CIVIL PENALTY AUTHORIZATION MEMO

Choose an item. DISTRICT

To: Choose an item.

Through: Click or tap here to enter text., District Director,

 Choose an item. District

 Click or tap here to enter text., Assistant District Director,

Choose an item. District

From: Name, Environmental Choose an item.

 Name, CAP Inspector

Date: Click or tap to enter a date.

Subject: Peer Review Request for Click or tap here to enter text. in Click or tap here to enter text., FL

1.VIOLATOR(S):

**Facility/Site ID No.**

**Facility/Site Name:**

**Facility/Site Owner:**

**Facility/Site Address/Location:** Click or tap here to enter text., Click or tap here to enter text., in Click or tap here to enter text. County, FL

2. BRIEF DESCRIPTION OF FACILITY/SITE:

[Delete these instructions: Include a brief description of facility processes or site properties/conditions, as applicable]

3. VIOLATION SUMMARY:

[Delete these instructions: Include the date the facility/site was inspected, or file review conducted. Describe each non-compliance issue found and the facts necessary to conclude a violation did occur. For each violation, reference applicable emissions units, equipment or processes involved and cite the rule and/or permit condition violated. The summary should be concise and specific. It is not necessary to repeat information out of an inspection report, CAO, RTC letter, or emails. Instead reference the document and add an Oculus link here, if appropriate. If corrective actions have already been taken and the facility is back in compliance, state so and indicate what actions were taken.]

4. VIOLATION CLASSIFICATION/PENALTY RATIONALE:

[Delete these instructions: Add specific program classifications. For example, is the violation Minor Non-Compliance (MNC) or Significant Non-Compliance (SNC)? Why was this determination made? For air violations, is the violation a Federally Reportable Violation (FRV) and/or High Priority Violation (HPV)? Why this determination made (reference EPA’s policy criteria).]

5. PENALTY RECOMMENDATION:

I recommend that $Click or tap here to enter text. in civil penalties and Department costs and expenses be sought against Click or tap here to enter text. as calculated on the attached civil penalty worksheets.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter text.

Director of District Management

Division concurrence is only sought if the penalty is greater than $25,000 or facility/site is Major Title V, Synthetic non-Title V, NPDES, or 404 related.

Regarding the subject case, the Division of Choose an item. concurs with proceeding with formal enforcement and the initial penalty calculation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter text.

Division of Choose an item.

Date: Click or tap to enter a date.

If the penalty is greater than $50,000.00, OGC and Deputy Secretary approval are required.

The violations have legal merit, and the penalty calculations are consistent with the Settlement Guidelines for Civil and Administrative Penalties.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Kirk White Yes No

Deputy General Counsel

Office of General Counsel

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Jessica Kramer Approved Disapproved

Deputy Secretary, Regulatory Programs

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the penalty is greater than $75,000, Secretary and General Counsel approval required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Justin Wolfe Approved Disapproved

General Counsel

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Shawn Hamilton Approved Disapproved

Secretary

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_