UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

November 18, 2009

Mr. Jon Goldstein
Deputy Secretary
New Mexico Environment Department
1190 St. Francis Drive N4050
Santa Fe, NM 87505

Dear Mr. Goldstein:

I am pleased to enclose the final report from our review of NMED's Air and Hazardous Waste enforcement programs. It marks the successful completion of the second NMED review using the Review Framework developed by the Environmental Council of States and EPA. We appreciate your leadership in this and I want to especially acknowledge the help and support of Mary Uhl, Debra McElroy and Art Vollmer.

I hope that you will find this report to be a useful tool in managing and assessing your enforcement program. Please contact me at blevins.john@epa.gov, (214) 665-2210 or Mark Potts at potts.mark@epa.gov, (214) 665-2723, if you have any questions.

Sincerely,

John Blevins
Director
Compliance Assurance and
Enforcement Division

Enclosure

New Mexico Environmental Department Enforcement Program Review
State Review Framework
Fiscal Year 2007

November 23, 2009

I. EXECUTIVE SUMMARY

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

This report covers the New Mexico Environmental Department's (NMED) administration of the compliance and enforcement programs for Clean Air Act stationary sources and Resource Conservation Act hazardous waste. NMED has not assumed the Clean Water Act NPDES program.

A. Major Priorities and Accomplishments

- General
  The State developed an Environmental Notification Tracking System which allows the public to enter a complaint via a website. The complaint is accessible to all environment department staff and allows the ability to track the status of the complaint, documents what action was taken as well as when the complaint was closed.
- Clean Air Act (CAA)
  The Air Quality Bureau completed initiatives in 3 major areas since the last Framework review to improve data quality and timeliness, regulatory enhancements, and work quality improvements.

    - The State developed a Data Tracking System (DTS) database for monitoring the status of all section activities and is used for management tracking and to ensure data quality for uploading to AFS.

    - In 2008, the State repealed and replaced its Excess Emission regulation to conform it to Federal Guidance. The new regulation allows for an affirmative defense for emissions from malfunctions, but only under narrowly defined criteria and, it specifically requires scheduled maintenance emissions to be permitted. The new rule complies with all Federal Guidance

regarding excess emissions. The state also promulgated a new regulation for the issuance of Field Citations to provide an additional tool for enforcement of minor violations. The regulation allows for violations and penalties to be issued at the time of an inspection and follows an expedited schedule for hearing and resolution.

- In 2008, the Air Quality Bureau completed a major process improvement project to streamline the compliance report review process thereby improving efficiency, consistency and timeliness in reviewing the hundreds of reports that the bureau receives. Coupled with this effort, the section was reorganized, creating a Compliance Reporting Group that centralized data reporting.

- Resource Conservation and Recovery Act (RCRA)
  The NMED RCRA program began an enforcement initiative in 2005 that in recent years has not only resulted in a significant increase in the number of formal and informal enforcement actions but also significantly improved timeliness of these actions. The NMED is also committed to reducing the number of RCRA notifiers that have never been inspected. Over the last several years, about 70% of Compliance Evaluation Inspections and Compliance Assistance Visits have fallen into this category. Both of these initiatives continue to be priorities.

B. Summary of Results

- <u>Recommendations from Round 1</u>
  - CAA
    Recommendations or suggestions were made regarding the quality of CAA data in the national data base (AFS), the identification of high priority violators (HPV) and penalty documentation. NMED completed all recommended actions. The results from the current review indicate significant progress and improvement and underscore the effectiveness of the actions taken by NMED.
  - RCRA
    No Recommendations from the previous review.
- <u>Overall Round 2 Accomplishments and Best Practices</u>
  - CAA
    The review indicates that NMED's CAA compliance monitoring and enforcement programs are strengths. Inspection coverage levels meet commitments and national program goals. Inspection reports are timely and of a high quality. Violations are pursued with timely and appropriate enforcement.
    The Air Quality Bureau has made significant progress in addressing HPV identification concerns raised in the previous SRF review. The Bureau's Air Compliance and Enforcement Section is to be commended for its success thus far in addressing these concerns (see details in Section II below).

  - RCRA
    The review indicates that NMED's Hazardous Waste Bureau is meeting or exceeding compliance and enforcement program expectations in most review elements. Data management, inspection coverage and quality as well as the Bureau's enforcement program continue to be NMED strengths.

- <u>Round 2 Findings and Recommendations</u>
  - *Areas meeting program requirements –*
    - CAA
      - Meets compliance related grant commitments

        - Inspection levels consistent with program commitments and national goals; inspection reports of high quality
        - Enforcement actions are timely and appropriate
        - Penalty calculations and documentation
    - RCRA
        - Data quality
        - Meets compliance/enforcement related grant commitments
        - Inspection levels consistent with program commitments and national goals; inspection reports of high quality
        - Enforcement actions are appropriate
        - Penalty calculations and documentation
- *Areas for State attention* -
    - CAA
        - Compliance monitoring and enforcement related data quality and timeliness
    - RCRA
        - Some delay in violation data entry; some enforcement actions did not meet EPA timeliness guidelines.
- *Areas for State Improvement Requiring Recommendations* -
    - CAA
        - Some data issues with HPV identification, however, significant progress made in addressing HPV identification issues.
    - RCRA
        - None

II. BACKGROUND INFORMATION ON STATE PROGRAM AND REVIEW PROCESS

A. General Program Overview

- Agency Structure:

  The New Mexico Environmental Department is a cabinet level secretariat, divided functionally into several divisions and offices. Within the Environmental Protection Division, the Air Quality Bureau is responsible for, among other things, CAA enforcement and permitting. The RCRA hazardous waste permitting and enforcement programs are within the Hazardous Waste Bureau under the Water and Waste Management Division. Legal counsel is centralized under the Office of General Counsel. While the Department has 22 field offices, the CAA and RCRA hazardous waste compliance and enforcement programs are managed from NMED's central office.

  Compliance/Enforcement Program Structure:

  - CAA

    NMED's air inspection and enforcement functions are carried out by the Air Compliance and Enforcement Section. The Section reorganized in 2008, centralizing its compliance monitoring and enforcement data reporting functions into Compliance Reporting unit. The Section also has an Enforcement unit and a Compliance Inspections unit. The Air Quality Bureau has 4 Compliance Inspectors in Field Offices in Farmington, Grants, Las Cruces and Roswell.
  - RCRA

    The RCRA Inspection and Enforcement responsibilities are located organizationally in the Hazardous Waste Bureau, Compliance & Technical Assistance Program. There are 3 groups located under the Compliance & Technical Assistance Program: the Santa Fe Group (located in Santa Fe), the Albuquerque Group (located in Albuquerque) and Incident Coordination and Spill Response.
- Roles and Responsibilities:
  - CAA

    The Air Quality Bureau's Compliance and Enforcement Section is responsible for CAA inspections, compliance monitoring, enforcement and associated data entry functions. A significant component of the overall workload of the Section is the review of required compliance reports from the regulated community. The Section conducts investigations and enforcement throughout New Mexico except for Bernalillo County and on Tribal lands. The process for violation determinations, including the identification of high priority violations, and timely and appropriate enforcement response is guided by the Section's standard operating procedures. The Section also investigates and responds to citizen's complaints.
  - RCRA

    The Compliance and Technical Assistance Program is responsible for conducting inspections and technical assistance site visits at all facilities that generate or may generate hazardous waste, as well as treatment, storage, or disposal facilities throughout New Mexico, exclusive of Indian country. Data collected during the field activities are analyzed by program staff to determine whether violations of the hazardous waste regulations have occurred. Violation evaluations, including identification of significant non-compliance and development of timely and appropriate enforcement responses are guided by Hazardous Waste Bureau's Enforcement Response Protocol. The Compliance and Technical Assistance Program initiates and provides technical support for enforcement actions. Compliance monitoring and enforcement data entry

functions also reside within the program. The program is also responsible for responding to complaints and requests for information from the public.

- Office of General Counsel
  Formal civil enforcement actions are supported by the Office of General Counsel. Attorneys are assigned based upon requests from the program offices. Typically, where the violations are straight forward and litigation risk is perceived to be minimal, the program offices will proceed with the enforcement process including settlement discussions. All formal enforcement actions undergo General Counsel approval prior to issuance.

- Local Agencies Included/Excluded from Review: NMED does not administer the CAA program in Bernalillo County. The city of Albuquerque's Air Quality Division administers the program and has undergone a separate review.
- Resources:
  - CAA
    The Air Quality Bureau has a Bureau Chief and 4 Section Managers. The Compliance and Enforcement Section is lead by a Section Chief, Senior Environmental Compliance Specialist, and 3 program managers. The Enforcement unit has one manager and 4 staff positions. The Compliance Inspections unit has 9 positions, including one front-line supervisor position, and the Compliance Reporting unit has 5 positions.
  - RCRA
    Under the Hazardous Waste Bureau Organization Structure there is one Bureau Chief and 3 Program Managers. The Compliance & Technical Assistance Program has one Program Manager and 1 Secretary. Three Groups report directly Program Manager position. The Groups are organized as follows: Santa Fe Group has a 1 team leader and 5 Inspector positions; the Albuquerque Group has 1 team leader and 4 Inspector positions and the Incident Coordination and Spill Response Group has 1 position assigned for overall lead supported by the Program's inspectors.
- Staffing/Training:
  - Staffing – NMED is currently under a state-wide hiring freeze and is suffering from an 11% vacancy rate. The freeze is expected to continue until the 2011 fiscal year. The vacancies in the Air Quality Bureau create a challenge for the agency to fulfill its commitments for compliance monitoring and data timeliness.
    The Hazardous Waste Bureau Compliance & Technical Assistance Program is currently adequately staffed to meet its EPA grant commitments.
  - Training – The State ensures that all new staff and current staff attend classes presenting the program core curriculum, health and safety and review of rules and regulations, etc. to ensure that Inspectors are compliant with EPA Order 3500.1 as well as State requirements. Training courses can be provided via on-the-job training, classroom and via computer by in-house contractors, EPA and the Western States Project, a regional environmental enforcement association.
- Data Reporting Systems/Architecture:
  - CAA – NMED inputs CAA compliance and enforcement information directly into the State's data base TEMPO which provides updates to AFS.
  - RCRA - The State reports the minimum data requirements (MDRs) directly into RCRAInfo, the EPA national data system.

B. Major Priorities and Accomplishments

- **CAA**
  The Air Quality Bureau accomplished a major data improvement initiative following the last Framework review. The Compliance and Enforcement Section developed a database which allows the section to track the status of Compliance Monitoring Strategy (CMS) and other inspections, complaint investigations, asbestos notices of intent, test protocols and reports, correspondence received, reports received and reviewed, HPV determinations, and all enforcement activities. The database is used by management and staff to monitor the activities and status of the section and to assure data accuracy for AFS.

  Two major regulatory enhancements were accomplished in 2008. The existing state Excess Emission regulation was repealed and replaced and now conforms to Federal Guidance regarding emissions generated during upset conditions and scheduled maintenance. The regulation contains strict criteria for claiming an affirmative defense for malfunction emissions and requires sources to perform root cause analyses of a malfunction event upon request of the state. Few states if any have such a rigorous provision for malfunction analysis. A new Field Citation regulation was also promulgated in 2008. The regulation allows for the immediate issuance of citations and penalties while an inspector is on-site. The violations must be minor in nature and easily correctible and will allow the Bureau to obtain more efficient resolution of minor violations, particularly state regulations such as Open Burning. The expected outcome is a reduction of time spent by inspectors and enforcement staff on these minor violations.

  The Compliance and Enforcement section hired a contractor to facilitate a process improvement project called a Kaizen event which used a combination of Six Sigma and Lean Manufacturing principles to analyze the Report Submittal Review Process. The section receives hundreds of reports which include Annual Compliance Certifications, Semi-annual monitoring reports, NSPS reports and other compliance reports required by permits. The main objective of the Kaizen event was to streamline the review process, standardize the data received and improve the quality of report reviews.

