<b>Rec #</b>	<b>Due Date</b>	<b>Recommendation</b>
1	03/29/2019	Enter enforcement actions from FY17 to present in ICIS and ensure future enforcement actions are entered into ICIS with the date of the action. Submit to EPA verification of the FY17 data entry into ICIS and a procedure or summary of how the state will ensure the dates being entered for enforcement actions are accurate.
2	10/16/2018	Provide training to staff on the minimum required data elements expected for all facilities in ICIS. Report to EPA a summary and date of training provided. WY has been proactive with this recommendation and has met the requirements. Email shared with EPA on Feb 13, 2019 summarizing training points that were covered with staff. This recommendation is complete.
3	05/31/2019	Enter inspections of unpermitted facilities into ICIS for FY17 and ensure future inspections of unpermitted facilities are entered into ICIS. Submit to EPA verification of the FY17 data entry into ICIS and a procedure or summary of how the state will ensure the inspections for unpermitted facilities will be entered into ICIS.
4	02/14/2019	Enter penalties assessed and collected into ICIS for FY17 and ensure future penalties are entered into ICIS. Submit to EPA verification of the FY17 data entry into ICIS and a procedure or summary of how the state will ensure penalties assessed and collected will be entered into ICIS. WY has been proactive with this recommendation and accomplished this recommendation in March 2019.

**Relevant metrics:**

<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
2b Files reviewed where data are accurately reflected in the national data system [GOAL]	100%		9	35	25.71%

**CWA Element 2 - Inspections**

**Finding 2-1**

Meets or Exceeds Expectations

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**Summary:**

The state met or exceeded its inspection commitments for majors, non-majors, stormwater construction and industrial stormwater. The state's inspection reports are generally complete and sufficient to determine compliance at the facility. The state generally completes inspection reports within the goal set by their Enforcement Management System (EMS).

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**Explanation:**

The state committed to inspecting 24 majors, 175 non-majors, 10 concentrated animal feeding operations (CAFOs), 63 stormwater construction sites, and 126 industrial stormwater sites. The state completed the following inspections: 24 majors, 236 non-majors, 9 CAFOs, 77 stormwater construction sites, and 131 industrial stormwater sites. Inspection reports were concise and well written with appropriate checklists and supporting information including photographs. The state also samples at every inspection where there is a discharge which provides more information about compliance during the inspection. Reports for 27 of the 30 inspections reviewed were completed within the 45-day goal in the state's EMS. One observation to enhance the state's inspection program would be to include in the narrative of the inspection report a description of each area of the facility that was inspected, which was absent in some reports.

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**State Response:**

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**Relevant metrics:**

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<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
4a10 Number of comprehensive inspections of large and medium concentrated animal feeding operations (CAFOs) [GOAL]	100 CMS%		9	10	90%
4a8 Number of industrial stormwater inspections. [GOAL]	100 CMS%		131	126	103.97%
4a9 Number of Phase I and Phase II construction stormwater inspections. [GOAL]	100 CMS%		77	63	122.22%
5a1 Inspection coverage of NPDES majors. [GOAL]	100%	54.2%	24	24	100%
5b1 Inspections coverage of NPDES non-majors with individual permits [GOAL]	100%	22%	236	175	134.86%
5b2 Inspections coverage of NPDES non-majors with general permits [GOAL]	100%	5.9%	208	189	110.05%
6a Inspection reports complete and sufficient to determine compliance at the facility. [GOAL]	100%		28	30	93.33%
6b Timeliness of inspection report completion [GOAL]	100%		27	30	90%

## **CWA Element 2 - Inspections**

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### **Finding 2-2**

Area for Improvement

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#### **Summary:**

The state did not meet its commitment for a municipal separate storm sewer system (MS4) audit and has not been conducting MS4 inspections for several years.

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#### **Explanation:**

The state committed to performing one MS4 desk audit in FY17, but none were completed. The state committed to two MS4 desk audits in FY18, but none were completed. There are seven MS4s in the state. Based on data in ICIS, the state has never inspected an MS4. Expectations for NPDES inspection

frequencies are set forth in the Clean Water Act National Pollutant Discharge Elimination Compliance Monitoring Strategy issued in 2014 (CMS). The CMS provides a framework for the EPA to evaluate state inspection frequencies that do not align with the national goals and flexibilities of the CMS. Although a stated purpose of the CMS is to better focus inspection resources, the lack of inspection resources focused by the state on MS4 inspections over time is a concern especially given that a strong MS4 program can have significant water quality impacts partially due to, among other factors, increased compliance of construction and industrial stormwater sites within an MS4's jurisdiction.

