

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Agency for Toxic Substances and Disease Registry**

[ATSDR-161]

Public Health Assessments Completed

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This notice announces those sites for which ATSDR has completed public health assessments during the period from July through September 2000. This list includes sites that are on or proposed for inclusion on the National Priorities List (NPL), and includes sites for which assessments were prepared in response to requests from the public.

FOR FURTHER INFORMATION CONTACT: Robert C. Williams, P.E., DEE, Assistant Surgeon General, Director, Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mailstop E-32, Atlanta, Georgia 30333, telephone (404) 639-0610.

SUPPLEMENTARY INFORMATION: The most recent list of completed public health assessments was published in the **Federal Register** on September 21, 2000 (65 FR57190). This announcement is the responsibility of ATSDR under the regulation, Public Health Assessments and Health Effects Studies of Hazardous Substances Releases and Facilities (42 CFR part 90). This rule sets forth ATSDR's procedures for the conduct of public health assessments under section 104(i) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), as amended by the Superfund Amendments and Reauthorization Act (SARA) (42 U.S.C. 9604(i)).

Availability

The completed public health assessments and addenda are available for public inspection at the Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, Building 33, Executive Park Drive, Atlanta, Georgia (not a mailing address), between 8 a.m. and 4:30 p.m., Monday through Friday except legal holidays. The completed public health assessments are also available by mail through the U.S. Department of Commerce, National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield,

Virginia 22161, or by telephone at (703) 605-6000. NTIS charges for copies of public health assessments and addenda. The NTIS order numbers are listed in parentheses following the site names.

Public Health Assessments Completed or Issued

Between July 1 and September 30, 2000, public health assessments were issued for the sites listed below:

NPL Sites

Florida

Tyndall Air Force Base—Panama City—(PB20-108005)

Whiting Field Naval Air Station (Aliases: Naval Air Station

Whiting Field\USN Naval Air Station Whiting Field Site)—Milton—(PB20-108505)

Iowa

Electro-Coatings, Incorporated—Cedar Rapids—(PB20-108077)

Massachusetts

Fort Devens—Ayer—(PB20-106950)

New Jersey

Cornell Dubilier Electronics Incorporated—South Plainfield—(PB21-101226)

Federal Creosote—Manville—(PB21-100165)

Route 561 Dump (a/k/a Route 561) and United States

Avenue Burn (a/k/a US Avenue Burn Site)—(PB20-108506)

New York

Pelham Bay Landfill—Bronx—(PB20-107333)

Peter Cooper—Gowanda—(PB20-108091)

Sidney Landfill—Sidney—(PB20-108092)

Oklahoma

Tulsa Fuel and Manufacturing—Collinsville—(PB21-100129)

Washington

Bangor Naval Submarine Base and Bangor Ordnance Disposal (US Navy)—(PB20-107348)

Non NPL Petitioned Sites

Alaska

Alaska Pulp Corporation—Sitka—(PB21-100495)

California

Koppers Company, Incorporated (Oroville Plant) [a/k/a Koppers (Oroville)]—(PB21-100496)

Dated: December 14, 2000.

Georgi Jones,

Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control And Prevention**

[60Day-01-09]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506 (c)(2)(A) of the Paperwork reduction Act of 1995, the Center for Disease Control and Prevention is providing opportunity for public comment on proposed data collection projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days.

Proposed Project

A Questionnaire to Assess HIV-prevention Program Activities for Adolescent and School Health Programs—New—National Center for HIV, STD and TB (NCHSTP). The proposed project is an annual web-based questionnaire to report on and to assess HIV-prevention program activities among local and state and territorial education agencies funded by the Division of Adolescent and School Health, Centers for Disease Control and Prevention. The purpose of this request is to obtain OMB clearance to conduct

an annual questionnaire focusing on HIV prevention program activities: assistance and training on school HIV policies, assistance and training on HIV curricula and instruction, training on student standards and assessment for HIV prevention, collaboration with external partners, targeting priority populations, planning and improving projects and information about

additional activities. There is currently no standardized annual reporting process for HIV prevention activities among local and state education agencies funded by the Division of Adolescent and School Health. Data gathered from this questionnaire will (1) provide standardized information about how HIV prevention funds are used by local and state education agencies, (2)

assess the extent to which programmatic adjustments are indicated, (3) determine the collective impact of funded programs, and (4) provide accountability of information for use of public funds. The estimated cost to respondents is \$12,819.45 assuming an hourly wage of \$26.40 and \$22.96 for local and state education agency staff respectively.

Respondents	Number of respondents	Number of responses/respondent	Burden per respondent (in hrs.)	Total burden (in hrs.)
District Officials	17	1	7.2	122.4
State & Territorial Officials	58	1	7.2	417.6
Total				540.0

Dated: December 15, 2000.

Nancy Cheal,

Acting Associate Director for Policy Planning, and Evaluation, Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-01-10]

Proposed Data Collections Submitted for Public Comment and Recommendations

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Comments are invited on: (a) Whether the proposed collection of information

is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days.

Proposed Project

National Childhood Blood Lead Surveillance System—Renewal—(OMB No. 0920-0337), National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC). In 1992, the Centers for Disease Control and Prevention began the National Childhood Lead Surveillance Program at the National Center for Environmental Health (NCEH). The goals of the childhood lead surveillance program are to (1) establish childhood

lead surveillance systems at the state and national levels; (2) use surveillance data to estimate the extent of elevated blood-lead levels among children; (3) assess the follow-up of children with elevated blood-lead levels; (4) examine potential sources of lead exposure; and (5) help allocate resources for lead poisoning prevention activities. State surveillance systems are based on reports of blood-lead tests from laboratories. Ideally laboratories report results of all lead tests, not just elevated values, to the state health department, but each state determines the reporting level for blood lead tests. In addition to blood lead test results, state child-specific surveillance databases contain follow-up data on children with elevated blood-lead levels including data on medical treatment, environmental investigations, and potential sources of lead exposure. Surveillance data for the national database are extracted from the state child-specific databases and transferred to CDC.

OMB approval for this package will expire on 31 March 2001. This request is for a 3-year renewal with a change in the burden hours. There is no cost to respondents.

Type of respondents	No. of respondents	Frequency of responses	Avg. burden/response in hours	Total burden hours
State Health Departments:				
a) annual report	28	1	10.0	280
b) quarterly report	40	4	2.0	320
Total				600