  The section was reorganized to better match staff strengths with duties and a new group to process the reports was created. To standardize the data received, the group created pre-populated Annual Compliance and Semi-Annual Monitoring Certification forms, customized for each permit holder. This was a monumental task and the result has been a dramatic improvement in the time for staff review of reports and greater awareness from permit holders about the reporting requirements.

- **RCRA**
  The State compliance and enforcement priorities for Fiscal Year 2007 were established from the State Legislature, EPA national priorities, tips/complaints and resource prioritization focusing on facilities with greater risk potential. The priorities included conducting 57 hazardous waste inspections including RCRA Compliance Evaluation Inspections at 10 Federal Facilities, 4 TSDF's, 7 Large Quantity Generators, 21 Small Quantity Generators, 14 Non-notifiers and 1 Comprehensive Ground-Water Monitoring Evaluation.

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

The State incorporated waste minimization activities in support of their RCRA enforcement program by assisting in educating the regulated communities about pollution prevention, incorporating waste minimization outreach into inspections, determining compliance with waste minimization requirements and incorporating waste minimization projects into enforcement settlement agreements.

The State developed the Environmental Notification Tracking System (ENTS) which allows the Department's staff and the public to enter a complaint via a website. The complaint is accessible to all environment department staff and allows the ability to track the status of the complaint, documents what action was taken as well as when the complaint was closed. ENTS is used by the State as a way of capturing data on things such as complaints and spill reports that don't get tracked wholly in RCRAInfo or other federal data bases and ensuring that complaints are acted upon in a timely manner.

The State has also focused some of their inspection resources on conducting inspections and Compliance Assistance Visits at facilities that have "never been inspected" to ensure that they are correctly identified in the appropriate universe, with the overall goal of this priority reducing the "never inspected" count by 4% annually to achieve a target of less than 5% of all active RCRA notifiers that have never been inspected by 2019.

C. Process for SRF Review

- Review Period: Fiscal Year 2007
- Key Dates:
  - Kick-off letter, data transmittal – September 8, 2008
  - Data corrections received – N/A
  - Preliminary Data Analysis, file selection list provided – November 10, 2008
  - On-site file review – (CAA) December 3-5, 2008; (RCRA) December 2-4, 2008
- Communication with NMED - began with a policy level meeting for Region 6 State Directors on May 29, 2008, to help the Region develop its plan for the second round of SRF reviews. Throughout the ensuing SRF process, NMED and Region 6 have communicated primarily via the telephone and e-mail. The on-site file review included orientation and exit review discussions.
- NMED and Region 6 Contacts:
  - NMED:
    - (CAA) Mary Uhl, mary.uhl@state.nm.us, (505) 476-4301
    - (CAA) Debra McElroy, debra.mcelroy@state.nm.us, (505) 476-4302
    - (CAA) Donald Flores, donald.flores@state.nm.us, (505) 476-4359
    - (RCRA) Art Vollmer, art.vollmer@state.nm.us, (505) 476-6004
    - (RCRA) Sandra Martin, sandra.martin@state.nm.us, (505) 222-9457
  - Region 6
    - (CAA) Toni Allen, allen.toni@epa.gov, (214) 665-7271
    - (CAA) Janet Adams adams.janet@epa.gov, (214) 665-3157
    - (CAA) Esteban Herrera, herrera.esteban@epa.gov, (214) 665-7348
    - (RCRA) Eva Steele, steele.eva@epa.gov, (214) 665-7211
    - (RCRA) Patricia Weatherly, weatherly.patricia@epa.gov, (214) 665-2165
    - Mark Potts, potts.mark@epa.gov, (214) 665-2723

III. STATUS OF RECOMMENDATIONS FROM PREVIOUS REVIEWS

During the first SRF review of NMED's compliance and enforcement programs. NMED and Region 6 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	Element	Title	Finding
NM	Complete	9/28/06	CAA	11	Convert to TEMPO, update majors universe.	Nominal inspection coverage shortfall attributed to data accuracy and changes to facility status.
NM	Complete	9/28/06	CAA	11	Verify SM80 universe.	NMED issues several types of General Construction Permits to address groups of sources that have similar operations. Need to verify actual classification.
NM	Complete	9/28/06	CAA	11	Include Title V ACC results in AFS	AFS does not reflect that NMED reported compliance results due to data uploading difficulties.
NM	Complete	9/28/06	CAA	11	Verify effectiveness of TEMPO conversion, inspect remaining facilities.	The number of sources in New Mexico with unknown compliance status was 89. NMED attributes this to a combination of factors including uploading difficulties, inappropriate source classifications, and inspection scheduling issues (e.g., inspector vacancy).
NM	Complete	9/28/06	CAA	2	Include enforcement history in inspection reports.	None of the inspection reports reviewed contained an enforcement history.
NM	Complete	11/03/07	CAA	4	Establish HPV identification procedures. EPA schedule State HPV training.	Of the seven (7) enforcement files reviewed, 0% of the violations that should have been identified as HPVs were identified as such in AIRS.
NM	Complete	9/28.06	CAA	7	Include justification for 0 economic benefit.	Of the seven (7) enforcement files reviewed, none included an assessment for economic benefit.
NM	Complete	9/28/06	CAA	12	Complete conversion to TEMPO. Include missing data in AFS.	Not all of the Minimum Data Requirements are reflected in AFS/AIRS due to data upload issues.

IV PRELIMINARY DATA ANALYSIS CHART

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

The PDA Chart in this section of the SRF report only includes metrics where potential concerns are identified or potential areas of exemplary performance. However, the full PDA, which is available as a document separate from this report, contains every metric - positive, neutral or negative. Initial Findings indicate the observed results. Initial Findings are preliminary observations and are used as a basis for further investigation. Findings are developed only after evaluating them against the 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.

CAA

Metric	Metric Description	Metric Type	National Goal	National Average	OTIS Metric	NMED-Provided Correction	Initial Findings
1C3	CAA Subprogram Designations: MACT (Current)	Data Quality			35		Appears low, need to verify.
1C4	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	100%	73.3%	58.7%		Appears low; need to verify if subject & applicable subparts verify that the inspectors are determining applicable subparts/determining compliance during inspection.
1C5	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	100%	31.5%	28.6%		Same as 1C4

Metric	Metric Description	Metric Type	National Goal	National Average	OTIS Metric	NMED-Provided Correction	Initial Findings
1C6	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	100%	89.3%	71.4%		Same as 1C4
1D3	Compliance Monitoring: Number of PCEs (1yr)	Information			19		See if counting review of semi-annual reports, settlement deliverables, etc.
1G1	HPV: Number of New Pathways (1yr)	Data Quality			7		Maybe low, need to verify
1G2	HPV: Number of new sources (1yr)	Data Quality			7		Same as 1G1
1H1	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	100%	45.3%	0		Minimum data requirement with 2005 ICR. Should track for all HPVs identified
1H2	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	100%	67.0%	0		Same as 1H1
1H3	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	100%	57.7	0		Same as 1H1
2A0	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	<= 50%	71.0%	233.3%		Look behind violations identified in informal/formal enforcement actions to verify NC status in AFS
2B2	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality			0		0 appears low. Look at stack tests to see if any failed. Include supplemental files.
3A0	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	24.6%	0		Looks for HPV entry from DZ. Process discussion indicated.

Metric	Metric Description	Metric Type	National Goal	National Average	OTIS Metric	NMED-Provided Correction	Initial Findings
3B1	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	52.6%	20%		% appears low, discuss data entry/upload.
3B2	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	100%	67.3%	22%		Same as 3B1
5E0	Number of Sources with Unknown Compliance Status (Current)	Review Indicator			21		Discuss CMS frequencies in AFS
5G0	Review of Self-Certifications Completed (1 FY)	Goal	100%	91.0%	73.5%		Discuss status of the 36 (ACC reviews)
7C2	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	>1/2 Nat Avg	34.3%	0		Examine stack tests, discuss NC status
8A0	High Priority Violation Discovery Rate – Per Major Source (1FY)	Review Indicator	.1/2 Nat Avg	9.2%	4.1%		Shows improvement over previous SRF review, however, appears low. Review formal and informal enforcement actions. Supplemental files selected.
8B0	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	.1/2 Nat Avg	1.5%	0.2%		Appears low, review SM informal/formal enforcement actions
8C0	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	>1/2 Nat Avg	73.1%	33.3%		Same as 8A

Metric	Metric Description	Metric Type	National Goal	National Average	OTIS Metric	NMED-Provided Correction	Initial Findings
8D0	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	<1/2 Nat Avg	39.6%	63.6%		Appears high, review violation classification in informal enforcement actions.
8E0	Percentage of Sources with Failed Stack Test Actions that received HPV listing - Majors and Synthetic Minors (2 FY)	Review Indicator	>1/2 Nat Avg	42.4%	0		Appears low. Review stack tests for pass/fail designations
12B0	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	>=80%	86.1%	60.0%		Assumes penalty assessments for HPVs. Look at enforcement actions

RCRA

Metric	Metric Description	Metric Type	National Goal	National Average	OTIS Metric	NMED-Provided Correction	Initial Findings
5C	Inspection coverage for LQGs (5 FYs)	Goal	100%	64.7%	85.0%		above national average but below national goal. (According to NMED -This is a difficult metric to derive accurately because OTIS uses the current number of LQGs, which doesn't accurately reflect the number of LQGs over the previous 5 years. In New Mexico many facilities in this universe are one-time or episodic generators so the number is in constant flux.)
8A	SNC identification rate at sites with inspections (1 FY)	Review Indicator	>1/2 Nat Avg	3.8%	3.0%		% slightly less than national average (NMED noted that it was above the national goal.)

V. FILE SELECTION

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

A. File Selection Process

Below is a description of how Region 6 selected files for review:

Clean Air Act

Region 6 used the file selection tool in OTIS, which follows the SRF File Selection Protocol. The universe of files was 130. According to the Protocol, the range of files for a universe that size is 15-30. Region 6 selected 28 files (23 FCEs and 5 enforcement actions), representing 23 facilities, at random by selecting every sixth FCE for majors and SM80s. In addition to those files selected at random, the Region augmented its file selection list with 9 supplemental files (1 FCE, 4 enforcement and 4 stack tests) to more closely examine HPV identification and stack test failures.

RCRA

Using the file selection tool in OTIS, there were 121 facilities on the data pull which indicates a sample size of 15-30. We decided to select 20% of the total for review. Of those, there were 3 SNC's identified and all of those were selected for review. In the review of the total facilities we noted that there were some facilities (20) listed as not having an evaluation conducted, some of these had violations identified with some type of enforcement action, to better understand the circumstances behind these actions we randomly selected 4 of these facilities to review with one of those having a violation and enforcement action reflected. The remaining selections of files were made by selecting all facilities where penalties were issued (6 total); randomly selecting a percentage of informal enforcement only, formal enforcement only and 2 facilities where both informal and formal enforcement was issued, or where no enforcement was issued. These selections were made by using random sorts of the facilities listed using Lotus Notes.