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**State Response:**

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**Recommendation:**

Rec #	Due Date	Recommendation
1	10/01/2019	The state should evaluate what resources they have for MS4 inspections and undertake an analysis of whether the state needs to add or shift resources to address MS4 inspections. Provide to EPA the analysis, including a timeline for adding or shifting resources if that is deemed necessary.
2	10/01/2019	Implement the timeline submitted to EPA and provide a report by October 1 of each year starting in 2019. This recommendation will be considered complete if no changes are needed as a result of recommendation 1 or when the resource additions or shifts have been made.
3	10/01/2019	Conduct on-site inspections at a minimum of 20% or 2 of the MS4s in FY19 and FY20. Provide EPA a copy of the inspection reports within 30 days of completing each inspection report. This recommendation will be considered complete upon EPA review of the inspection reports and a determination based on the reports that the scope of the inspections and the findings of the report are complete and accurate. If a determination is made that the inspection(s) and the findings of the report(s) in a given year are not complete and accurate, inspection reports for on-site MS4 inspections shall continue to be provided to EPA within 30 days of completion each subsequent FY until such a determination is made.

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**Relevant metrics:**

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Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
4a7 Number of Phase I and II MS4 audits or inspections. [GOAL]	100 CMS%		0	1	0%

**CWA Element 3 - Violations**

**Finding 3-1**

Meets or Exceeds Expectations

**Summary:**

The state accurately determined compliance for all the files reviewed.

**Explanation:**

Thirty of thirty files reviewed indicated that the state accurately identified violations, both for significant noncompliance and single event violations. The state's percentage for metrics 7k1 and 8a3 (see table below) are a little higher than the national average due to data batching issues that the state and EPA are working on to resolve.

**State Response:**

**Relevant metrics:**



<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
7e Accuracy of compliance determinations [GOAL]	100%		30	30	100%
7j1 Number of major and non-major facilities with single-event violations reported in the review year					70
7k1 Major and non-major facilities in noncompliance.		18.5%	540	2614	20.66%
8a3 Percentage of major facilities in SNC and non-major facilities Category I noncompliance during the reporting year.		7.5%	239	2611	9.15%

#### **CWA Element 4 - Enforcement**

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##### **Finding 4-1**

Area for Attention

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##### **Summary:**

The state generally addressed violations in an appropriate manner according to their EMS, but there were eight instances where this was not the case.

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##### **Explanation:**

EPA used WY's EMS guidance to evaluate their state program performance. EPA found the EMS Guidance at least as stringent as the NPDES EMS. The following are instances where enforcement did not address violations in an appropriate manner: One facility had significant noncompliance (SNC) violations in all four quarters of FY2017 for effluent limit violations of the chlorine limit. The state did not take any formal enforcement action. The state's Enforcement Management System (EMS) states that continuing effluent limit violations warrant a NOV or referral to the attorney general. An illicit discharge was noted for a facility in a March 2, 2017 inspection and the NOV was sent on June 27, 2017, which did not meet the 60-day goal of the EMS. (Turner). A LOV was issued to a facility on June 15, 2017, but the facility did not comply. The state's EMS states that a second LOV or NOV should have been sent within 60 days. The state did not issue a second LOV or a NOV. For one facility, a LOV was issued on November 7, 2016, based on a records review during an inspection but the source did not respond until January 17, 2017. If the facility does not respond within the 30 days allowed by the LOV, the state's EMS states that a second LOV should have been sent 60 days from the date of the violation. The state did not issue a second LOV. For one facility, there was an exceedance of the pH limit in the first quarter of FY17 but there was no LOV sent by the state. The state's EMS states that for even minor effluent violations, a LOV