B. File Selection Table

CAA

Program ID	**FCE**	PCE	Violation	Stack Test Failure	Title V Deviation	**HPV**	Informal Action	Formal Action	Penalty	Universe	Select
3500500004	**yes**	**no**	**no**	**no**	**no**	**no**	**no**	**no**	**no**	**MAJR**	**accepted_representative**
3501300002	**yes**	**no**	**no**	**no**	**no**	**no**	**no**	**no**	**no**	**MAJR**	**accepted_representative**

Program ID	FCE	PCE	Violation	Stack Test Failure	Title V Deviation	HPV	Informal Action	Formal Action	Penalty	Universe	Select
3501300025	yes	no	no	no	no	no	no	no	no	MAJR	supplemental-stk test
3501500005	yes	no	no	no	no	no	no	no	no	MAJR	accepted_representative
3501500021	yes	no	no	no	yes	yes	yes	yes	no	MAJR	accepted_representative
3501500044	yes	no	no	no	no	no	no	yes	yes	MAJR	supplemental-enf action
3501700001	yes	no	no	no	no	no	yes	no	no	MAJR	accepted_representative
3502300002	yes	no	no	no	no	no	no	no	no	MAJR	supplemental-stk test
3502500034	yes	no	no	no	no	no	no	no	no	MAJR	accepted_representative
3502500048	no	no	no	no	no	no	yes	yes	no	MAJR	supplemental-enf action
3502500052	yes	no	no	no	no	no	no	no	no	MAJR	accepted_representative
3502500075	yes	no	no	no	no	no	no	no	no	MAJR	accepted_representative
3502900002	yes	no	no	no	no	no	no	no	no	MAJR	accepted_representative
3503100008	no	no	yes	no	yes	no	yes	yes	no	MAJR	supplemental-enf action
3503100026	yes	no	no	no	no	no	no	no	no	MAJR	accepted_representative
3503900032	yes	no	no	no	no	no	no	no	no	MAJR	accepted_representative
3503900042	no	no	no	no	yes	yes	no	no	no	MAJR	supplemental-stk test
3503900075	yes	no	no	no	yes	no	no	no	no	MAJR	accepted_representative
3503900160	no	yes	no	no	no	no	yes	yes	no	MAJR	supplemental-enf action
3504300031	yes	no	no	no	no	no	no	no	no	MAJR	accepted_representative
3504500062	no	no	no	no	yes	no	no	no	no	MAJR	supplemental-stk test
3504500069	yes	no	no	no	no	no	no	no	no	MAJR	accepted_representative
3504500274	yes	no	no	no	no	no	no	no	no	MAJR	accepted_representative
3504500375	yes	no	no	no	no	no	no	no	no	MAJR	accepted_representative
3506100005	yes	no	no	no	no	no	no	no	no	MAJR	accepted_representative
3500500016	yes	no	no	no	no	no	no	no	no	SM80	accepted_representative
3501500103	yes	no	no	no	no	no	no	no	no	SM80	accepted_representative
3501700026	no	no	no	no	no	no	no	yes	no	SM80	accepted_representative
3502500047	yes	no	no	no	no	no	no	no	no	SM80	supplemental-stk test
3504300051	no	no	no	no	no	no	yes	no	no	SM80	accepted_representative
3577700263	no	no	no	no	no	no	no	yes	no	SM80	accepted_representative
3577700866	yes	no	yes	no	no	no	yes	yes	no	SM80	accepted_representative

RCRA

Program ID	f_state	Evaluation	Violation	SNC	Informal Action	Formal Action	Penalty	Universe	Select
NMD046290797	NM	yes	yes	no	no	no	no	LQG	accepted_representative
NMD000761627	NM	yes	no	no	no	no	no	LQG	accepted_representative
NMR000012872	NM	yes	no	no	no	no	no	OTH	accepted_representative
NMR000010058	NM	yes	yes	no	yes	no	no	SQG	accepted_representative
NMD982553448	NM	yes	no	no	no	no	no	SQG	accepted_representative
NM0000590240	NM	no	no	no	yes	no	no	CES	accepted_representative
NMR000003640	NM	yes	yes	no	yes	no	no	SQG	accepted_representative
NMR000006551	NM	yes	no	no	no	no	no	NON	accepted_representative
NM6572124422	NM	yes	yes	no	yes	no	no	LDF	accepted_representative
NMD360010029	NM	no	yes	no	yes	no	no	SQG	accepted_representative
NMD000609339	NM	no	no	no	yes	no	no	LQG	accepted_representative
NM9570024423	NM	yes	yes	yes	no	yes	yes	LDF	accepted_representative
NMR000007088	NM	yes	yes	no	yes	no	no	CES	accepted_representative
NM8800019434	NM	yes	no	no	no	yes	yes	LDF	accepted_representative
NMD048918817	NM	yes	yes	yes	yes	no	no	LDF	accepted_representative
NMD075088252	NM	yes	yes	no	yes	no	no	LQG	accepted_representative
NMD981611247	NM	yes	yes	no	yes	no	no	CES	accepted_representative
NMR000010942	NM	yes	yes	no	yes	no	no	TRA	accepted_representative
NMD000804294	NM	no	no	no	yes	yes	yes	TSF	accepted_representative
NMD980698849	NM	yes	yes	no	no	no	no	TSF	accepted_representative
NM5890110518	NM	yes	yes	yes	yes	yes	yes	LDF	accepted_representative
NMR000012534	NM	yes	yes	no	yes	no	no	CES	accepted_representative
NM0890010515	NM	yes	yes	no	yes	yes	yes	LDF	accepted_representative
NMD980621197	NM	yes	no	no	yes	no	no	LQG	accepted_representative
NM2750211235	NM	yes	yes	no	no	yes	yes	LDF	accepted_representative

VI. FILE REVIEW ANALYSIS CHART

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 Analysis Chart in the report only includes metrics where potential concerns are identified, or potential areas of exemplary performance. Initial Findings indicate the observed results. Initial Findings are preliminary observations and are used as a basis for further investigation. Findings are developed only after evaluating them against the PDA results where appropriate, and dialogue with the state have occurred. Through this process, Initial Findings may be confirmed, modified, or determined not to be supported. Findings are presented in Section IV of this report. The quantitative metrics developed from the file reviews are initial indicators of performance based on available information and are used by the reviewers to identify areas for further investigation. Because of the limited sample size, statistical comparisons among programs or across states cannot be made.

CAA

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
1	**Metric 2c**	% of files reviewed where MDR data are accurately reflected in AFS.	54%	37 files reviewed (32 facilities): 24 FCEs, 9 enforcement, 4 stack tests. 13 of 24 FCEs , 4 of 9 enforcement actions, and 3 of 4 stack tests all MDR data accurately reflected in AFS
	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.	100%	NMED's 2007 compliance monitoring plan called for: 2 yr frequency (2007-2008) for FECs at Title V majors (151) except 10 compressor stations and mega sources; total of 75 FCEs in FY2007. 4 yr frequency for 10 compressor stations and 2 mega sources. 5 yr frequency (2007-2011) for SM80s; 18 in 2007. The Region approved a modification of the compliance monitoring plan in June 2007 calling for 27 on-site FCEs and 48 off-site FCEs in 2007. (All 75 received on-site FCEs in 2005)

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
	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.	N/A	o Submit a Compliance Monitoring Strategy or an update to the strategy, including the number of Major and 80% SM sources. o Complete the universe of planned inspections consistent with the compliance monitoring strategy (CMS). Include: Identify universe of Majors and 80% SM o Complete other compliance monitoring inspections (e.g. PCEs) o Compliance Monitoring Reports (CMRs) document FCE/PCE findings, include accurate identification of violations: Include in the CMRs, at a minimum, the basic elements identified in the CMS (Attachment A) o High priority violations are reported to EPA in a timely manner consistent with HPV Policy (Attachment B) o State enforcement actions include required injunctive relief that will return facilities to compliance in a specific time frame. o Enforcement actions taken in a timely manner consistent with HPV Policy. o Gravity and economic benefit calculations are addressed for all penalties. o Final Enforcement actions issued/collected appropriate economic benefit and gravity portions of a penalty: Review Database to ensure penalties are being collected o Enter all required and accurate data (minimum data requirements) into AIRS consistent with the October 5, 2001 Source Compliance and State Action Reporting (SFB83 Supporting Statement) (Attachment C): Review Database to ensure minimum data requirements are being entered into AFS o Review CMRs to ensure accurate minimum data requirements are being offered into AFS o Enter all required TV annual compliance certification information, including date due, date received, whether deviations were reported, date reviewed, and compliance status into AIRS.
4	**Metric 6a**	# of files reviewed with FCEs.	24	
5	**Metric 6b**	% of FCEs that meet the definition of an FCE per the CMS policy.	100%	All 24 FCEs reviewed reflected all the required components. In general, the reports were high quality. One report was identified as a quality benchmark. Initially EPA identified 2 FCEs reviewed that did not appear to include ACC reviews. However from follow up discussions with NMED, the review team was able to confirm that the ACC review was reported in the inspection field

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
				notes and identified on the inspection checklist for one. The ACC review was identified on the checklist for the second, although supporting field notes were not included.
6	**Metric 6c**	% of CMRs or facility files reviewed that provide sufficent documentation to determine compliance at the facility.	100%	All of 24 of the FCEs reviewed included all necessary documentation. As mentioned above, quality of inspection reports is high. One off-site FCE did not include the date of evaluation.
7	**Metric 7a**	% of CMRs or facility files reviewed that led to accurate compliance determinations.	100%	
8	**Metric 7b**	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.	60%	5 non-HPV violations identified from FCEs. Three were timely in AFS (i.e., compliance status changed to reflect violations)
29	**Metric 8f**	% of violations in files reviewed that were accurately determined to be HPV.	100%	1 correctly identified HPV reviewed. EPA and NMED discussed another potential HPV, however, facility major status for NOx , violation unrelated to NOx therefore, not an HPV.
10	**Metric 9a**	# of formal enforcement responses reviewed.	9	
11	**Metric 9b**	% of formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame.	100%	All 9 actions included complying actions with specified timeframes
12	**Metric 10b**	% of formal enforcement responses for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	100%	One HPV action reviewed – issued within 270 days.
13	**Metric 10c**	% of enforcement responses for HPVs appropriately addressed.	100%	One HPV action reviewed – was appropriate
14	**Metric 11a**	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	9 proposed penalty actions reviewed. All documented gravity and economic benefit components.
15	**Metric 12c**	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	6 final penalties reviewed, where proposed and final penalties differed, file contained documentation. (Of the 9 proposed penalties reviewed, 2 were not finalized within the review period and 1 other was ultimately withdrawn)

	CAA Metric #	CAA File Review Metric Description:	Metric Value	Initial Findings
16	**Metric 12d**	% of files that document collection of penalty.	100%	6 final penalties reviewed, all included a copy of check in files.

RCRA

	RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings and Conclusions
1	**Metric 2c**	% of files reviewed where mandatory data are accurately reflected in the national data system.	100%	Of the files reviewed 100% of the mandatory data was accurately reflected in RCRAInfo. The NMED does have one area relative to linking SNC violations in RCRAInfo where in some cases, because NMED considers a facility to be a chronic violator of the New Mexico RCRA regulations, which can include compliance issues associated with the Corrective Action Consent Order that is in place. Hence the SNC determination is not linked to any specific violations.
2	**Metric 4a**	Planned inspections completed	100%	The State committed to conducting 57 hazardous waste inspections including RCRA Compliance Evaluation Inspections at 10 Federal Facilities, 4 TSDF's, 7 Large Quantity Generators, 21 Small Quantity Generators, 14 Non-notifiers and 1 Comprehensive Ground-Water Monitoring Evaluation. The State met and in some cases exceeded these commitments.
3	**Metric 4b**	Planned commitments completed	N/A	NMED's 2007 RCRA grant commitments are listed in metric 4a above. The State met and in some cases exceeded these commitments
4	**Metric 6a**	# of inspection reports reviewed.	21	

	RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings and Conclusions
5	**Metric 6b**	% of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility.	100%	All 21 inspection reports reviewed were very well written accurately describing the events and findings of the inspection, the inspection files contained photos, inspector notes, copies of pertinent facility records, checklists and best management practices that were shared with the facility personnel. All inspection reports and files reviewed were complete and provided excellent documentation to determine compliance of the facility being inspected.
6	**Metric 6c**	Inspection reports completed within a determined time frame.	100%	The State files reviewed for inspections were all completed in a timely manner including timely identification of violations. Reports are usually completed the same day or within a week of the actual inspection.
7	**Metric 7a**	% of accurate compliance determinations based on inspection reports.	100%	For the 21 inspections and associated documentation reviewed, all compliance determinations were consistent with State and EPA Enforcement Response Policy and Guidance.
8	**Metric 7b**	% of violation determinations in the files reviewed that are reported timely to the national database (within 150 days).	67%	According to the Hazardous Waste Bureau's Hazardous Waste Act Enforcement Response Protocol, the date of violation determination, and violation data entry into RCRAInfo, is not later than the date the enforcement action is issued. Of the 15 inspections reviewed that identified violations, 10 were entered into RCRAInfo within 150 days. According to NMED, those that exceeded the timeframes outlined in the ERP were due to the difficult nature of the regulatory issues involved. In these cases, repeated site visits or information requests are needed to fully understand the nature of the violations.
9	**Metric 8d**	% of violations in files reviewed that were accurately determined to be SNC.	100%	All violations in the 22 enforcement actions reviewed were accurately determined to either be SNC's or SV's, based on State and EPA Enforcement Response Policy and Guidance. 2 of the 3 SNCs reviewed were entered into RCRAInfo within 150 days.

	RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings and Conclusions
10	**Metric 9a**	# of enforcement responses reviewed.	22	22 enforcement actions were reviewed with a mix of both informal and formal enforcement (3 actions were reviewed that addressed SNC violations).
11	**Metric 9b**	% of enforcement responses that have returned or will return a source in SNC to compliance.	100%	All three SNC actions reviewed included some type of corrective or complying action to return the facility to compliance within a prescribed time frame
12	**Metric 9c**	% of enforcement responses that have returned or will return Secondary Violators (SV's) to compliance.	100%	All 19 SV actions reviewed included complying actions to return the facilities to compliance within specified time periods.
13	**Metric 10c**	% of enforcement responses reviewed that are taken in a timely manner.	59%	Of the 22 actions reviewed 13 were taken in a timely manner. Those that exceeded the timeframes outlined in the ERP were typically due to the difficult nature of specific cases. In these cases, repeated site visits or information requests are needed to fully understand the nature of the violations.
14	**Metric 10d**	% of enforcement responses reviewed that are appropriate to the violations.	100%	Of the 22 actions reviewed all were appropriate to the violations identified.

	RCRA Metric #	RCRA File Review Metric:	Metric Value	Initial Findings and Conclusions
15	**Metric 11a**	% of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit.	100%	All 6 of the penalty actions reviewed included gravity and economic benefits and contained documentation in the files.
16	**Metric 12a**	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	100%	There was no difference in the initial and final assessed penalty for the 6 final penalty actions reviewed.
17	**Metric 12b**	% of files that document collection of penalty.	100%	All 6 final penalties included documentation in the files that penalties were collected.

VII. FINDINGS

Findings represent the Region's conclusions regarding the issue identified. Findings are based on the Initial Findings identified during the data or file review, as well as from follow-up conversations or additional information collected to determine the severity an root causes of the issue. There are four types of findings, which are described below:

Finding	Description
Good Practices	This describes activities, processes, or policies that the SRF data metrics and/or the file reviews show are being implemented exceptionally well and which the State is expected to maintain at a high level of performance. Additionally, the report may single out specific innovative and noteworthy activities, process, or policies that have the potential to be replicated by other States and that can be highlighted as a practice for other states to emulate. No further action is required by either EPA or the State.
Meets SRF Program Requirements	This indicates that no issues were identified under this Element.
Areas for State* Attention *Or, EPA Region's Attention where program is directly implemented.	This describes activities, processes, or policies that the SRF data metrics and/or the file reviews show are being implemented with minor deficiencies that the State needs to pay attention to strengthen its performance, but are not significant enough to require the region to identify and track state actions to correct. This can describe a situation where the State is implementing either EPA or State policy in a manner that requires self-correction to resolve concerns identified during the review. These are single or infrequent instances that do not constitute a pattern of deficiencies or a significant problem. These are minor issues that the State should self-correct without additional EPA oversight. However, the State is expected to improve and maintain a high level of performance.
Areas for State* Improvement – Recommendations Required * Or, EPA Region's attention where program is directly implemented.	This describes activities, processes, or policies that the metrics and/or the file reviews show are being implemented by the State that have significant problems that need to be addressed and that require follow-up EPA oversight. This can describe a situation where the State is implementing either EPA or State policy in a manner requiring EPA attention. For example, these would be areas where the metrics indicate that the State is not meeting its commitments, there is a pattern of incorrect implementation in updating compliance data in the data systems, there are incomplete or incorrect inspection reports, and/or there is ineffective enforcement response. These would be significant issues and not merely random occurrences. Recommendations are required for these problems that will have well defined timelines and milestones for completion. Recommendations will be monitored in the SRF Tracker.

CAA

CAA		
Element 1. Data Completeness		
1-1	Finding	NSPS, NESHAP, MACT subpart designations appear low in AFS
	This finding is a(n):	Good Practice ☐ Meets SRF Program Requirements X Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If	Data Metrics 1C3, 1C4, 1C5, 1C6 show facilities with program subpart designations. They

	area for attention, describe why action not required; if area for improvement, provide recommended action.)	appeared low. During the file review NMED confirmed that they were low and provided updated numbers. Of the 32 facilities reviewed, 12 were missing subpart designations. According to NMED, there is a problem getting the subparts into the State's TEMPO data base and uploaded into AFS. NMED is working on the problem (see additional details in State response below) and believes that this will be fixed in FY 2009. Until then NMED will manually enter applicable subparts to keep AFS updated. Corrections were made in AFS July 1, 2009. As NMED indicates in their comments below, the current data reflects significant improvements (current values are included below*). Therefore no additional recommended actions.
	Metric(s) and Quantitative Values	Metric: 1C3 facilities with MACT subparts in AFS Value: NMED – 35, Metric: 1C4 facilities with FCEs having NSPS subparts in AFS Value: Nat. Avg. 73.3%, NMED 58.7% (*current 78.8%) Metric: 1C5 facilities with FCEs having NESHAP subparts in AFS Value: Nat. Avg. 31.5%, NMED 28.6% (*current 66.7%) Metric: 1C6 facilities with FCEs having MACT subparts in AFS Value: Nat. Avg. 89.3%, NMED 71.4% (*current 100%)
	State Response	The root cause for the deficient subpart designations is data recording omissions and inconsistencies by the Bureau's permitting section. A permanent solution to this problem on a going forward basis has been devised. To correct the old existing data, Compliance/Enforcement has initiated a procedure to review the NSPS, NESHAP and MACT subpart designations data and make the corrections necessary to ensure that the Air Programs all have subpart designations associated. In late January, over a 3 week period, section staff examined the air programs without a subpart designation for applicability to the programs/subpart. The resulting changes that were made in AFS now indicate that NMED percentages are above the National Average percentages as indicated in the FY 2009 OTIS Framework Results. NMED's goal is to achieve 100% subpart designation in AFS so the corrections and changes will continue until the goal is achieved this fiscal year. In the future, NMED will continue to monitor the data by quarterly reviews of the OTIS Framework results and correcting any new deficiencies at that time.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	N/A
1.2	Finding	HPV Day Zero Pathway – discovery dates, violating pollutants, and violation type codes appear low in AFS.
	This finding is a(n):	Good Practice ☐ Meets SRF Program Requirements ☐Area for State Attention

		X Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	Data metrics 1H1, 1H2 and 1H3 provide day zero, the violating pollutants and violation type codes for HPVs identified. While NMED identified HPVs it did not include these HPV related data in AFS. For the 1 HPV reviewed, the violating pollutant and violation type code were not in AFS. During the file review NMED attributed these data deficiencies to its HPV data sheets and indicated that it would make the necessary modifications to collect the data which has to be entered manually into AFS (see additional details in State response below). Recommended Action: NMED modified its HPV data sheets on April 1, 2009. The current data for 2009 shows significant improvement (current values provided below *).
	Metric(s) and Quantitative Values	Metric: 1H1 – HPV day zero pathway discovery date Value: Nat. Avg. 45.3%, NMED – 0 (*current 85.7%) Metric: 1H2 – HPV day zero pathway violating pollutant Value: Nar Avg. 67%, NMED – 0 (*current 100%) Metric: 1H3 day zero pathway violation type code Value: Nat. Avg. 57/7%, NMED 0 (* current 95.2%)
	State Response	NMED modified the HPV data sheet in April 2009 to ensure that the reportable elements are captured. To improve the accuracy and timeliness of this measure, NMED used the Kaizen process to examine the issue and streamline the process. The SOP has been revised to clarify the procedure and responsibilities for data capture and forwarding to the data steward for processing. At this time, the data entry into AFS must be manually done and automation of this function is not anticipated soon due to staffing restrictions currently in place. Since the new process has been in place for several months now, the latest SFR FY 2009 report from OTIS indicates that NM data now exceeds the national average for percentage of HPV day zero pathway discovery date, violating pollutant and violation type code. NMED will continue to use the new process to maintain this high rate of timely data entry.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NMED made the correction to the data sheets April 1, 2009. The Region will track day zero pathway data with NMED through FY2010 to determine the effectiveness of actions taken and the need for additional actions by 9/30/10.

CAA		
Element 2. Data Accuracy		
2-1	Finding	HPVs exceed number of non-compliant sources identified
	This finding is a(n):	Good Practice Meets SRF Program Requirements X Area for State Attention Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action	Metric 2A indicates that non-compliance status is not being updated in AFS. Some non-compliance status is reported into AFS. Of the 10 files reviewed with violations, 6 had corresponding correct non-compliance designations in AFS. Of the 4 that did not, 2 were FCEs

	not required; if area for improvement, provide recommended action.)	and 2 were enforcement. At the file review, NMED indicated that TEMPO does not update AFS compliance status. Hence non-compliance status must be updated manually and this has been incorporated into standard operating procedures. EPA will support NMED in updating TEMPO to automatically update the compliance status in AFS in the future, however, no date has been established for this to occur. Until automated, NMED will manually update compliance status. 2009 data reflects improvement for this data metric. No additional recommended actions. AFS reports that in 2007 NMED conducted 75 FCEs at major facilities. However, at the outset of the review, AFS incorrectly reported 71 FCEs as on-site and 4 as off-site (corrections have been made). NMED actually conducted 42 off-site and 33 on-site FCEs at majors. The State's TEMPO data base reflects the correct numbers. FY08 data had the same problem (AFS shows 12 off-site FCEs, actual should be 7 – corrections have been made). This particular data accuracy issue was identified fairly late in the SRF review. NMED manually corrected the data in AFS. NMED will investigate the cause of the problem to address it systematically and will manually update on-site/off-site status in AFS as needed.
	Metric(s) and Quantitative Values	Metric: 2A – number of HPVs per number of non-compliant sources Value: Nat. Avg. 71%; NMED 233%
	State Response	The new process and modified data sheet described in element 1.2 will ensure that the Violating Pollutant with Air Program data is identified for sources in non-compliance. The data steward manually processes the elements on the data sheet to include updating the compliance status of the source directly in AFS. NMED has updated the incorrect designations in AFS and will continue to do this manually until such time as TEMPO can be programmed to do so. The SFR FY 2009 report from OTIS indicates NMED results for this measure are now 75%. The state will continue to monitor this element via the OTIS report to maintain a high percentage of data accuracy.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	N/A

CAA		
Element 3. Data Timeliness		
3-1	Finding	HPVs, monitoring data, and enforcement data not in AFS within 60 days
	This finding is a(n):	Good Practice ☐ Meets SRF Program Requirements X Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If area	Metric 3A indicates 0 of the 7 HPVs identified by NMED were entered into AFS timely.