will be sent. For one facility, the state issued a LOV dated April 25, 2017 that addressed the previous year's exceedances for biochemical oxygen demand (BOD), nitrogen and e. coli. The state's EMS states that a LOV should be issued for minor or infrequent/isolated violations within 30 days. The state's EMS also states that for continuing violations like these, an NOV or referral is appropriate. Note that a similar letter was sent to the facility for similar exceedances on December 1, 2014. One facility had BOD violations beginning in the summer of 2016 continuing through September 2017, including three quarters of Category I non-compliance. The state has not issued any enforcement action. The state's EMS states that at least a LOV should have been issued. The facility is on record for undergoing a system upgrade, but operational problems have been recurrent and ongoing. One facility was issued a LOV on March 23, 2016 but did not respond. The state should have sent a second LOV per its EMS within 60 days but did not do so. The table below shows that for metric 10a1, the state had 0% of eleven major facilities with formal enforcement taken in response to SNC violations. These SNC violations were all DMR non-receipt violations. The state looked into this and determined that for three of the facilities when late DMR data is entered into the state's database (WYPDES) this data is uploaded to ICIS during the nightly batch loads. However, since ICIS has already determined a SNC violation even if the data does upload to ICIS the SNC violation is not resolved. It appears the state would have to manually resolve the SNC violation in ICIS, because violations are not linked to data in WYPDES, therefore, without the possibility of linking violations to data in WYPDES, ICIS sees the missing data entered but cannot resolve the SNC violation for lack of linked data to the late violation. For three of the facilities, WYPDES shows that all DMRs were submitted on time but this is not reflected in ICIS. For two facilities, the state indicated there is something wrong with the electronic submittals for these facilities as they are in SNC status in eDMR. The state and EPA are working to resolve the data transfer issues. For the facilities that had late DMRs, the state did call the facility or issued a LOV per the goals of the state's EMS.

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**State Response:**

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**Relevant metrics:**

<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
10a1 Percentage of major NPDES facilities with formal enforcement action taken in a timely manner in response to SNC violations		14.3%	0	11	0%
10b Enforcement responses reviewed that address violations in an appropriate manner [GOAL]	100%		25	33	75.76%

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**CWA Element 4 - Enforcement**

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**Finding 4-2**

Meets or Exceeds Expectations

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**Summary:**

The state had enforcement actions that directed facilities to come back into compliance or to start complying with requirements.

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**Explanation:**

All of the files reviewed demonstrated that the state's enforcement actions directed facilities on how to come back into compliance or to start complying with requirements. The state included a date by which compliance must be achieved.

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**State Response:**

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**Relevant metrics:**

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
9a Percentage of enforcement responses that returned, or will return, a source in violation to compliance [GOAL]	100%		29	29	100%

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**CWA Element 5 - Penalties**

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**Finding 5-1**

Meets or Exceeds Expectations

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**Summary:**

The state's penalty calculations documented and included gravity and economic benefit, documented the rationale for the difference between the initial penalty and final penalty, and documented proof that penalties were collected.

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**Explanation:**

For the four files reviewed that had a penalty action, all of the calculations included gravity and economic benefit (Saratoga, Turner Sands, Sheep Creek, and River Road CBM). For two of the files, the state did not collect the penalty for which the reason why was documented. The reason for one facility was that they went out of business and for the other facility, the state allowed the facility to use the money to fix the issue and come back into compliance. For the other two files, the penalty was collected and documented.

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**State Response:**

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**Relevant metrics:**

<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
11a Penalty calculations reviewed that document and include gravity and economic benefit [GOAL]	100%		4	4	100%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		2	2	100%
12b Penalties collected [GOAL]	100%		2	4	50%

# Clean Air Act Findings

## CAA Element 1 - Data

### Finding 1-1

Area for Improvement

#### Summary:

The state achieved timely reporting for HPVs in 70% (7 out of 10) HPVs entered into ICIS Air.

#### Explanation:

WDEQ enters HPV information into ICIS AIR after an NOV is issued. In some cases, more information and more time may be needed in order to determine the status of compliance at a facility; therefore, the HPV may be considered untimely depending on how long the process of gathering information takes.

#### State Response:

AQD enters information into ICIS at the final step in the process of the determination of HPVs, which is when final signatures are affixed to the NOV. The metric does not accurately reflect how the Wyoming Air Quality Division operates.

#### Recommendation:

Rec #	Due Date	Recommendation
1	10/01/2019	An audit should be performed on all recent HPVs and an ICIS Air report should be sent to EPA by August 1, 2019 demonstrating that recent HPVs have achieved timely reporting corrections that will be reviewed by EPA within 60 days of receipt or October 1, 2019, at the latest.

#### Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
3a2 Timely reporting of HPV determinations [GOAL]	100%	40.5%	7	10	70%

## CAA Element 1 - Data

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**Finding 1-2**

Meets or Exceeds Expectations

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**Summary:**

The state achieved timely reporting of compliance monitoring MDRs into ICIS Air for 92% of files reviewed. The state achieved timely reporting of stack tests and stack test results into ICIS Air for 90.9% of reports reviewed. The state achieved timely reporting of enforcement MDRs into ICIS Air for 94% of reports reviewed.

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**Explanation:**

The state is doing well at timely reporting of information into ICIS Air. WDEQ has inspectors that review stack test reports and timely entered that information into ICIS AIR.

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**State Response:****Relevant metrics:**

<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
3b1 Timely reporting of compliance monitoring MDRs [GOAL]	100%	82.3%	176	191	92.15%
3b2 Timely reporting of stack test dates and results [GOAL]	100%	67.1%	241	265	90.94%
3b3 Timely reporting of enforcement MDRs [GOAL]	100%	77.6%	16	17	94.12%

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**CAA Element 1 - Data**

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**Finding 1-3**

Area for Improvement

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**Summary:**

Data entered into the national compliance database needs improvement.

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**Explanation:**

A comparison of information in the files with data from the ICIS database revealed some deficiencies in data entry of the Minimum Data Requirements. Some of the Address-field information was inaccurate,

for example, no street address or mailing address, counties listed as the city, incorrect zip codes listed as 99999. EPA realizes the rural nature of many of these facilities; however, section-township/range or latitude/longitude coordinates could be used to better identify the location of these facilities.

**State Response:**

As Region 8 is aware, Wyoming is the 9th largest state in the nation with the lowest population, thus the majority of the industrial facilities are located in rural areas that do not have postal service or street addresses. Some Wyoming counties are larger than some east coast states, therefore it is inaccurate to use a postal zip code. Recognizing the need to identify the location of facilities, the Division previously came to an agreement with Region 8 staff to use 99999 and county names when no postal zip code or city were applicable. After receiving the preliminary draft SRF, the Division performed an audit and updated the facility information with the section-township-range or latitude/longitude coordinates.

**Recommendation:**

Rec #	Due Date	Recommendation
1	10/01/2019	The state should correct any inaccurate Address-field information by providing either a street address or section-township/range or latitude/longitude coordinates. An audit should be performed of all facilities and an ICIS Air facility report should be sent to EPA by August 1, 2019 demonstrating the corrections that will be reviewed by EPA within 60 days of receipt or October 1, 2019, at the latest.

**Relevant metrics:**

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
2b Files reviewed where data are accurately reflected in the national data system [GOAL]	100%		15	27	55.56%

**CAA Element 2 - Inspections**

**Finding 2-1**

Meets or Exceeds Expectations

**Summary:**

The state achieved FCE Coverage of Majors and Mega-sites with results entered into ICIS Air for 100% of inspections conducted. The state achieved FCE Coverage of SM-80s with results entered into ICIS Air for 100% of inspections conducted. The state reviewed Title V Annual Compliance Certifications with results entered into ICIS Air for 98.2% of the certifications. The state achieved appropriate documentation of the FCE Elements for 95.8% of FCEs reviewed. The state had appropriate information for compliance determination for 95.8% of Compliance Monitoring Reports (CMRs) reviewed.

**Explanation:**

The state has done well at conducting FCEs and reviewing Annual Certifications.

**State Response:**

**Relevant metrics:**

<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
5a FCE coverage: majors and mega-sites [GOAL]	100%	88.7%	60	60	100%
5b FCE coverage: SM-80s [GOAL]	100%	93.7%	8	8	100%
5c FCE coverage: minors and synthetic minors (non-SM 80s) that are part of CMS plan or alternative CMS Plan [GOAL]			0	0	0
5e Reviews of Title V annual compliance certifications completed [GOAL]	100%	76.7%	107	109	98.17%
6a Documentation of FCE elements [GOAL]	100%		23	24	95.83%
6b Compliance monitoring reports (CMRs) or facility files reviewed that provide sufficient documentation to determine compliance of the facility [GOAL]	100%		23	24	95.83%

**CAA Element 3 - Violations**

**Finding 3-1**

Meets or Exceeds Expectations



**Summary:**

The FRV discovery rate based on inspections at active CMS sources was 6.9% and the HPV discovery rate at majors was 7.8%. The state achieved Timeliness of HPV Identification with results entered into ICIS Air 100% of the time. The state achieved accurate compliance determinations for 100% of CMRs reviewed. The state achieved accurate HPV determinations for 100% of HPVs reviewed.

**Explanation:**

The state has done well with HPVs identifications and determinations as well as compliance determinations for CMRs. The air staff at WDEQ are aware and knowledgeable of the FRV and HPV policies. They are fully implementing them as well.

**State Response:****Relevant metrics:**

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
13 Timeliness of HPV Identification [GOAL]	100%	87.7%	9	10	90%
7a Accurate compliance determinations [GOAL]			29	29	100%
7a1 FRV discovery rate based on inspections at active CMS sources		6.2%	10	145	6.9%
8a HPV discovery rate at majors		2.3%	10	128	7.81%
8c Accuracy of HPV determinations [GOAL]			15	15	100%

**CAA Element 4 - Enforcement****Finding 4-1**

Meets or Exceeds Expectations

**Summary:**

The state addressed HPVs within 180 days for 100% of HPVs reviewed. The state achieved corrective action to return to compliance in a specified timeframe for 100% of reviewed enforcement actions. The state achieved timeliness of addressing HPVs 100% of reviewed HPVs. The state achieved HPV Case Development and Resolution Timeline with required policy elements for 100% of reviewed HPVs. The Rate of managing HPVs without formal enforcement action was 0% (0 out of 9).

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**Explanation:**

The state has done well with numerous aspects of HPVs, see the Summary above for Finding 4-1.

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**State Response:**

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**Relevant metrics:**

<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
10a Timeliness of addressing HPVs or alternatively having a case development and resolution timeline in place	100%		15	15	100%
10a1 Rate of Addressing HPVs within 180 days		63.7%	9	9	100%
10b1 Rate of managing HPVs without formal enforcement action		12.9%	0	9	0%
14 HPV case development and resolution timeline in place when required that contains required policy elements [GOAL]	100%		11	11	100%
9a Formal enforcement responses that include required corrective action that will return the facility to compliance in a specified time frame or the facility fixed the problem without a compliance schedule [GOAL]	100%		15	15	100%

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**CAA Element 4 - Enforcement**

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**Finding 4-2**

Area for Improvement

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**Summary:**

The state achieved appropriate enforcement responses for 33% (5 out of 15) of the reviewed HPVs.

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**Explanation:**

After reviewing the ECHO website, it appeared that 10 of the 15 HPVs were still showing as active or ongoing HPVs. Most of the HPVs still showing in ECHO as active were near the end of the enforcement process, or near closure by the Attorney General's (AG) office. The AG's office was short staffed and therefore, closure of the enforcement actions was taking longer than usual.

**State Response:**

Under state law and practice, an NOV remains open until all payments are received, injunctive relief is completed, and the court has dismissed the case. The specific 10 facilities of concern were provided to the Division on Dec. 12, 2018 and were addressed in a response on Jan. 3, 2019. Since the time of the SRF, one correction to a facility enforcement status has been made in ICIS and four additional NOVs were closed between Aug. 13 and Dec. 7, 2018.

**Recommendation:**

Rec #	Due Date	Recommendation
1	10/01/2019	The state should review the ICIS AIR database for HPVs. If there are HPVs that have been closed, but are listed as ongoing, please update in the ICIS AIR database to better reflect the current status of HPVs. EPA will review the ICIS Air database to see that the status of HPVs are up to date prior to October 1, 2019.

**Relevant metrics:**

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
10b Percent of HPVs that have been have been addressed or removed consistent with the HPV Policy [GOAL]	100%		5	15	33.33%

**CAA Element 5 - Penalties**

**Finding 5-1**

Area for Improvement

**Summary:**

The state showed penalty calculations documenting gravity and economic benefit in 0% of cases reviewed. The state showed documented rationale for difference between initial and final penalty calculations in 0% of cases reviewed.

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**Explanation:**

The state did not allow access to the documents for the calculation and assessment of penalty. No penalty calculation worksheet or summary was observed. EPA was not allowed access to any documentation that showed whether economic benefit was sought, or whether gravity was factored into the penalty amount proposed. Therefore, EPA was unable to determine if there was a justification for the difference between initial proposed penalty and final penalty. WDEQ noted that the state of Wyoming has state statutes that consider penalty settlements and related information to be confidential.