	for attention, describe why action not required; if area for improvement, provide recommended action.)	During the file review, NMED noted that AFS should reflect 9 HPV pathways (at 8 sources) rather than 7. NMED updated this HPV pathway data on November 30, 2008. NMED attributed delayed HPV entry primarily to the process in use before revising procedures in January 2008 (requires HPV designation within 45 days of discovery). Metric 3B1indicates a relatively low percentage of timely monitoring data entries into AFS. Metric 5G indicates a relatively low percentage of ACCs reviewed. At the file review conference NMED explained that the monitoring data issues fall into 3 categories: 1. due date and receipt date for Annual Compliance Certifications (ACCs) were not mapped (TEMPO to AFS upload) – until mapped, these data will be updated manually. 2. Inspection date – inspectors waited to enter inspection date until inspection report completed. New procedures are now in place to get inspection dates into AFS timely. 3. ACC review dates were not all being entered in a timely manner. According to NMED all expected ACCs were reviewed, 36 were reviewed late (Metric 5G shows 36) and as with the due and receipt dates these ACC data are being entered into AFS manually. Metric 3B2 indicates a relatively low percentage of enforcement data getting into AFS in a timely manner. NMED attributed this late data entry into TEMPO to a single company that self reported violations at 22 facilities. The data for 21 (approximately 90 entries) were late. NMED reported several major steps taken to improve timeliness of monitoring and enforcement data. In 2008 NMED's Compliance and Enforcement Section reorganized, centralizing its compliance reporting functions under one manager. This in conjunction with the recommendations from the Section's Kaizen analysis (discussed in detail under Section II above) are addressing the process side of the timeliness issues. The Section also developed a new data base and procedures to better track corrective actions. Data for 2009 indicates significant improvement in the metrics discussed above (current values provided below*), and while the Region is not including additional recommended actions, it will work with NMED to address the data mapping issues and eliminating as much manual data entry as possible**.**
	Metric(s) and Quantitative Values	Metric: 3A – HPVs entered within 60 days Value: Nat. Avg. 24.6%; NMED 0 (*current 71.4%) Metric: 3B1 – monitoring data entered within 60 days Value: Nat. Avg 52.6%; NMED 20% (*current 80.8%) Metric 3B2 – enforcement data entered within 60 days Value: Nat. Avg. 67.3; NMED 22% (*current 94.4%)
	State Response	The state has revised its procedures for managers and staff to improve timely reporting of data to AFS. Several new tracking mechanisms were added to DTS reports so that managers can ensure that data has been entered in TEMPO within required timeframes. QA and QC checks of data are routinely completed monthly prior to batching of data to AFS and more time has been allotted to the review of AFS data Staff have been given refresher training on HPV requirements and all violations are given timely management review immediately following the discovery action. NMED will continue to work on the mapping issues with the goal of eliminating as much manual entry as possible. SFR FY 2009 report from OTIS indicates that 83.7% of the 233 compliance monitoring data was reported within 60 days, 89.2% of enforcement actions were reported within 60 days, and 62.5% of HPV actions were timely. The state will continue to monitor these elements through the OTIS report to improve and maintain data quality.

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

CAA		
Element 4 Completion of Commitments		
4-1	Finding	NMED met its compliance and enforcement commitments
	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for AQD Attention Area for AQD Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	NMED met its compliance monitoring evaluation commitments. Those commitments are listed in the file review analysis chart (metrics 4a and 4b) in Section VI above. NMED submitted a timely State CMS. For 2007, NMED committed to 75 FCEs at majors (27 on-site and 48 off-site)and 18 FCEs at SMs. The Region reviewed the list of facilities NMED proposed for off-site FCEs. Since each facility had received an on-site FCE within the previous 5 years and the facilities were logical candidates for which an off-site FCE could be completed under the CMS Policy, the Region approved NMED's 2007 CMS plan. As discussed in more detail below, NMED actually conducted off-site FCEs at 43 of the 48 proposed. AFS reports that in 2007 NMED met the projection for majors (75 FCEs completed) and exceeded the SM projection with 21 FCEs. Initially, AFS incorrectly reported 71 on-site and 4 off-site FCEs at majors. NMED actually conducted a total of 34 on-site FCEs and 41 off-site FCEs at majors. AFS on-site/off-site designations have been corrected. NMED also conducted 19 on-site and 2 off-site FCEs at SMs. This data inaccuracy is also discussed in finding 2-1 above.
	Metric(s) and Quantitative Values	File metric 4a and b: Compliance/Enforcement commitments met Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA		
Element 5 Inspection Coverage		
5-1	Finding	NMED completed the universe of planned inspections

	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for AQD Attention Area for AQD Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	The Region approved NMED's 2007-2008 compliance monitoring plan. For 2007 it projected 75 FCEs at major facilities (27 on-site and 48 off-site). The plan also called for 18 FCEs at SM80s in 2007. NMED's compliance monitoring plan met the criteria of the national compliance monitoring strategy (i.e., FCEs at 100% of the majors universe every 2 years and 100% coverage of the SM80 universe every 5 years). NMED met its FCE projections with 75 FCEs at major facilities (34 on-site and 41 off-site) and 21 FCEs at SM80s. Data metric 5e shows 21 facilities with unknown compliance status. AFS shows that all the facilities have been inspected. Most of the unknown compliance status designations resulted from delays in data entry. NMED believes that the data enhancemsnts described in Section II and in finding 3-1 have improved data timeliness. Current data supports this (current value for metric 5e provided below*). Data metric 5g indicates that 36 of 136 ACCs were not reviewed. According to NMED, the 36 certifications were reviewed, however, the data was not entered timely. Resolution of data timeliness issues is covered in element 3 above.
	Metric(s) and Quantitative Values	Metric: 5a1 CMS majors coverage Value: Goal 100%, Net.Avg. 91%, NMED 93.6% Metric: 5b1 CMS SM80 coverage Value: Goal 20%-100%, Nat. Avg. 50.2%, NMED 23.3% Metric: 5e Number of facilities with unknown compliance status Value: 21 (*current 2) Metric: 5g Review of self certifications completed Value: Goal 100%, Nat. Avg. 91.1%, NMED 73.5%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA		
Element 6 Quality of Inspection or Compliance Evaluation Reports		
6-1	Finding	Compliance Evaluation Reports properly document observations and are timely
	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for AQD Attention Area for AQD Improvement – Recommendations Required
	Explanation: (If area	Overall, NMED compliance evaluation reports are of a high quality and are timely.

	for attention, describe why action not required; if area for improvement, provide recommended action.)	All 24 FCE reports reviewed contained all the information to document an FCE per the criteria in national CMS Policy. For 2 of the reports reviewed, the review team did not initially see documentation in the FCE reports that ACC reviews were included. In comments to the draft SRF report NMED identified the documentation overlooked in the file review (i.e., the FCEs included ACC reviews) Twenty-three of 24 FCE reports reviewed contained all the necessary information per the CMS Policy. One report did not include the date of the compliance evaluation.
	Metric(s) and Quantitative Values	File Metric 6b: meets criteria for FCE under the CMS Policy Value: NMED 92% File Metric 6c: contains all necessary information Value: NMED 96%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA		
Element 7. Identification of alleged violations		
7-1	Finding	Relatively low rate of non-compliance status designations in AFS
	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for State Attention Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	Metrics 2B2 and 7C2 indicate 0 stack test failures. The Region supplemented its file selection to include 4 additional stack tests. All stack tests reviewed had correct pass/fail status in AFS – all passed. In the first draft of this report, the review team flagged stack test observations as a potential area of concern. However, from NMED comments and subsequent discussions, records substantiate NMED's stack test observation program. NMED records indicate that 9 stack tests were observed in calendar year 2007. NMED also provided a copy of a 2007 stack test observation document. It documented the test protocol, test observation checklist, equipment calibration information, applicable experience of the stack tester, EPA method used, test report, and analytical information. NMED and the Region agreed to work toward enhancing capacity to observe stack tests through training and the Region offers to help on critical facilities as warranted. Metric 7C2 also indicates a relatively low number of non-compliance designations (non-compliance status designations discussed under finding 2-1 above). Three of 5 FCEs reviewed with violations had corresponding non-compliance designations in AFS.
	Metric(s) and Quantitative Values	Metric: 7C2 stack test failures per non-compliance status designations Value: Nat. Avg. 34.3%; NMED 0

		File Metric: 7B % FCEs identifying violations with corresponding non-compliance designations Value: NMED 60%
	State Response	The state strongly objects to the inclusion of this element as an area of concern. During file review, the region confirmed data accuracy for this measure. The state has historically had a low percentage of stack test failures and does not believe that zero failures in the FY2007 time period represent any concerns. There have been reportable stack tests in time periods preceeding and subsequent to FY 2007. As to any correlation between the number of tests observed and the number of test failures, NMED has no historical data that indicates a direct correlation. NMED will continue to observe as many stack tests as resources allow, and will continue to utilize the spreadsheet that we developed in order to verify the testers results side by side.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	N/A

CAA		
Element 8. Identification of HPVs		
8-1	Finding	Delayed entry of HPVs into AFS
	This finding is a(n):	Good Practice ☐ Meets SRF Program Requirements X Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	Mectics 8a and 8c indicate a marginally low HPV rate. The Region supplemented its file selections to help evaluate this. Of the 10 files reviewed with violations, 9 were correctly identified as non-HPVs in AFS. The one HPV reviewed was correctly identified in AFS in a timely manner, however the corresponding change to the compliance status was delayed (compliance status reporting is discussed in finding 2-1 above). Metric 8A shows 6 majors with HPV status. During the file review, NMED indicated that the number should be 7. Delayed HPV entry is addressed in finding 3-1 above. There has been significant improvement in HPV identification from the previous SRF review. (Current values for metrics 8a and 8c are provided below*) Based upon this trend and the organizational and procedural changes described in finding 3-1 above, the Region is not including additional recommended actions for this element.
	Metric(s) and Quantitative Values	Metric: 8A HPV identification rate Value: Nat. Avg. 9.2%; NMED 4.9% (*current 11.7%) Metric: 8C Formal actions with pervious HPVs Value: Nat. Avg. 73.1%; NMED 33.3% (*current 80%) File Metric: 8F % violations accurately determined to be HPV Value: 50%
	State Response	The state has made significant improvement in HPV identification since this data pull from

		2007. Based on the latest OTIS report, metric 8A is now at 8.9% for the state while the national average is 4.3%. Metric 8C is now 80%, exceeding the national average of 73.5%. It is important to note that the state places a high priority on all violations, not just those designated as HPV's, and has policies in place to address all violations by day 270. While the state recognizes and appreciates the purpose of a national HPV initiative, we feel that our policy of addressing all violations on the HPV timeline, focusing on returning sources to immediate compliance, and assessing significant penalties appropriate to the gravity of a violation is a most effective method of protecting human health and the environment.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	N/A

CAA		
Element 9 Enforcement Actions Promote Return to Compliance		
9-1	Finding	Enforcement actions included corrective actions necessary and time frames.
	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for AQD Attention Area for AQD Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	All 9 formal enforcement actions reviewed included required corrective measures and specified time frames for compliance.
	Metric(s) and Quantitative Values	File Metric: 9a – formal enforcement files reviewed Value: 9 File Metric: 9b - % with complying action required and specified time frame Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA

Element 10 Timely and Appropriate Action		
10-1	Finding	HPV enforcement is timely and appropriate
	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for AQD Attention Area for AQD Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	Of the 9 formal enforcement actions reviewed, 1 addressed HPVs. It met the timely and appropriate criteria under the HPV Policy.
	Metric(s) and Quantitative Values	Metric: 10a - % HPV actions not meeting 270 days Value: Nat. Avg. 40.8%, NMED 38% File Metric: 10b - % HPV actions reviewed meeting 270 days Value: 100% File Metric: 10c - % HPV actions reviewed that were appropriate Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA		
Element 11 Penalty Calculation Method		
11-1	Finding	penalty calculations included both gravity and economic benefit
	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for AQD Attention Area for AQD Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide	9 proposed penalty actions reviewed. All documented gravity and economic benefit components.

	recommended action.)	
	Metric(s) and Quantitative Values	File Metric: 11a - % penalty calculations reviewed that included gravity and economic benefit Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

CAA		
Element 12 Final Penalty Assessment and Collection		
12-1	Finding	files documented differences between initial and final penalties were documented and penalty collection
	This finding is a(n):	Good Practice X Meets SRF Program Requirements Area for AQD Attention Area for AQD Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	6 final penalties reviewed, where proposed and final penalties differed, file contained documentation. (Of the 9 proposed penalties reviewed, 2 were not finalized within the review period and 1 other was ultimately withdrawn). All 6 final penalty files contained a copy of the penalty payment check. Data Metric 12b indicated 3 of 5 HPV actions with penalties. According to NMED all 5 received penalty actions. AFS now reflects all 5 with penalty actions.
	Metric(s) and Quantitative Values	Metric: 12b: % HPV actions with penalties Value: Goal >=80%, Nat. Avg. 86.1%, NMED 100% Metric 12c: % penalties reviewed that documented difference between initial and final penalties Value: 100% Metric 12d: % penalty files reviewed that documented penalty collection Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA

RCRA		
Element 1. Data Completeness		
1-1	Finding	Minimum Data Requirements were complete
	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	Twenty-one inspection files and 22 enforcement files were reviewed. Minimum data requirements were complete for all files reviewed.
	Metric(s) and Quantitative Values	File Metric: 2a - % of files reviewed where mandatory data are accurately reflected in the national data system. Value: NMED 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA		
Element 2. Data Accuracy		
2-1	Finding	Minimum Data Requirements were accurate
	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended	Minimum data requirements were accurate for the 21 inspection and 22 enforcement files reviewed. Metric 2b indicated that 6 facilities had been in violation for greater than 240 days. According to NMED, enforcement actions that exceeded the timeframes outlined in the ERP were typically due to the difficult nature of the regulatory issues involved with specific cases. In the context of RCRA corrective action (i.e., site investigation/clean-up), NMED may consider a facility to

	action.)	be a chronic violator of the New Mexico RCRA regulations, and will identify a facility as an SNC in RCRAInfo and may not link the SNC designation to a specific violation(s) this can sometimes include compliance issues associated with a Corrective Action Consent Order that may be in place for the facility. For the 6 facilities listed: 2 were addressed (action delayed due to regulatory issues involved) and received return to compliance designations; 1 is considered by NMED as a chronic violator in the context of RCRA corrective action; and 3 will have their status updated (e.g, enter return to compliance dates) by 11/30/09.
	Metric(s) and Quantitative Values	File Metric: 2a - % of files reviewed where mandatory data are accurately reflected in the national data system. Value: NMED 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA		
Element 3. Timeliness of Data Entry		
3-1	Finding	Minimum Data Requirements were timely
	This finding is a(n):	Good Practice ☐ Meets SRF Program Requirements X Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	Minimum data requirements for the 21 inspections and 22 enforcement actions were entered in a timely fashion with one exception dealing with the timeliness of entering violations into RCRAInfo. There were 5 inspection reports where violations were not entered into RCRAInfo within 150 days. According to NMED the delays were due to the time necessary to substantiate the violations before identifying them in RCRAInfo. This is discussed in more detail in finding 7-1 below.
	Metric(s) and Quantitative Values	Metric: 3a - % SNC entered >= 60 days after designation Value: NMED 0 Data metric: 8b - % SNC determinations made within 150 days Value: Nat. Avg. 82%, NMED 66.7%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA		
Element 4 Completion of Commitments		
4-1	Finding	Compliance and enforcement commitments were met
	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	NMED's 2007 RCRA grant commitments are listed in the File Review Analysis Chart (metric 4a) in Section VI above. NMED projected 57 inspections for FY2007. According to RCRAInfo, in 2007 NMED did 107 inspections as follows: 18 TSDs; 7 LQGs; 27 SQGs; 48 CESQGs; 6 Non-notifer and 7 other. Included in the TSD and SQG categories were 14 federal facilities. NMED projected 7 LQGs and inspected 7. It projected 14 non-notifiers and inspected 6 (there is no requirement to inspect a specific percentage of non-notifiers, this was a projected goal by the State). The State also began an initiative to focus some of their inspection resources on conducting inspections and Compliance Assistance Visits at facilities that have "never been inspected" to ensure that they are correctly identified in the appropriate universe, with the overall goal of this priority reducing the "never inspected" count by 4% annually to achieve a target of less than 5% of all active RCRA notifiers that have never been inspected by 2019.
	Metric(s) and Quantitative Values	File Metric: 4a – completion of planned inspections Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA		
Element 5 Inspection Coverage		
5-1	Finding	The universe of planned inspections was completed
	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action	NMED TSD inspection coverage met the national program goal (100% coverage every 2 years). Data metric 5c indicated that NMED had covered 85% of its LQG universe over the five year period culminating in FY2007. According to NMED -This is a difficult metric to derive

	not required; if area for improvement, provide recommended action.)	accurately because OTIS uses the current number of LQGs, which doesn't accurately reflect the number of LQGs over the previous 5 years. In New Mexico many facilities in this universe are one-time or episodic generators so the number is in constant flux. Considering a 5+_% shift each year, NMED believes it covers its core LQG universe (i.e., facilities that are routinely LQGs rather than one-time or episodic LQGs) every 5 yrs while also emphasizing less-inspected SQGs, CESQGs and "never inspected" facilities.
	Metric(s) and Quantitative Values	Metric: 5a - % TSD coverage Value: Goal 100%, Nat. Avg. 89.00%, NMED 100% Metric: 5b - % LQG coverage (1yr) Value: Goal 20%, Nat. Avg. 23.8%, NMED 42.5% Metric: 5c - % LQG coverage (5 yr) Value: Goal 100%, Nat. Avg. 64.7%, NMED 85%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA		
Element 6 Quality of Inspection or Compliance Evaluation Reports		
6-1	Finding	Compliance Evaluation Reports properly document observations and are timely
	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	Twenty-one inspection reports were reviewed. All were of a high quality. Observations were well documented and the reports were completed timely.
	Metric(s) and Quantitative Values	File Metric: 6b – % of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance at the facility. Value: 100% File Metric: 6c – Inspection reports completed within a determined time frame. Value: 100%
	State Response	
	Action(s) (include any uncompleted	NA

	actions from Round 1 that address this issue.)	

RCRA		
Element 7. Identification of Alleged Violations		
7-1	Finding	File review indicated delays in entering violations into RCRAInfo
	This finding is a(n):	Good Practice Meets SRF Program Requirements X Area for State Attention Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	Fifteen inspection reports were reviewed that identified violations. Violations in 5 of the reports (including 1 SNC) were not entered into RCRAInfo within 150 days of discovery. According to the Hazardous Waste Bureau's Hazardous Waste Act Enforcement Response Protocol (2007), a violation is not entered into RCRAInfo until the violation determination date. Depending upon the complexity of the issues involved, the violation determination date may not coincide with day 150 under EPA's RCRA enforcement response policy. According to NMED, the regulatory/applicability issues surrounding the violations discovered in those 5 reports were complex, delaying the violation determination date and violation data entry. The Region will explore options with the Hazardous Waste Bureau to improve the timeliness of violation data entry while meeting the Bureau's policy goals. There are no additional recommendations.
	Metric(s) and Quantitative Values	File metric: 7b - % violation determinations reported within 150 days Value: NMED 67%
	State Response	While the State concedes that improvements can be made in timeliness of enforcement actions, there is also a disconnect in RCRAInfo between Day of Evaluation and actual date a determination is made whether a violation exists. The default, which apparently cannot be overridden, has the Day Zero for assessing compliance, the ERP always equals the day the evaluation begins. In complex evaluations there may be an extended period of information exchange between the facility and the agency regarding areas of concern. As a result the agency may not have the "complete picture" to be able to definitively say whether there is a violation for many months after the evaluation began. There should be a way for Day Zero to be reset in RCRAInfo to reflect the day that the agency has all the information its needs to make an accurate determination that a violation has occurred. NMED would consider entering preliminary violations into RCRAInfo within 150 days if this information was not available on public databases that pull data from RCRAInfo. In the meantime NMED continues to improve its performance in this area.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	N/A

RCRA		
Element 8. Identification of SNC		
8-1	Finding	Delays in entering SNCs into RCRAInfo
	This finding is a(n):	Good Practice ☐ Meets SRF Program Requirements X Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	Metric 8b indicates 2 of 3 SNCs entered into RCRAInfo within 150 days of discovery. This was confirmed in the file review with 2 of 3 SNCs entered timely. Late SNC data entry is discussed under finding 7-1. All violations in the 22 enforcement actions reviewed were accurately determined to either be SNC's (3) or SV's (19), based on State and EPA Enforcement Response Policy and Guidance.
	Metric(s) and Quantitative Values	Data metric: 8b - % SNC determinations made within 150 days Value: Nat. Avg. 82%, NMED 66.7% File Metric: 8d - % of violations in files reviewed that were accurately determined to be SNC. Value: 100%
	State Response	See discussion under finding 7-1. NMED policy dictates that SNC designations will not be made until an enforcement action is issued. Furthermore, because of the small number of SNCs (3), it is not fair to state in the Explanation that NMED had a "relatively low % of SNCs" identified in a timely manner. The small sample size does not allow such a statement to accurately reflect performance for this metric. Simply stating that 1 of 3 was late is sufficient.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	N/A

RCRA		
Element 9 Enforcement Actions Promote Return to Compliance		
9-1	Finding	Enforcement actions included corrective actions necessary and time frames.
	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If area	22 enforcement actions were reviewed with a mix of both informal and formal enforcement (3

	for attention, describe why action not required; if area for improvement, provide recommended action.)	actions were reviewed that addressed SNC violations). All three SNC actions reviewed included corrective or complying action requirements to return the facility to compliance within a prescribed time frame. All 19 SV actions reviewed included complying actions to return the facilities to compliance within specified time periods.
	Metric(s) and Quantitative Values	File Metric: 9b – % of enforcement responses that have returned or will return a source in SNC to compliance. Value: 100% File Metric: 9c – % of enforcement responses that have returned or will return Secondary Violators (SV's) to compliance. Value: 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA		
Element 10 Timely and Appropriate Action		
10-1	Finding	Enforcement is appropriate but not always timely.
	This finding is a(n):	Good Practice Meets SRF Program Requirements X Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	Of the 22 actions (which includes 3 SNCs) reviewed all were appropriate to the violations and 13 met the time requirements of the EPA's RCRAenforcement response policy (ERP). Metric 10a indicates a low percentage of formal enforcement actions (SNCs) issued within 360 days. None of the 3 formal actions reviewed that addressed SNCs met the timeliness criteria of EPA's RCRA ERP. On average they were addressed within 1050 days of the inspection**.** The Hazardous Waste Bureau's Enforcement Response Policy requires formal action for SNCs within 240 days of the date that a violation is determined. This policy differs from EPA's ERP which requires a formal action within 240 days of the the first day of the inspection. In practice, it appears that Hazardous Waste Bureau violation determinations are usually timely (even by EPA's RCRA ERP), but formal enforcement for SNC at times exceeds even the Bureau's ERP time frame. NMED indicated that the complex nature of the regulatory issues involved with the SNCs required more time than allowed under EPA's ERP.
	Metric(s) and Quantitative Values	File Metric: 10c - % of enforcement responses reviewed that are taken in a timely manner. Value: 59% File Metric: 10d - % of enforcement responses reviewed that are appropriate to the violations

		Value: 100% Metric: 10a - % formal enforcement actions taken within 360 days Value: Goal 80%, Nat. Avg. 24.2%, NMED 0
	State Response	While the State concedes that improvements can be made in timeliness of enforcement actions, those that exceeded the timeframes outlined in the ERP were typically due to the difficult nature of specific cases. There is also a disconnect in RCRAInfo between Day of Evaluation and actual date a determination is made whether a violation exists. The default, which apparently cannot be overridden, has the Day Zero for assessing compliance, the ERP always equals the day the evaluation begins. In complex evaluations there may be an extended period of information exchange between the facility and the agency regarding areas of concern. As a result the agency may not have the "complete picture" to be able to definitively say whether there is a violation for many months after the evaluation began. There should be a way for Day Zero to be reset in RCRAInfo to reflect the day that the agency has all the information its needs to make an accurate determination that a violation has occurred. The State also began an enforcement initiative in 2005 that in recent years has not only resulted in a significant increase in the number of formal and informal enforcement actions but also significantly improved timeliness of these actions.
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

RCRA		
Element 11 Penalty Calculation Method		
11-1	Finding	penalty calculations included both gravity and economic benefit
	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	All 6 of the penalty actions reviewed included gravity and economic benefits and contained documentation in files.
	Metric(s) and Quantitative Values	File Metric: 11a - % of reviewed penalty calculations that consider and include where appropriate gravity and economic benefit. Value: 100%
	State Response	

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

RCRA		
Element 12 Final Penalty Assessment and Collection		
12-1	Finding	files documented differences between initial and final penalties were documented and penalty collection
	This finding is a(n):	Good Practice X Meets SRF Program Requirements ☐ Area for State Attention ☐ Area for State Improvement – Recommendations Required
	Explanation: (If area for attention, describe why action not required; if area for improvement, provide recommended action.)	There was no difference in the initial and final assessed penalty for the 6 final penalty actions reviewed. All 6 final penalties included documentation in the files that penalties were collected.
	Metric(s) and Quantitative Values	File Metric: 12a - % of penalties reviewed that document the difference and rationale between the initial and final assessed penalty. Value: 100% File Metric: 12b - % of files that document collection of penalty. Value: 100% Data metric: 12b - % final formal actions with penalties Value: Goal >= half Nat. Avg., Nat. Avg. 85.5%, NMED 100%
	State Response	
	Action(s) (include any uncompleted actions from Round 1 that address this issue.)	NA

APPENDIX A: Corrected Data Pull

CAA

NMED did not provide corrected data prior to the file review. Below is the original data set.