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**State Response:**

The Division uses the CAA civil penalty policy initially in calculating monetary settlement amounts. In each calculation, AQD takes into account economic benefit, looking at such factors as how much an entity saved during their time of non-compliance (e.g. not having a permit or conducting required testing). Stipulated settlement amounts are considered to be confidential settlement negotiations. Wyoming state statute 35-11-901(a)(ii) states “Penalties and injunctive relief under this subsection are to be determined by a court of competent jurisdiction in a civil action, provided that nothing herein shall preclude the department from negotiating stipulated settlements involving the payment of a penalty, implementation of compliance schedules or other settlement conditions in lieu of litigation.”

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**Recommendation:**

Rec #	Due Date	Recommendation
1	10/01/2019	The state should routinely document penalty calculations, including initial proposed penalty and final assessed penalty. The state should explain any differences between the initial and final penalty amounts. The penalty documentation should routinely include the calculation of economic benefit and a gravity component. If economic benefit is excluded, a rationale should be provided. EPA recommends the state create a penalty calculation worksheet that records all the basic elements of the penalty for enforcement actions. The written penalty worksheet will help ensure penalty amounts are fair, predictable, and appropriate. The worksheet need not be lengthy but must contain sufficient information for an EPA evaluation. A general penalty worksheet and explanation would give EPA the fundamental information as to how the state calculates penalties. Please provide by August 1, 2019. EPA will review the general penalty worksheet and explanation thereof, and provide comments by October 1, 2019.

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**Relevant metrics:**

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<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
11a Penalty calculations reviewed that document gravity and economic benefit [GOAL]	100%		0	7	0%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		0	7	0%

## CAA Element 5 - Penalties

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### Finding 5-2

Area for Attention

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#### Summary:

The state showed penalty collected in 85.7% of cases reviewed.

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#### Explanation:

In the one case where WDEQ did not assess a penalty, compliance discretion was used because of circumstances surrounding the issue of non-compliance. Some of the circumstances include: the equipment had been received, but not operated, prior to the air permits being final; and facility was a government run facility.

---

#### State Response:

Division records indicate that a monetary settlement amount is collected on HPVs. The Division does not collect a monetary settlement on NOV's with Order (when the desired result is for a timely correction to the violation). The Division had one case with an NOV and Order. AQD personnel incorrectly entered the closure in ICIS. EPA provided AQD with assistance on the entry, and the entry was corrected in ICIS.

---

#### Relevant metrics:

<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
12b Penalties collected [GOAL]	100%		6	7	85.71%

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# Resource Conservation and Recovery Act Findings

## RCRA Element 1 - Data

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### Finding 1-1

Meets or Exceeds Expectations

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#### Summary:

All of the data elements required to be entered into RCRAInfo had been entered in a timely and accurate fashion for the 41 files reviewed by EPA.

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#### Explanation:

The mandatory data was complete and accurate.

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#### State Response:

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#### Relevant metrics:

Metric ID Number and Description	Natl Goal	Natl Avg	State N	State D	State %
2b Accurate entry of mandatory data [GOAL]	100%		41	41	100%

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## RCRA Element 2 - Inspections

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### Finding 2-1

Meets or Exceeds Expectations

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#### Summary:

The state meets or exceeds the national goals for all inspection coverage areas.

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#### Explanation:

The state does an excellent job of LQG inspections, with an annual inspection coverage for BR LQGs of 40.90% compared to a national average of 16.10%. They also had a 25% annual inspection coverage for active LQGs. Additionally, the state met the TSDF requirement by inspecting the two operating TSDFs in the state. Inspection reports are timely and thorough allowing appropriate violation determination.

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#### State Response:

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#### Relevant metrics:

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<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
5a Two-year inspection coverage of operating TSDFs [GOAL]	100%	88.1%	2	2	100%
5b Annual inspection of LQGs using BR universe [GOAL]	20%	16.1%	9	22	40.91%
5b1 Annual inspection coverage of LQGs using RCRAinfo universe [GOAL]	20%	10.7%	10	40	25%
5d1 Number of SQGs inspected					12
5e5 One-year count of very small quantity generators (VSQGs) with inspections [GOAL]					62
5e6 One-year count of transporters with inspections [GOAL]					5
5e7 One-year count of sites not covered by metrics 5a - 5e6 with inspections [GOAL]					57
6a Inspection reports complete and sufficient to determine compliance [GOAL]	100%		33	33	100%
6b Timeliness of inspection report completion [GOAL]	100%		33	33	100%

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### **RCRA Element 3 - Violations**

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#### **Finding 3-1**

Meets or Exceeds Expectations

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#### **Summary:**

The state accurately identifies violations in their inspection reports and enters these in the national database. There were no SNCs identified during this review period which included prior years.

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#### **Explanation:**

The state accurately identifies violations. Inspection reports document the violations, allowing accurate compliance determination.

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**State Response:**

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**Relevant metrics:**

<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
2a Long-standing secondary violators			10		10
7a Accurate compliance determinations [GOAL]	100%		32	32	100%
7b Violations found during CEI and FCI inspections		34.9%	51	140	36.43%
8a SNC identification rate at sites with CEI and FCI		1.5%	0	269	0%
8b Timeliness of SNC determinations [GOAL]	100%	84.9%	0	0	0
8c Appropriate SNC determinations [GOAL]	100%		15	15	100%

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**RCRA Element 4 - Enforcement**

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**Finding 4-1**

Meets or Exceeds Expectations

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**Summary:**

The state takes timely and appropriate enforcement actions to address identified violations. The state requires corrective measures to return facilities to compliance and follows up through required submittals or onsite inspections to verify return to compliance has occurred.

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**Explanation:**

Seven informal actions and eight formal actions were reviewed as part of this SRF. The enforcement actions returned violators to compliance. The enforcement actions were timely and appropriate for the violations identified.

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**State Response:**

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**Relevant metrics:**



<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
10a Timely enforcement taken to address SNC [GOAL]	80%	81.1%	0	0	0
10b Appropriate enforcement taken to address violations [GOAL]	100%		15	15	100%
9a Enforcement that returns sites to compliance [GOAL]	100%		15	15	100%

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### **RCRA Element 5 - Penalties**

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#### **Finding 5-1**

Meets or Exceeds Expectations

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#### **Summary:**

The state appropriately assesses penalties, when warranted, and considers collection of both a gravity and economic benefit component. The penalty collection, including performance of a supplemental environmental project, is documented.

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#### **Explanation:**

Eight penalties were collected for the review period evaluated. Four of these were tied to an earlier settlement. The other four penalties considered both the gravity and economic benefit of the violations.

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#### **State Response:**

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#### **Relevant metrics:**

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<b>Metric ID Number and Description</b>	<b>Natl Goal</b>	<b>Natl Avg</b>	<b>State N</b>	<b>State D</b>	<b>State %</b>
11a Gravity and economic benefit [GOAL]	100%		8	8	100%
12a Documentation of rationale for difference between initial penalty calculation and final penalty [GOAL]	100%		1	1	100%
12b Penalty collection [GOAL]	100%		8	8	100%



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 8**

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March 15, 2018

Ref: 8ENF-PJ

Mr. Todd Parfitt, Director  
Department of Environmental Quality  
122 W. 25<sup>th</sup> Street  
Cheyenne, Wyoming 82002

Re: 2018 State Review Framework Inspection of Fiscal Year 2017

Dear Mr. Parfitt:

It was nice to connect recently during the oil and gas meetings at our regional office. As an integral part of our U.S. Environmental Protection Agency – State of Wyoming partnership, Region 8 will be conducting a State Review Framework (SRF) review of the Wyoming Department of Environment Quality (WY DEQ) this year. Specifically, the EPA will be looking at the Resource Conservation and Recovery Act (RCRA) Subtitle C, Clean Water Act (CWA) National Pollutant Discharge Elimination System (NPDES) and Clean Air Act (CAA) Stationary Source enforcement programs in 2018. We will review inspection and enforcement activity from fiscal year 2017.

An important part of the review process is the visit to your state agency office. Through this visit, which will likely take place in May or June (to be scheduled), the EPA can have face-to-face discussions with enforcement staff and review their respective files to better understand the overall enforcement program. State visits for these reviews will include:

- discussions between Region 8 and WY DEQ program managers and staff;
- examination of data in EPA and WY DEQ data systems; and,
- review of selected WY DEQ inspection and enforcement files and policies.