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			146	NA	NA	NA	None Identified
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			146	NA	NA	NA	None Identified
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			403	NA	NA	NA	None Identified
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			14	NA	NA	NA	None Identified
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			131	NA	NA	NA	None Identified
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			252	NA	NA	NA	None Identified
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			39	NA	NA	NA	None Identified
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			35	NA	NA	NA	None Identified
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	73.1%	57.6%	38	66	28	None Identified

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	31.3%	31.2%	5	16	11	None Identified
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	89.0%	66.7%	10	15	5	None Identified
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			96	NA	NA	NA	None Identified
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			99	NA	NA	NA	None Identified
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			19	NA	NA	NA	None Identified
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			54	NA	NA	NA	None Identified
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			51	NA	NA	NA	None Identified
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			50	NA	NA	NA	None Identified
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			7	NA	NA	NA	None Identified
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			7	NA	NA	NA	None Identified

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	44.3%	0.0%	0	7	7	None Identified
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	66.0%	0.0%	0	7	7	None Identified
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	56.9%	0.0%	0	7	7	None Identified
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			66	NA	NA	NA	None Identified
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			61	NA	NA	NA	None Identified
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			$1,147,568	NA	NA	NA	None Identified
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		0	NA	NA	NA	None Identified
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	71.5%	233.3%	7	3	NA	None Identified
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without Pass/Fail Results (1 FY)	Goal	State	0%	5.6%	0.0%	0	55	55	None Identified
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			0	NA	NA	NA	None Identified

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	24.0%	0.0%	0	7	7	None Identified
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	52.6%	20%	82	409	327	None Identified
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	67.3%	22%	25	115	90	None Identified
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	90.7%	92.8%	129	139	10	None Identified
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	84.7%	87.8%	129	147	18	None Identified
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	48.6%	22.5%	20	89	69	None Identified
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	88.0%	82.1%	78	95	17	None Identified
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.4%	55.3%	223	403	180	None Identified

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		31.8%	5.3%	107	2,032	1,925	None Identified
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			21	NA	NA	NA	None Identified
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			2	NA	NA	NA	None Identified
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	91.1%	73.5%	100	136	36	None Identified
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	18.9%	20.9%	27	129	102	None Identified
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	33.9%	0.0%	0	1	1	None Identified
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	9.2%	4.1%	6	146	140	None Identified
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1 FY)	Review Indicator	State	> 1/2 National Avg	1.5%	0.2%	1	403	402	None Identified
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	73.2%	33.3%	3	9	6	None Identified

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	39.2%	63.6%	7	11	4	None Identified
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	42.4%	0 / 0	0	2	2	None Identified
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		40.8%	38%	3	8	5	None Identified
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			66	NA	NA	NA	None Identified
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	86.2%	100.0%	5	5	0	None Identified

RCRA

NMED did not provide corrected data prior to the file review. Below is the original data set.

	Measure Type	**Metric Type**	**National Goal**	**National Average**	**New Mexico** (Metric=x/y) [0]	**Count** (x)	**Universe** (y)	**Not Counted** (y-x)

		Measure Type	Metric Type	National Goal	National Average	New Mexico (Metric=x/y) [0]	Count (x)	Universe (y)	Not Counted (y-x)
1. Data completeness. degree to which the minimum data requirements are complete.									
A	Number of operating TSDFs in RCRAInfo	Data Quality	State			12	NA	NA	NA
	Number of active LQGs in RCRAInfo	Data Quality	State			52	NA	NA	NA
	Number of active SQGs in RCRAInfo	Data Quality	State			462	NA	NA	NA
	Number of all other active sites in RCRAInfo	Data Quality	State			1,274	NA	NA	NA
	Number of LQGs per latest official biennial report	Data Quality	State			40	NA	NA	NA
B	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			103	NA	NA	NA
			EPA			9	NA	NA	NA
	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			101	NA	NA	NA
			EPA			8	NA	NA	NA
C	Number of sites with violations determined at any time (1 FY)	Data Quality	State			96	NA	NA	NA
			EPA			8	NA	NA	NA

		Measure Type	Metric Type	National Goal	National Average	New Mexico (Metric=x/y) [0]	Count (x)	Universe (y)	Not Counted (y-x)
	Number of sites with violations determined during the FY		State			54	NA	NA	NA
		Data Quality	EPA			0	NA	NA	NA
	Informal Actions: number of sites (1 FY)		State			53	NA	NA	NA
		Data Quality	EPA			0	NA	NA	NA
	Informal Actions: number of actions (1 FY)		State			59	NA	NA	NA
D		Data Quality	EPA			0	NA	NA	NA
	SNC: number of sites with new SNC (1 FY)		State			3	NA	NA	NA
		Data Quality	EPA			0	NA	NA	NA
	SNC: Number of sites in SNC (1 FY)		State			6	NA	NA	NA
E		Data Quality	EPA			2	NA	NA	NA
	Formal action: number of sites (1 FY)		State			6	NA	NA	NA
		Data Quality	EPA			0	NA	NA	NA
	Formal action: number taken (1 FY)		State			24	NA	NA	NA
F		Data Quality	EPA			0	NA	NA	NA
	Total amount of assessed penalties (1 FY)		State			$1,567,941	NA	NA	NA
G		Data Quality	EPA			$0	NA	NA	NA
2. Data accuracy. degree to which the minimum data requirements are accurate.									
A	Number of sites SNC-determined on day of formal action (1 FY) 1	Data Quality	State			0	NA	NA	NA

		Measure Type	Metric Type	National Goal	National Average	New Mexico (Metric=x/y) [0]	Count (x)	Universe (y)	Not Counted (y-x)
	Number of sites SNC-determined within one week of formal action (1 FY) 2	Data Quality	State			0	NA	NA	NA
B	Number of sites in violation for greater than 240 days 3	Data Quality	State			6	NA	NA	NA
			EPA			3	NA	NA	NA
3. Timeliness of data entry. degree to which the minimum data requirements are complete.									
A	Percent SNCs entered ≥ 60 days after designation (1 FY) 4	Review Indicator	State			0.00%	0	2	2
			EPA			not prg	not prg	not prg	not prg
B	Comparison of Frozen Data Set	Available after December 2008							
5. Inspection coverage. degree to which state completed the universe of planned inspections/compliance evaluations.									
A	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	89.00%	100.00%	12	12	0
			Combined	100%	93.60%	100.00%	12	12	0
B	Inspection coverage for LQGs (1 FY)	Goal	State	20%	23.80%	42.50%	17	40	23
			Combined	20%	25.90%	42.50%	17	40	23
C	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	64.70%	85.00%	34	40	6
			Combined	100%	69.90%	85.00%	34	40	6
D	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			17.70%	82	462	380
			Combined			17.70%	82	462	380
E	Inspections at active CESQGs (5 FYs)	Informational Only	State			220	NA	NA	NA

		Measure Type	Metric Type	National Goal	National Average	New Mexico (Metric=x/y) [0]	Count (x)	Universe (y)	Not Counted (y-x)
			Combined			224	NA	NA	NA
	Inspections at active transporters (5 FYs)	Informational Only	State			21	NA	NA	NA
			Combined			22	NA	NA	NA
	Inspections at non-notifiers (5 FYs)	Informational Only	State			13	NA	NA	NA
			Combined			13	NA	NA	NA
	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			6	NA	NA	NA
			Combined			7	NA	NA	NA
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.									
C	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			53.50%	54	101	47
			EPA			0.00%	0	8	8
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.									
A	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	3.80%	3.00%	3	101	98
			Combined	1/2 National Avg	4.20%	2.90%	3	104	101
B	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	82.00%	66.70%	2	3	1
C	Percent of formal actions taken that received a prior	Review Indicator	State	1/2 National Avg	53.80%	95.00%	19	20	1

		Measure Type	Metric Type	National Goal	National Average	New Mexico (Metric=x/y) [0]	Count (x)	Universe (y)	Not Counted (y-x)
	SNC listing (1 FY)		EPA	1/2 National Avg	73.20%	0 / 0	0	0	0
10. Timely and appropriate action. degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.									
A	Percent of enforcement actions/referrals taken within 360 days (1 FY) 5	Review Indicator	State	80%	24.20%	0.00%	0	3	3
			Combined	80%	22.10%	0.00%	0	3	3
B	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			20	NA	NA	NA
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.									
A	No activity indicator - penalties (1 FY)	Review Indicator	State			$1,567,941	NA	NA	NA
B	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	85.50%	100.00%	6	6	0
			Combined	1/2 National Avg	83.30%	100.00%	6	6	0

APPENDIX B: Preliminary Data Analysis

CAA

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	Initial Findings

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	Initial Findings
A01A1S	Title V Universe: AFS Operating Majors (Current)	Data Quality	State			146	NA	NA	NA	None Identified	
A01A2S	Title V Universe: AFS Operating Majors with Air Program Code = V (Current)	Data Quality	State			146	NA	NA	NA	None Identified	
A01B1S	Source Count: Synthetic Minors (Current)	Data Quality	State			403	NA	NA	NA	None Identified	
A01B2S	Source Count: NESHAP Minors (Current)	Data Quality	State			14	NA	NA	NA	None Identified	
A01B3S	Source Count: Active Minor facilities or otherwise FedRep, not including NESHAP Part 61 (Current)	Informational Only	State			131	NA	NA	NA	None Identified	
A01C1S	CAA Subprogram Designations: NSPS (Current)	Data Quality	State			252	NA	NA	NA	None Identified	
A01C2S	CAA Subprogram Designations: NESHAP (Current)	Data Quality	State			39	NA	NA	NA	None Identified	Appears low, need to verify

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	Initial Findings
A01C3S	CAA Subprogram Designations: MACT (Current)	Data Quality	State			35	NA	NA	NA	None Identified	Appears low, need to verfiy
A01C4S	CAA Subpart Designations: Percent NSPS facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	73.1%	57.6%	38	66	28	None Identified	Appears low, verify if subject & applicable subparts. Verify that inspectors identifying applicable subparts and determining compliance
A01C5S	CAA Subpart Designations: Percent NESHAP facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	31.3%	31.2%	5	16	11	None Identified	Same as 1C4
A01C6S	CAA Subpart Designations: Percent MACT facilities with FCEs conducted after 10/1/2005	Data Quality	State	100%	89.0%	66.7%	10	15	5	None Identified	Same as 1C4
A01D1S	Compliance Monitoring: Sources with FCEs (1 FY)	Data Quality	State			96	NA	NA	NA	None Identified	
A01D2S	Compliance Monitoring: Number of FCEs (1 FY)	Data Quality	State			99	NA	NA	NA	None Identified	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	Initial Findings
A01D3S	Compliance Monitoring: Number of PCEs (1 FY)	Informational Only	State			19	NA	NA	NA	None Identified	See if counting report reviews
A01E0S	Historical Non-Compliance Counts (1 FY)	Data Quality	State			54	NA	NA	NA	None Identified	
A01F1S	Informal Enforcement Actions: Number Issued (1 FY)	Data Quality	State			51	NA	NA	NA	None Identified	
A01F2S	Informal Enforcement Actions: Number of Sources (1 FY)	Data Quality	State			50	NA	NA	NA	None Identified	
A01G1S	HPV: Number of New Pathways (1 FY)	Data Quality	State			7	NA	NA	NA	None Identified	May be low, need to verify
A01G2S	HPV: Number of New Sources (1 FY)	Data Quality	State			7	NA	NA	NA	None Identified	Same as 1G1
A01H1S	HPV Day Zero Pathway Discovery date: Percent DZs with discovery	Data Quality	State	100%	44.3%	0.0%	0	7	7	None Identified	MDR - Should track all HPVs identified
A01H2S	HPV Day Zero Pathway Violating Pollutants: Percent DZs	Data Quality	State	100%	66.0%	0.0%	0	7	7	None Identified	Same as 1H1

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	Initial Findings
A01H3S	HPV Day Zero Pathway Violation Type Code(s): Percent DZs with HPV Violation Type Code(s)	Data Quality	State	100%	56.9%	0.0%	0	7	7	None Identified	Same as 1H1
A01I1S	Formal Action: Number Issued (1 FY)	Data Quality	State			66	NA	NA	NA	None Identified	
A01I2S	Formal Action: Number of Sources (1 FY)	Data Quality	State			61	NA	NA	NA	None Identified	
A01J0S	Assessed Penalties: Total Dollar Amount (1 FY)	Data Quality	State			$1,147,568	NA	NA	NA	None Identified	
A01K0S	Major Sources Missing CMS Policy Applicability (Current)	Review Indicator	State	0		0	NA	NA	NA	None Identified	
A02A0S	Number of HPVs/Number of NC Sources (1 FY)	Data Quality	State	<= 50%	71.5%	233.3%	7	3	NA	None Identified	Look behind violations identified in informal/formal enforcement actions to verify NC status in AFS
A02B1S	Stack Test Results at Federally-Reportable Sources - % Without	Goal	State	0%	5.6%	0.0%	0	55	55	None Identified	

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	Initial Findings
	Pass/Fail Results (1 FY)										
A02B2S	Stack Test Results at Federally-Reportable Sources - Number of Failures (1 FY)	Data Quality	State			0	NA	NA	NA	None Identified	0 appears low. Look at stack test to see if any failed. Include supplemental files.
A03A0S	Percent HPVs Entered <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	24.0%	0.0%	0	7	7	None Identified	Looks for HPV entry from DZ. Process discussion indicated
A03B1S	Percent Compliance Monitoring related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	52.6%	20%	82	409	327	None Identified	% appears low. Discuss data entry/upload
A03B2S	Percent Enforcement related MDR actions reported <= 60 Days After Designation, Timely Entry (1 FY)	Goal	State	100%	67.3%	22%	25	115	90	None Identified	Same as 3B1

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	Initial Findings
A05A1S	CMS Major Full Compliance Evaluation (FCE) Coverage (2 FY CMS Cycle)	Goal	State	100%	90.7%	92.8%	129	139	10	None Identified	
A05A2S	CAA Major Full Compliance Evaluation (FCE) Coverage(most recent 2 FY)	Review Indicator	State	100%	84.7%	87.8%	129	147	18	None Identified	
A05B1S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (5 FY CMS Cycle)	Review Indicator	State	20% - 100%	48.6%	22.5%	20	89	69	None Identified	
A05B2S	CAA Synthetic Minor 80% Sources (SM-80) FCE Coverage (last full 5 FY)	Informational Only	State	100%	88.0%	82.1%	78	95	17	None Identified	
A05C0S	CAA Synthetic Minor FCE and reported PCE Coverage (last 5 FY)	Informational Only	State		79.4%	55.3%	223	403	180	None Identified	
A05D0S	CAA Minor FCE and Reported PCE Coverage (last 5 FY)	Informational Only	State		31.8%	5.3%	107	2,032	1,925	None Identified	
A05E0S	Number of Sources with Unknown Compliance Status (Current)	Review Indicator	State			21	NA	NA	NA	None Identified	Discuss CMS frequencies

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	Initial Findings
A05F0S	CAA Stationary Source Investigations (last 5 FY)	Informational Only	State			2	NA	NA	NA	None Identified	
A05G0S	Review of Self-Certifications Completed (1 FY)	Goal	State	100%	91.1%	73.5%	100	136	36	None Identified	Discuss status of the 36
A07C1S	Percent facilities in noncompliance that have had an FCE, stack test, or enforcement (1 FY)	Review Indicator	State	> 1/2 National Avg	18.9%	20.9%	27	129	102	None Identified	
A07C2S	Percent facilities that have had a failed stack test and have noncompliance status (1 FY)	Review Indicator	State	> 1/2 National Avg	33.9%	0.0%	0	1	1	None Identified	Examine stack test, discuss NC status
A08A0S	High Priority Violation Discovery Rate - Per Major Source (1 FY)	Review Indicator	State	> 1/2 National Avg	9.2%	4.1%	6	146	140	None Identified	Shows improvement over previous SRF review, however, appears low. Review formal and informal enforcement actions. Supplemental files selected.
A08B0S	High Priority Violation Discovery Rate - Per Synthetic Minor Source (1	Review Indicator	State	> 1/2 National Avg	1.5%	0.2%	1	403	402	None Identified	Appears low, review SM informal/formal enforcement actions

Metric	Metric Description	Metric Type	Agency	National Goal	National Average	New Mexico Metric	Count	Universe	Not Counted	State Discrepancy (Yes/No)	Initial Findings
	FY)										
A08C0S	Percent Formal Actions With Prior HPV - Majors (1 FY)	Review Indicator	State	> 1/2 National Avg	73.2%	33.3%	3	9	6	None Identified	Same as 8A
A08D0S	Percent Informal Enforcement Actions Without Prior HPV - Majors (1 FY)	Review Indicator	State	< 1/2 National Avg	39.2%	63.6%	7	11	4	None Identified	Appears high, review violation classification in informal enforcement actions
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	42.4%	0 / 0	0	2	2	None Identified	Appears low. Review stack tests for pass/fail designations
A10A0S	Percent HPVs not meeting timeliness goals (2 FY)	Review Indicator	State		40.8%	38%	3	8	5	None Identified	
A12A0S	No Activity Indicator - Actions with Penalties (1 FY)	Review Indicator	State			66	NA	NA	NA	None Identified	
A12B0S	Percent Actions at HPVs With Penalty (1 FY)	Review Indicator	State	>= 80%	86.2%	100.0%	5	5	0	None Identified	Assumes penalty assessments for HPVs. Look at enforcement actions

RCRA

		Measure Type	Metric Type	National Goal	National Average	New Mexico (Metric=x/y) [0]	Count (x)	Universe (y)	Not Counted (y-x)	Initial Findings
1. Data completeness. degree to which the minimum data requirements are complete.										
	Number of operating TSDFs in RCRAInfo	Data Quality	State			12	NA	NA	NA	
	Number of active LQGs in RCRAInfo	Data Quality	State			52	NA	NA	NA	
	Number of active SQGs in RCRAInfo	Data Quality	State			462	NA	NA	NA	
	Number of all other active sites in RCRAInfo	Data Quality	State			1,274	NA	NA	NA	
A	Number of LQGs per latest official biennial report	Data Quality	State			40	NA	NA	NA	
	Compliance monitoring: number of inspections (1 FY)	Data Quality	State			103	NA	NA	NA	
B	Compliance monitoring: sites inspected (1 FY)	Data Quality	State			101	NA	NA	NA	
C	Number of sites with violations determined at any time (1 FY)	Data Quality	State			96	NA	NA	NA	

		Measure Type	Metric Type	National Goal	National Average	New Mexico (Metric=x/y) [0]	Count (x)	Universe (y)	Not Counted (y-x)	Initial Findings
	Number of sites with violations determined during the FY	Data Quality	State			54	NA	NA	NA	
	Informal Actions: number of sites (1 FY)	Data Quality	State			53	NA	NA	NA	
D	Informal Actions: number of actions (1 FY)	Data Quality	State			59	NA	NA	NA	
	SNC: number of sites with new SNC (1 FY)	Data Quality	State			3	NA	NA	NA	
E	SNC: Number of sites in SNC (1 FY)	Data Quality	State			6	NA	NA	NA	
	Formal action: number of sites (1 FY)	Data Quality	State			6	NA	NA	NA	
F	Formal action: number taken (1 FY)	Data Quality	State			24	NA	NA	NA	
G	Total amount of assessed penalties (1 FY)	Data Quality	State			$1,567,941	NA	NA	NA	
2. Data accuracy. degree to which the minimum data requirements are accurate.										

		Measure Type	Metric Type	National Goal	National Average	New Mexico (Metric=x/y) 0	Count (x)	Universe (y)	Not Counted (y-x)	Initial Findings
A	Number of sites SNC-determined on day of formal action (1 FY) 1	Data Quality	State			0	NA	NA	NA	
A	Number of sites SNC-determined within one week of formal action (1 FY) 2	Data Quality	State			0	NA	NA	NA	
B	Number of sites in violation for greater than 240 days 3	Data Quality	State			6	NA	NA	NA	number of secondary violations > 240 days without return to compliance or redesignation to SNC
3. Timeliness of data entry. degree to which the minimum data requirements are complete.										
A	Percent SNCs entered ≥ 60 days after designation (1 FY) 4	Review Indicator	State			0.00%	0	2	2	
B	Comparison of Frozen Data Set	Available after December 2008								
5. Inspection coverage. degree to which state completed the universe of planned inspections/compliance evaluations.										

		Measure Type	Metric Type	National Goal	National Average	New Mexico (Metric=x/y) [0]	Count (x)	Universe (y)	Not Counted (y-x)	Initial Findings
A	Inspection coverage for operating TSDFs (2 FYs)	Goal	State	100%	89.00%	100.00%	12	12	0	
B	Inspection coverage for LQGs (1 FY)	Goal	State	20%	23.80%	42.50%	17	40	23	
C	Inspection coverage for LQGs (5 FYs)	Goal	State	100%	64.70%	85.00%	34	40	6	above national average but below national goal.
D	Inspection coverage for active SQGs (5 FYs)	Informational Only	State			17.70%	82	462	380	
E	Inspections at active CESQGs (5 FYs)	Informational Only	State			220	NA	NA	NA	
	Inspections at active transporters (5 FYs)	Informational Only	State			21	NA	NA	NA	
	Inspections at non-notifiers (5 FYs)	Informational Only	State			13	NA	NA	NA	

		Measure Type	Metric Type	National Goal	National Average	New Mexico (Metric=x/y) [0]	Count (x)	Universe (y)	Not Counted (y-x)	Initial Findings
	Inspections at active sites other than those listed in 5a-d and 5e1-5e3 (5 FYs)	Informational Only	State			6	NA	NA	NA	
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.										
C	Violation identification rate at sites with inspections (1 FY)	Review Indicator	State			53.50%	54	101	47	
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.										
A	SNC identification rate at sites with inspections (1 FY)	Review Indicator	State	1/2 National Avg	3.80%	3.00%	3	101	98	% slightly less than national average
B	Percent of SNC determinations made within 150 days (1 FY)	Goal	State	100%	82.00%	66.70%	2	3	1	

		Measure Type	Metric Type	National Goal	National Average	New Mexico (Metric=x/y) 0	Count (x)	Universe (y)	Not Counted (y-x)	Initial Findings
C	Percent of formal actions taken that received a prior SNC listing (1 FY)	Review Indicator	State	1/2 National Avg	53.80%	95.00%	19	20	1	
10. Timely and appropriate action. degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.										
A	Percent of enforcement actions/referrals taken within 360 days (1 FY) 5	Review Indicator	State	80%	24.20%	0.00%	0	3	3	
B	No activity indicator - number of formal actions (1 FY)	Review Indicator	State			20	NA	NA	NA	
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.										
A	No activity indicator - penalties (1 FY)	Review Indicator	State			$1,567,941	NA	NA	NA	
B	Percent of final formal actions with penalty (1 FY)	Review Indicator	State	1/2 National Avg	85.50%	100.00%	6	6	0	