Following our visit to your office, the EPA will summarize findings and recommendations in a draft report. Your management and staff will be provided with an opportunity to review and comment on this draft by late summer. The EPA expects to complete the WY DEQ review, including the final report, by April 30, 2019. If any areas for improvement are identified in the SRF, we will work with you to address them in the most constructive manner possible. Region 8 and WY DEQ are partners in carrying out the review, and we intend to assist you in meeting both federal standards and goals agreed to in WY DEQ's Performance Partnership Agreement.

Region 8 has established a cross-program team of managers and senior staff to implement the WY DEQ review. David Piantanida, SRF Coordinator at (303) 312-6200, will be your primary contact at Region 8

and will coordinate overall logistics for the EPA. I am Region 8's senior manager with overall responsibility for the review. We request that you also identify a primary contact person for the EPA to work with and provide that name to Mr. Piantanida. The Region 8 program leads on the 2018 SRF review team are:

Linda Jacobson	RCRA	(303) 312-6503	<a href="mailto:jacobson.linda@epa.gov">jacobson.linda@epa.gov</a>
Laurel Dygowski	NPDES (Lead)	(303) 312-6144	<a href="mailto:dygowski.laurel@epa.gov">dygowski.laurel@epa.gov</a>
Mike Boeglin	NPDES	(303) 312-6250	<a href="mailto:boeglin.michael@epa.gov">boeglin.michael@epa.gov</a>
Scott Whitmore	CAA	(303) 312-6317	<a href="mailto:whitmore.scott@epa.gov">whitmore.scott@epa.gov</a>

These program leads will be contacting WY DEQ enforcement managers and staff to schedule a meeting to discuss expectations, lessons learned from previous reviews, procedures and scheduling for the review. The EPA will also send its analysis of the SRF data metrics and list of selected facility files prior to the on-site visit. General SRF review planning and logistics steps can be found in the attachment. Other documents used to evaluate the state's programs can be found on the EPA's ECHO website at <https://echo.epa.gov/>. Links to past SRF reports and recommendations can be found at the EPA's State Review Framework web page at <http://www.epa.gov/compliance/state/srf/>.

Please do not hesitate to contact me at (303) 312-6925, or have your staff contact David Piantanida ([piantanida.david@epa.gov](mailto:piantanida.david@epa.gov)) at (303) 312-6200 with any questions about this review process. We look forward to working with you on the 2018 SRF review, and furthering our critical EPA-State partnership.

Sincerely,

Suzanne J. Bohan  
Assistant Regional Administrator  
Office of Enforcement, Compliance  
and Environmental Justice

Enclosure

cc: Via email  
Elizabeth Walsh, Headquarters SRF Liaison  
Office of Compliance, OECA

Doug Benevento, Regional Administrator  
Region 8

Deb Thomas, Deputy Regional Administrator  
Region 8

Kim S. Opekar, Deputy Assistant Regional Administrator  
Enforcement, Compliance and Environmental Justice – Region 8

David Piantanida, SRF Coordinator  
Enforcement, Compliance and Environmental Justice – Region 8

## Attachment

### **WY DEQ SRF Review Planning & Logistics**

As the EPA begins this review process, WY DEQ can expect the following:

- The EPA will contact WY DEQ enforcement managers and staff to schedule a meeting or conference call to discuss expectations, procedures and scheduling for the review if this has not already occurred.
- The EPA may ask for preliminary information that is readily available such as descriptions of agency and program structures, agency enforcement policies, staffing numbers and other organizational information.
- The EPA will send WY DEQ a list of data metrics and conduct a data metric analysis.
- The EPA will send WY DEQ a list of requested files for review at least two weeks in advance of onsite file reviews.
- The EPA will set up a call with WY DEQ to verify that files in the EPA's requested file list will be available; where the files will be located; and to confirm review dates, arrival times, and logistics.
- The EPA will conduct an entrance conference for the review upon arrival at the WY DEQ offices and an exit meeting for WY DEQ managers and staff prior to the EPA's departure. It is possible that the RCRA file review will be conducted remotely.
- The EPA will draft a report of its review findings, share the draft report with WY DEQ, and request comments.
- Once the report is final, the EPA will add the report, and any recommendations in the report, to the SRF Tracker.
- Once the report is final, the EPA will consult with the state and add agreed-upon action items in the report to the Action Item database.

The EPA will initiate periodic follow-up discussions with WY DEQ to monitor progress on report recommendations.